

**INSULATION SUPPLY COMPANY**

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**SUPPLIER EVALUATION SURVEY**

Supplier Account Number: \_\_\_\_\_

Supplier: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

**Senior Quality Position**

Name: \_\_\_\_\_ Reports to Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

General Product Line: \_\_\_\_\_

**INDICATE QUALITY SPECIFICATION COMPATIBLE WITH YOUR CURRENT QA SYSTEM**

D1-9000 (Boeing)                       QS9000                       ANSI/ASQC Z 1.4                       AS-9000  
 ISO-9001-2000                       ISO 10012                       ANSI/NCSL Z540                       AS9120

(Attach copy of ISO or other certificate of approval if applicable) Other \_\_\_\_\_

**ELEMENTS COVERED BY SUPPLIERS QUALITY ASSURANCE MANUAL AND QUALITY PROCEDURES**

(check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> General requirements:                        | <input type="checkbox"/> Human resources:                             |
| <input type="checkbox"/> Human resources:                             | <input type="checkbox"/> Infrastructure:                              |
| <input type="checkbox"/> Management commitment:                       | <input type="checkbox"/> Work environment:                            |
| <input type="checkbox"/> Customer focus:                              | <input type="checkbox"/> Product realization:                         |
| <input type="checkbox"/> Quality policy:                              | <input type="checkbox"/> Planning of product realization:             |
| <input type="checkbox"/> Planning:                                    | <input type="checkbox"/> Customer-related processes:                  |
| <input type="checkbox"/> Responsibility, authority and communication: | <input type="checkbox"/> Design and development:                      |
| <input type="checkbox"/> Management review:                           | <input type="checkbox"/> Purchasing:                                  |
| <input type="checkbox"/> Resource management:                         | <input type="checkbox"/> Production and service provision:            |
| <input type="checkbox"/> Provision of resources:                      | <input type="checkbox"/> Control of monitoring and measuring devices: |
| <input type="checkbox"/> Measurement, analysis and improvement:       | <input type="checkbox"/> General:                                     |
| <input type="checkbox"/> Control of nonconforming product:            | <input type="checkbox"/> Analysis of data:                            |

**CATEGORY OF SERVICES PROVIDED**

(Check appropriate block which best describes the service)

Manufacturer  Calibration Service  Raw Material Supplier  Test Laboratory  Distributor  Other (explain)

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE IN THIS SPACE – INSULATION SUPPLY COMPANY ONLY**

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ PENDING: \_\_\_\_\_

**\*\*WHEN NECESSARY, WITH YOUR PERMISSION, INSCO RESERVES THE RIGHT TO DO AN ON SITE AUDIT\*\***