

Quality Management System Questionnaire

NOTE: Do not leave fields blank. If a question is not applicable to your business mark it as N/A.

Company Name: _____ Cage Code: _____ Date: _____

Address: _____ Phone: _____

City/State: _____ Zip Code: _____

Quality Representative _____ Title: _____

Email: _____ Phone: _____

Checklist Completed By: _____ Date: _____

Signature: _____

Total Number of Employees: _____

Total Number of Facilities: _____

Total Square Footage: _____

Quality System questions, if any, may be discussed by the Supplier and Amphenol Borisch Technologies after the returned questionnaire is reviewed by the appropriate ABT Supplier Quality Activity.

Prior to any contemplated on-site survey, a mutually convenient schedule for the survey will be established.

Your cooperation and assistance is greatly appreciated.

Supplier Data		
	Years	Months
How long has your company been in business?		
(a) Under present name?		
(b) At present location?		

Required: If any of the above responses are new within one year, complete the next 2 questions.

Previous Company Name and Location:

Is your company receptive to an onsite survey confirming and elaborating on this questionnaire?

Yes

No

☐
☐

Please record all your company's certified site names and addresses below and notate their current Quality Management Systems in the corresponding boxes provided below. Additionally, please send the current Quality Management Systems certifications along with this form.

Certified Site's Name	Certified Site's Address	AS9100	ISO9001	TS16949	OTHER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customer Contract / Communication

I. Contract Review	Yes	No	Procedure / Work Instructions / Comments
1. Is there a documented procedure for contract review?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there a documented process procedure for the flow down of ABT requirements to certified sites and / or sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Before acceptance of a contract, contract change notice, or other required change, does the organization:			
a. Determine that the requirements are adequately defined and documented?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Determine that there is sufficient capacity and capability to meet all contractual requirements?	<input type="checkbox"/>	<input type="checkbox"/>	

c. Maintain records of contract reviews?	<input type="checkbox"/>	<input type="checkbox"/>	
II. Customer Communication	Yes	No	Procedure / Work Instructions / Comments
1. Are effective arrangements implemented for communicating with customers in relation to:			
a. Product Information?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Enquiries, contracts or handling, including amendments?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Customer feedback, including customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>	

Vendor Capabilities
III. Company Capabilities
Please provide a list of your company's areas of expertise, capabilities, and special process certifications, as applicable:

What percent of your current capacity is currently utilized?	
What is your maximum production capacity if needed to meet a sudden increase in demand?	
Do you have plans to expand your production capacity in the next 2 – 5 years?	

Revision History

Rev	Date	Originator	Description of Changes
-	Unknown		
14	12/15/24	E. Merritt	Complete overhaul of uncontrolled supplier survey.