



SUPPLY CHAIN ASSESSMENT (Services)

SUPPLIER INFORMATION

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

BUSINESS INFORMATION

Primary 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 and/or Parent Company Name:		
City:	State:	Country:

QUALITY MANAGEMENT SYSTEM REGISTRATIONS/INFORMATION

<ul style="list-style-type: none"> Attach a current copy of the certificate for each registered standard For policies not registered/certified, 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"/> ISO/IEC27001	<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 Standard (please list):	<input type="checkbox"/> Registered	<input type="checkbox"/> Compliant
<input type="checkbox"/> We have Quality Assurance policies that are not affiliated with specific recognized standards.		
<input type="checkbox"/> We currently do not have any Quality Assurance policies, but will establish quality policies to meet this requirement if awarded a subcontract. (Suggested assistance and templates are available at https://www.nmptac.org/ or https://www.nmptac.org/resources/ .)		

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 lower tier 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 lower tier suppliers/vendors? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. 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"/>	4. 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"/>	5. 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"/>	6. 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"/>	7. Is there a system or process to control and manage customer-provided or customer-related information such as drawings, specifications, and customer orders? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	8. When requested, is there a process to investigate and resolve unsatisfactory 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"/> N/A <input type="checkbox"/>	9. If consumables or replacement parts are used in the performance of services, is there a process to detect, prevent, and address the use of counterfeit or low quality items? If No or N/A please explain:
	10. For services performed on equipment or product: Are items secured and identified at all times while in your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is certification or test data based on objective criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are items packaged in a manner to prevent damage during return shipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	11. 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

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"/>