|  |  |
| --- | --- |
| General Information | |
| Company Name: | External Provider Company Name |
| Address: | Company Address |
| Phone: | 555-555-5555 |
| Fax: | 555-555-5555 |
| Website: | Website URL |

|  |  |
| --- | --- |
| Contact Information, can be filled out by Purchasing or Supplier: | |
| Completed by: | First & Last Name |
| Title: | Position Title |
| Completion Date: | Click or tap to enter a date. |
| Email: | Youremail@email.com |

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| --- |
| Product, Process or Service supplied (can be filled out by Purchasing or Supplier): |
| Brief description of product or service supplied: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site Management Contacts, can be filled out by Purchasing or Supplier**:** | | | | | |
| Operations: | First & Last Name | Phone : | 555-555-5555 | E-mail: | email@email.com |
| Quality: | First & Last Name | Phone : | 555-555-5555 | E-mail: | email@email.com |

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| --- | --- | --- |
| **Site Quality Organization,** can be filled out by Purchasing or Supplier**:** | | |
| Site Quality Leader: | First & Last Name | Position Title |
| Reporting to: | First & Last Name | Position Title |

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| **Quality Systems (Site),** can be filled out by Purchasing or Supplier**:** | | | | | |
| **Standard** | | **Registered/**  **Certificated?** | **Registrar/Authority** | **Registration/**  **Certificate**  **Expiration Date** | **If not, projected date?** |
| ISO 9001: 2015 | | Yes  No | Registrar/Authority | Click or tap to enter a date. | Click or tap to enter a date. |
| TS16949 | | Yes  No | Registrar/Authority | Click or tap to enter a date. | Click or tap to enter a date. |
| AS9100 | | Yes  No | Registrar/Authority | Click or tap to enter a date. | Click or tap to enter a date. |
| Other: | Standard | Yes  No | Registrar/Authority | Click or tap to enter a date. | Click or tap to enter a date. |

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| **Site** **Process Control (if you are certified to one of the above-mentioned Standards, do not fill this section out. This section c**an be filled out by Purchasing or Supplier if required**:** | | | |
| Element | Procedure | Implemented | Procedure No. |
| Incoming inspection/testing performed & trended | Yes  No | Yes  No | Procedure # |
| In-process inspection/testing performed & trended | Yes  No | Yes  No | Procedure # |
| Final inspection/testing performed & trended | Yes  No | Yes  No | Procedure # |
| Traceability to raw materials | Yes  No | Yes  No | Procedure # |
| Traceability to manufacturing/quality records | Yes  No | Yes  No | Procedure # |
| Metrology/calibration | Yes  No | Yes  No | Procedure # |
| Process qualification | Yes  No | Yes  No | Procedure # |
| Failure analysis/corrective action | Yes  No | Yes  No | Procedure # |
| Sub-tier supplier management | Yes  No | Yes  No | Procedure # |

|  |
| --- |
| **Other Comments:** |
| Click or tap here to enter any additional comments. |

Please complete and return by e-mail or mail to:

Cascade Spares Inc.

3820 Solway Road

Knoxville, TN 37931

Tel.: (706) 443-0102

**Email:** anavarro@CascadeSpares.com