



SUPPLY CHAIN ASSESSMENT INFORMATION & OPERATIONAL TECHNOLOGY

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 have a component disposal inventory process or method? Are component disposal records maintained? 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"/> N/A <input type="checkbox"/>	7. Is your organization willing to provide Statement of Volatility documentation detailing both volatile and non-volatile components, memory type and size, purpose, and sanitization guidance with all deliverables? If Yes , please attach. If No or N/A please explain:

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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 manage product configuration control? If No or N/A please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Does your organization provide or manage device, system, or component service and repairs? (a) If Yes , is there a designated process for managing chain of custody and inventory tracking for repaired/serviced devices returning to customers? <input type="checkbox"/> Yes <input type="checkbox"/> No (a)(i) If No , please explain:
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	10. Are products and components 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. 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"/>	12. 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"/>	13. 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"/>	14. 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
	15. 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

SOFTWARE

Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Are devices tested for component and system vulnerabilities during production and before distribution? (a) Are third-party components also tested? If No , please explain:
	2. Does your organization (or the product developer) analyze all compiled code to identify and verify: (a) All Third-Party Software (TPS) and/or Open Source Software (OSS) components <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Review components against all known vulnerabilities found in the National Vulnerability Database (nvd.nist.gov) or similar vulnerability list such as Common Vulnerabilities and Exposures (CVE) Open Web Application Security Project (OWASP), etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No

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	<p>If No, how does your organization (or the developer) assure the quality and security of deliverables, including applicable Third-Party Software (TPS) and/or Open Source Software (OSS)?</p>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>3. Does your organization (or the product developer) analyze product/system behavior during operation and whether such behavior introduces potential security vulnerabilities that could negatively impact confidentiality, integrity, and availability of software, firmware, and information?</p> <p><i>Distributors: Can you supply documentation from the manufacturer/developer supporting software, firmware, and Information integrity assurance for deliverables?</i></p> <p>If No, please explain:</p>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>4. Will the proposed product or deliverable have remote system maintenance capabilities, software upgrades, troubleshooting, and diagnostics?</p> <p>If yes, does the remote mechanism:</p> <p>(a) utilize strong authentication for access to products? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) assure the download packages are unaltered, malware-free and from a trustworthy supplier? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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"/>