STC / SPIRAL TOOL CORP. Shohola, PA Supplier Audit Form DocID 50

mpany:					
n: Quality Assurance Manag AS9100 and ISO certified quality systems and would satisfy our audit requires	tem requires u	s to audit our subcontract e complete and return pro	ors. This survey should take no more than mptly.		
Prime Contractor Approvals? (optional)					
Number of Employees Production Quality Control					
Size of Facilities (Square ft)					
Capabilities			osite address or other literature		
How long are records kept on file?		Years			
Are you Third Party Certified? (ISO 9001, AS9100, Nadcap etc.)	Yes No NA: If you are certified, attach certification No further information required. Please, sign date and provide contact info and return to STC Industries.				
Do you have QC manual?	Yes:	No:	NA:		
Do you have documented procedures? Do employees have			NA:		
access to it (them)? Do you perform internal audits?			NA: NA:		
Do you audit your	Yes: _	No:	NA:		

suppliers?				
Do you have a documented training program?	Yes:	No:	NA:	
	The following applies to material and hardware suppliers only.			
Do you supply manufacturer certs?	Yes:	No:	NA:	
Please sign:			Date	
Print Name and Title: _				
			form can be reviewed at <u>www.stcind</u> or 570-409-1331 if a hard copy is required.	
Please provide email for	or quality corres	pondence:		
Please either: 1) e-mail to fred@stcind.co 2) fax to 570-409-1431, or 3) mail to: STC Industries 761 Route 6 Shohola PA 18458	<u>m,</u>			

Thank you for your cooperation.