



Stephens Precision, Inc.
 293 Industrial Drive, Bradford, VT 05033
 Phone: 802/222-9600; Fax 802/222-9688
 www.stephensprecision.com

QF2066 Supplier Quality Survey
 Rev. 1.0
 Effective date: 3/30/2006

Page 1 of 2

Printed copies uncontrolled – for Reference only

Current revision level available electronically: QF2066

The following questions do not constitute a thorough analysis of your quality system, but will be used as a guide to help ascertain if you can meet our minimum quality requirements. Your response is requested before issuing you a Purchase Order.

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

INTERNET ADDRESS/WEBSITE: _____

1. PRODUCT OR SERVICE. Your company supplies:

- Material stock such as stainless steel, aluminum, plastic, other: _____
- Plating and other finishes
- Heat Treating
- Calibration
- Other (Specify): _____

Do you perform/manufacture this service/product at the address above? Y___ N___ N/A___
 If not, please explain:

2. DISADVANTAGED STATUS

If you wish to be considered for a non-performance related preference, list your status here and attach any relevant documentation.

3. REGISTRATION OR QUALIFICATION TO STANDARDS

If your company is registered/qualified to an ISO, QS, AS, or other standard, please check here and send a copy of your current registration/qualification documentation. If you are not a special process supplier, skip to the Right of Entry and Signature section.

4. SPECIAL PROCESS QUALIFICATION/CERTIFICATION

If you perform a special process, please send documentation of current qualification/certification for this process by NADCAP or other qualifying body or by a prime contractor. Check here and skip to the Right of Entry and Signature section on the next page.



Stephens Precision, Inc.
 293 Industrial Drive, Bradford, VT 05033
 Phone: 802/222-9600; Fax 802/222-9688
 www.stephensprecision.com

QF2066 Supplier Quality Survey
 Rev. 1.0
 Effective date: 3/30/2006

Page 2 of 2

Printed copies uncontrolled – for Reference only

Current revision level available electronically: QF2066

5. QUALITY SYSTEM

- Do you have a controlled quality Manual? Y___ N___ N/A___
 - Is it written to be in compliance with a recognized standard? Y___ N___ N/A___
- If yes, please specify:

- If your Quality Management System is not registered/qualified by certifying body or a prime contractor, check here and *if this next box is checked* →: send a copy of your Quality Manual.

6. RIGHT OF ENTRY AND SIGNATURE

Stephens Precision and its customers reserve the right to perform scheduled on-site inspections if deemed necessary. Your signature below implies the consent of the company for which this Survey had been completed.

This survey has been completed by an authorized Quality Control Representative of the Company for which it was completed.

 Name Title

 Signature* Date

*If you are sending an electronic response, click here instead of signing.

Email address: _____

7. PLEASE RETURN THE SURVEY:

By Mail: Stephens Precision Inc by Email: ann@stephensprecision.com
 293 Industrial Drive
 Bradford, VT 05033 by Fax: (802)222-9688

Please call if you have any questions. Contact Ann Stephens (802)222-9600

For Office Use: Approved by: _____ Date: _____