



Supplier Evaluation

QF-11-01, Rev. 1

Release Date: 08/22/2026

Approved By: AJ Jones

Supplier Information					
Company Name		Contact Name			
Address		City, State, Zip			
Phone Number		Fax Number			
Quality System Information					
Does your organization maintain an accredited quality management system (QMS)?	Yes	QMS Type	ISO 9001		
	No		AS 9100		
If yes, attach a current copy of your Certificate and skip the questionnaire below.			Other: _____		
Quality System Questionnaire			Yes	No	N/A
1	Do you have a documented quality management system?				
2	Do you allow customers to audit your facilities / processes?				
3	Do you have a documented nonconforming material control process?				
4	Do you have a documented corrective action process?				
5	Do you have a customer complaint process?				
6	Do you perform inspection on products or services and are records maintained?				
7	Are measuring and test equipment used to inspect product periodically calibrated?				
8	Do you retain records of quality activities? How Long? ____ Years				
9	Do you perform internal audits on your internal processes?				
10	Are employees trained to perform work affecting product/service quality?				
Supplier Representative			Date		
Initials, printed name, or signature above by the "Supplier Representative" also indicates acknowledgement of Teston Machine Corp.'s Supplier Terms & Conditions which can be viewed electronically at: https://testonmachine.com/					
Approval Status (completed by Company representative)					
Risk Level	Low		Medium		High
Approval Status	Accept		Reject		
Approval Authority			Date		
Comments and/or Re-approvals:					