

Supplier/Sub-Contractor Quality Questionnaire

Company name: _____

Address: _____

Telephone/Fax: _____

Website: _____

Total employees: _____

Is your company a subsidiary of another organisation? Yes / No

If a subsidiary, please state ultimate holding company?

Who in your company is responsible for?

Function	Name	Title	Email	Telephone
Sales				
Technical				
Quality				

Does your company have a formal quality system? Yes / No

(Please tick below)

iSO9001	AS9100	AS9120	IATF16949	iSO13485	iSO17025	Other

Please supply copies of any QMS certificates.

Does your company hold any other relevant approval? Yes / No

(Please state relevant Process/Regulatory/Customer approval held)

Name of approval	Scope of approval

Please supply copies of any certificates.

Please state your scope of supply/certification:

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Acceptance of a Dynamic Metals Limited purchase order is your organisations agreement to the conditions stated on Form QA024 General Requirements for Aerospace Suppliers. (www.dynamicmetalsltd.co.uk)

Supplier/Subcontractor:

Completed by: _____

Date: _____

Position: _____

Approval:

For Dynamic Metals Limited Completion only:

Reviewed by: _____

Date: _____

Position: _____

Signature: _____

Supplier/Subcontractor Risk Assessment.

(Suppliers/Subcontractor potential impact to Dynamic Metals/customer)

Risk Level	Product (Availability/Trace etc)	Process (Special Process/Certification etc)	Delivery (Lead time/Location/Transport etc)	Value (PO Value/Credit check etc)
Low				
Medium				
High				

High Risk: Any identified High Risks require an initial visit and annual visit.

Medium Risk: Any identified Medium Risks require initial visit and annual surveillance.

Low Risk: Annual surveillance. (Desk top review of performance)