

3D MACHINE COMPANY, INC.

PRECISION MACHINING
PRODUCTION • PROTOTYPE • ASSEMBLY

4790 Wesley Drive Anaheim, CA 92807
Phone: 714-777-8985 Fax: 714-777-8987 www.3dmachineco.com

SUPPLIER CAPABILITIES SURVEY

Ia. Potential Supplier:		Ib. Contact Name:	
Supplier's Address: _____ _____		Phone: _____ Fax: _____ E-Mail: _____	
II. Supplier's Services (Please Describe Your Services)		III. Facilities & Equipment	
What services do you provide? (Check all that Apply & Explain if Necessary)		Plant Size (Square Feet):	
<input type="checkbox"/> Raw Material	<input type="checkbox"/> Equipment Servicing/Calibration	Please Attach Equipment List or Describe Equipment	
<input type="checkbox"/> Machining/EDM	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Finishing Process	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Hardware	<input type="checkbox"/> Other _____		
Supplier: Use this space for additional descriptions or explanations: _____ _____			
IV. Quality System Certification		<input type="checkbox"/> NADCAP CERTIFIED	
<input type="checkbox"/> ISO 9001	<input type="checkbox"/> Other		
<input type="checkbox"/> AS 9100	If certified, please provide a copy of certifications		
<input type="checkbox"/> AS 9120			
<input type="checkbox"/> Not Certified		If not certified, please attach Table of Contents to QA Manual	
V. Export Controls – Does your company have a formal process for protection of technical information from foreign persons?			
<input type="checkbox"/> Registered with DDTC			
<input type="checkbox"/> Not registered but have procedure. Procedure # & Title: _____			
<input type="checkbox"/> No process for export controls			
Signature of Person Completing Survey		Title	Date
DO NOT WRITE BELOW THIS LINE -3D Machine Company, Inc QA Manager's Use Only			
This Supplier has been Qualified By:		SCOPE OF APPROVAL	
<input type="checkbox"/> Self Survey	<input type="checkbox"/> Raw Material	<input type="checkbox"/> Equipment Servicing/Calibration	
<input type="checkbox"/> On-Site Visit	<input type="checkbox"/> Machining/EDM	<input type="checkbox"/> Export Controls	
<input type="checkbox"/> Telephone Survey	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Customer Requirement	<input type="checkbox"/> Finishing Process	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Hardware	<input type="checkbox"/> Other _____	
TYPE OF APPROVAL		Notes:	
<input type="checkbox"/> Full Approval		_____	
<input type="checkbox"/> Conditional Approval		_____	
<input checked="" type="checkbox"/> Disapproved		_____	
		QA Manager's Signature:	Date: