

**1. Company Details:**

Company Name:

Address:

Telephone:

Fax:

e-mail:

Web site:

**2. Principle Type of Business: (Check all that apply)**

Manufacturing/Machining

Special Processing

Distributor

Calibration/Inspection

Other:

**3. Management:**

**Name**

**Telephone:**

**E-mail:**

Managing Director:

Quality Representative:

Sales Representative:

**4. Certification:**

a. Is your company Quality System certified or compiles to:

ISO 9001:2000

AS 9100

ISO 17025

Other:

If your Quality System is Certified, please enclose a copy of your certificate

b. Does your company have any other approvals and/or significant awards?

Yes

No

If yes give details; (e.g. Customers approvals)

**5. Questions:**

No	Question	Yes	No	NA
1	Is there a formal in process and final inspection program?			
2	Do you identify / control nonconforming product? (tag and segregate?)			
3	Do you have a corrective action program?			
4	Do you have a written procedure for handling, storing, packaging, preservation and delivery of product?			
5	Do you have a process for knowing what the Customer Requirements are?			

**For Use G&N Quality Assurance Personnel**

Reviewed By:

Date:

**Decision:**

Approved:

Disapproved:

Limited Approval:

Comments:

Limitations: