ZECO MACHINE, INC.
PROTOTYPE TO PRODUCTION

Vendor Survey

1. Company Information

Company Name:				Date:	
Address:					
City:		State:		Zip:	
Type of Manufacture or Service:					
Total Facility Area:					

President/GM/COO:		Title/Position:	
Phone:		Email:	
Sales Representative:		Title/Position:	
Phone:		Email:	
QA Representative:		Title/Position:	
Phone:		Email:	
A/P Representative:		Title/Position:	
Phone:		Email:	

Shipping Address (if different from above) :					
City:		State:		Zip:	
Billing Address (if different from above) :					
City:		State:		Zip:	

Survey Purpose:	☐ Approval ☐ On-Site Qualification ☐ Re-Qualification ☐ Re-Evaluation

Number of Personnel

Production	Quality Support	Inspection	Engineering	Other

Quality System Compliance

ISO 9001	AS 9100	API SPEC Q1	ISO 29001	NADCAP
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Other:

Quality System has Third Party Approval? ☐ No ☐ Yes – Registrar:

Attach copies of certifications (ISO 9001, AS 9100, NADCAP, etc.)

Please complete the following questions as applicable and provide a reference document including specific sections within the document as objective evidence.

FOR SERVICE PROVIDERS (Excluding outside process, calibration, and testing) - Only fill out those sections that pertain to the service you are providing and the appropriate Quality processes or systems that have been implemented.

Note: If a copy of current, valid ISO Certification or equivalent is provided, completion of Section 2 is not required.

2. Quality Management System

QUALITY SYSTEM	YES	NO	N/A	Reference Document & Section
Are responsibilities and authorities defined?				
Are the Quality Objectives established, measurable, consistent with the Quality Policy, reviewed on a regular basis, and improvement actions generated when targets are not met?				
Has management appointed a quality management representative who has the organizational freedom and authority to resolve matters pertaining to quality?				
CONTROL OF DOCUMENTS AND RECORDS	**YES**	**NO**	**N/A**	**Reference Document & Section**
Are documents controlled to the latest revisions and available to personnel within their work areas?				
Are records established and maintained to provide evidence of conformity to requirements? What is their retention time?				
Are all records available for review by customers?				
PRODUCT REALIZATION (Operation)	**YES**	**NO**	**N/A**	**Reference Document & Section**
Does the organization plan and develop the processes, including documentation needed for product realization?				
Does the organization qualify / validate processes and maintain records of these activities?				
Does the organization determine requirements specified by the customer?				
Does the organization determine required verification, monitoring, inspection and test activities specific to the product?				
Does the organization provide a Certificate of Conformance that includes verification of all required processes and acceptance criteria?				
VERIFICATION OF PURCHASED PRODUCT	**YES**	**NO**	**N/A**	**Reference Document & Section**
Does the organization establish verification for ensuring that purchased product meets specified purchase requirements including objective evidence of the quality of the product from suppliers (e.g. Certificate of Conformance, test reports, inspection reports, and compliance documents)?				
Is purchased product held until it has been verified as conforming to specified requirements?				
IDENTIFICATION AND TRACEABILITY	**YES**	**NO**	**N/A**	**Reference Document & Section**
Does the organization maintain product traceability of the raw materials?				
Where appropriate, has the organization identified the product by suitable means throughout product realization?				
Where traceability is a requirement, does the organization control and record the unique identification number of the product?				
INTERNAL AUDIT	**YES**	**NO**	**N/A**	**Reference Document & Section**
Does the organization conduct internal audits at planned intervals to determine whether the Quality Management System conforms to the				

	planned arrangements and is effectively implemented and maintained?				
CONTROL OF MONITORING AND MEASUREMENT DEVICES		**YES**	**NO**	**N/A**	**Reference Document & Section**
	Does the organization maintain a formal calibration system?				
	When calibrated devices are found to be out of specification or inoperable does the organization assess the impact to product acceptance and notify the customer of suspect product?				
CONTROL OF NONCONFORMING PRODUCT		**YES**	**NO**	**N/A**	**Reference Document & Section**
	Does the organization deal with nonconforming product by taking action to eliminate the detected nonconformity?				
	Does the organization deal with nonconforming product by authorizing its use, release or acceptance by customer?				
	Does the organization prevent dispositions of use-as-is or repair unless specifically authorized by the customer if the product is produced to customer design or does not meet contract requirements?				
	Is product dispositioned for scrap conspicuously and permanently marked until physically rendered unusable?				
	Are records regarding nonconformities maintained?				
	When nonconforming product is detected after delivery, does the organization have a process in place for customer notification?				
	When nonconforming product is corrected, is it subjected to re-verification to demonstrate conformity to the requirements?				
CORRECTIVE / PREVENTIVE ACTION		**YES**	**NO**	**N/A**	**Reference Document & Section**
	Does the organization take appropriate action to eliminate the cause of nonconformities in order to prevent recurrence?				
	Is thorough containment carried out internally and externally?				
	Does the organization determine effective action to eliminate the causes of potential nonconformities in order to prevent their occurrences?				
	Are corrective action trends analyzed and used for continuous improvement?				
Improvement		**YES**	**NO**	**N/A**	**Reference Document & Section**
	Has there been any significant changes, improvements, personnel changes, etc?				
COMMENTS		**Yes**	**No**	**N/A**	**Reference Document & Section**
	Has there been any significant changes, improvements, personnel changes, etc?				

3. Declaration of Conformance to Requirements

A. The following criteria apply to all vendors for each shipment:

a) The Purchase Order contains the terms and conditions pertaining to each shipment, Purchase Orders must be referenced on all shipping documents.

b) Each shipment must be delivered on time. Zeco Machine must be notified immediately upon any vendor-initiated changes in delivery times or shipment quantities.

c) All materials must be within specification for each shipment. On a very limited basis, it is possible that Zeco Machine will provide authorization to its vendors to ship nonconforming material. However, these shipments must be pre-approved. No nonconforming material will be accepted without prior approval. Any nonconforming material not pre-approved will be returned at the vendor's expense.

d) A certificate of compliance or material test reports (if applicable) must be delivered with the product and must be traceable to the materials received.

e) In the event of nonconforming shipment (i.e., product characteristics, contamination, lack of required documentation, etc.) vendors will implement corrective actions to prevent reoccurrence, and Zeco Machine will be notified in writing (within 30 days) of the corrective action plan.

B. The following criteria apply to all aerospace intent orders as noted on the purchase order.

Vendors Supplying Production intent Components, Raw Material, or Outside Service for Aerospace Production Applications must comply with **QF-084-2 Aero Space Supplier Quality Requirements** form. A Copy of the Form is located on the Zeco Website, Located at WWW.ZECOMACHINE.COM.

NOTE: On a periodic basis, vendors may be required to provide statistical process control charts for each key process variable and/or capability studies that show that the vendor's processes are capable of meeting required specifications.

Form Completed By Vendor Representative

Name:	Signature:
Title:	Date:

Thank you for your help in this matter. Please e-mail your responses name@zecomachine.com, fax to (405) 282-3044, or Mail to Zeco Machine, 1800 E. Seward Road, Guthrie, OK 73044. Please include a company brochure and/or facility description showing resources used to produce your products.

ZECO MACHINE USE ONLY	
Vendor Status: ☐ **Approved** ☐ **Provisionally Approved** ☐ **Not Approved**	
Comments:	
Vendor Qualification Required ☐ No ☐ Yes – Date of Qualification:	
Qualification Status: ☐ **Qualified** ☐ **Conditionally Qualified** ☐ **Not Qualified** ☐ **Disqualified**	
Quality Signature:	Date:
Purchasing Signature:	Date: