



Attention: Quality Coordinator

Dear Triple Inc. Supplier,

The following page represents our annual survey of your company. Please fill out the attached form and return it via facsimile or mail to:

Quality Department
Ph. (248) 583-1911
Fax: (248) 583-1603

Or

Triple Inc.
1441 Allen Dr,
Troy, MI 48083

Please note:

- *In entering a contract with Triple Inc., our customers, and/or any Government Agency reserve the right to enter your premises for the purpose of on site verification of quality issues.*
- *Records that are created or maintained by suppliers must accompany all delivery of product or services to Triple Inc. In addition, the supplier is required to maintain a copy of the certification or record at their facility that is traceable to the Triple Job number.*

Supplier Quality Survey

Company Name: _____ Date: _____

Street Address: _____

State: _____ Zip: _____

Completed by: _____ Title: _____

Phone #: _____ Fax: #: _____

Sales Contact: _____

Quality Contact: _____

Plant Manager: _____

Number of years in Business: _____ Number of Employees: _____

Minority Supplier: (yes/no) _____ Building Square feet: _____

		Yes	No
1	Are you TS16949 ____, AS9100 ____, ISO9000:2000, ____, NADCAP ____, Other ____ certified?		
2	If yes, when were you certified and by which registrar?		
(provide certificate(s)):			
3	If no, do you plan on becoming certified in the near future?		
4	Planned date for compliance?		
5	If no, do you have some other quality system in place?		
6	Have you established a Quality Policy/Mission Statement?		
7	Do you have procedures for controlling non-conforming material?		
8	Do you utilize receiving/in-process/final inspection methods?		
9	Do you provide inspection reports?		
10	If no, do you provide Certificates of Compliance?		
11	Do you have a calibration system?		
12	Do you have a training program for your employees?		
13	Do you have an updated machine list?		
(please provide if available)			
14	Do you perform machine maintenance at regularly scheduled intervals?		