



SUPPLY CHAIN ASSESSMENT

SUPPLIER INFORMATION

Company Name:		
Address:		
City:	State:	Country (if outside USA):
Name & Title of person completing this assessment:		
Phone:	Email:	

BUSINESS INFORMATION

Primary Product(s)/Services(s):		
Are there multiple business locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the following: <input type="checkbox"/> same as above		
Headquarters Name:		
Headquarters City:	State:	Country:

QUALITY MANAGEMENT SYSTEM REGISTRATIONS/CERTIFICATIONS

<ul style="list-style-type: none"> Attach a current copy of the certificate for each registered standard If compliance is indicated (without registration), attach documentation supporting compliance (e.g., policy, quality manual, etc.) 		
<input type="checkbox"/> AS9100D	<input type="checkbox"/> Registered	<input type="checkbox"/> Compliant
<input type="checkbox"/> ISO9001-2015	<input type="checkbox"/> Registered	<input type="checkbox"/> Compliant
<input type="checkbox"/> NQA-1-2017	<input type="checkbox"/> Registered	<input type="checkbox"/> Compliant
<input type="checkbox"/> NQA-1-2018 with NQA-1a-2009 with addendum	<input type="checkbox"/> Registered	<input type="checkbox"/> Compliant
<input type="checkbox"/> Other (please list):	<input type="checkbox"/> Registered	<input type="checkbox"/> Compliant
<input type="checkbox"/> Other (please list):	<input type="checkbox"/> Registered	<input type="checkbox"/> Compliant

Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	1. Does your organization have a procedure for selection and approval of suppliers and vendors to ensure they satisfy obligations and provide quality products and services? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	2. Does your organization conduct evaluations (e.g., audits, review of test results, etc.) or ongoing monitoring of suppliers/vendors? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Does your organization have a documented process for detecting, preventing, and addressing counterfeit items? If No , please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Is there a documented policy or procedure for protecting electronic data and systems from unauthorized viewing/use? If No , please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Does your organization subscribe to and maintain antivirus product on all employee workstations? What antivirus software or products are used? If No , please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Have you ever experienced a significant cybersecurity incident or data breach? If Yes , please define the incident and describe remediation actions:
Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Is there an independent quality organization or job roles for quality management/assurance?

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Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	8. Is there a system or process to control and manage drawings, specifications, catalog items and customer orders? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	9. Is there a system that assures the proper match of product with its certification and/or test data (if required by PO)? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	10. Are parts and inventory secured and identified at <u>all</u> times while in your facility? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	11. Is certification and test data based on objective criteria? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	12. Are products packaged in a manner to prevent damage during shipment? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	13. In your facility, are nonconforming products segregated from conforming products? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	14. When requested, is there a process to investigate and resolve rejected products and/or services found by the customer and implement corrective action to prevent future reoccurrence? If No , please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Is your company International Traffic in Arms Regulations (ITAR) registered? If No , do you have procedures to handle ITAR requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
	16. Check <u>all</u> types of inspection performed in this facility: <input type="checkbox"/> INCOMING <input type="checkbox"/> IN-PROCESS <input type="checkbox"/> FINAL <input type="checkbox"/> AUDIT

Date: _____

Signature (person completing assessment) _____

This report may be shared with the Dept. of Energy (DOE), National Nuclear Security Administration (NNSA), and with other DOE/NNSA operating subcontractors.

For NTESS/Sandia Internal Use Only		
Reviewed by:	Organization:	Date:
Status		
Approved: <input type="checkbox"/>	Conditional: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>