

STC / SPIRAL TOOL CORP.

Shohola, PA

Supplier Audit Form

DocID 50

Company: _____

Attn: Quality Assurance Manager:

Our AS9100 and ISO certified quality system requires us to audit our subcontractors. This survey should take no more than 5 minutes and would satisfy our audit requirements. Please complete and return promptly.

Prime Contractor Approvals? <i>(optional)</i>	_____
Number of Employees Production Quality Control	
Size of Facilities (Square ft)	_____
Capabilities	Please provide line card, website address or other literature http:// _____
How long are records kept on file?	_____ Years
Are you Third Party Certified? (ISO 9001, AS9100, Nadcap etc.)	Yes _____ No _____ NA: _____ <i>If you are certified, attach certification.. No further information required. Please, sign date and provide contact info and return to STC Industries.</i>
Do you have QC manual?	Yes: _____ No: _____ NA: _____
Do you have documented procedures?	Yes: _____ No: _____ NA: _____
Do employees have access to it (them)?	Yes: _____ No: _____ NA: _____
Do you perform internal audits?	Yes: _____ No: _____ NA: _____
Do you audit your	Yes: _____ No: _____ NA: _____

