



Section 1. Company Information					
Name of Company:					
Address:			City & State:		
Country:			Zip code:		
Phone:			Tax ID:		
E-mail:			Website:		
D-U-N-S no.:			Legal form:		
Title		Name		Email	
President, General Director:					
Contact for RFQ's:					
Quality Director / Manager:					
Sales Contact to Precipart:					
Technical Contact to Precipart:					
Quality Contact to Precipart:					
Facility Information					
Total Number of Employees:				Number of Buildings:	
-Production Direct:				Production Area (ft ² /m ²):	
-Administration:				Building Area (ft ² /m ²):	
-Quality Assurance/ Quality Control:		Do you have an ERP System?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
-Engineering:		If yes, name of ERP:			
Markets / Industries served			KPIs		
Medical	<input type="checkbox"/> yes	% of Sales:	%	Company revenue last year:	
Aerospace	<input type="checkbox"/> yes	% of Sales:	%	% Revenue from Top Customer:	
Automotive	<input type="checkbox"/> yes	% of Sales:	%	Target Customer On-Time Delivery (OTD):	
Electronics	<input type="checkbox"/> yes	% of Sales:	%		
Other:		% of Sales:	%	Customer OTD over past year:	
What type of insurance does your company have? (Select all that apply)		<input type="checkbox"/> Product Liability		<input type="checkbox"/> Global Coverage Amount:	
		<input type="checkbox"/> General Liability		<input type="checkbox"/> Regional Coverage* *Region:	
Is your company part of a group/corporation?		<input type="checkbox"/> yes <input type="checkbox"/> no		Name:	
				DUNS no.:	
Which category best describes your company's primary service offering to Precipart*?		<input type="checkbox"/> 1 - Production of precision custom components <input type="checkbox"/> 2 - Production Services (i.e. Heat treatment, Plating) <input type="checkbox"/> 3 - Distribution of OEM product (i.e. raw materials) <input type="checkbox"/> 4 - Engineering services / Tooling <input type="checkbox"/> 5 - Lab Testing / calibration services <input type="checkbox"/> 6 - Logistics services (i.e. Transportation, Warehousing) <input type="checkbox"/> 7 - Other: _____			
<p>*If you select 1, 2, 3 or 4, complete all sections of this survey.</p> <p>* If you select 5, complete sections 2, 5, 7 and 8.</p> <p>*If you select 6 or 7, complete sections 2, 7 and 8 (as applicable).</p>					



Section 2. Certifications and Regulatory			
Does your company have a certified quality system?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
- If yes, which?	<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 13485	<input type="checkbox"/> ISO 14001
- If no, Please answer questions in Section 7.	<input type="checkbox"/> IATF 16949	<input type="checkbox"/> AS9100	<input type="checkbox"/> ISO 17025
Other Certifications / Accreditations:			
Is your company receptive to Source Inspection and/or Audits by Precipart and their customers?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
C-TPAT certified? <i>(Customs Trade Partnership Against Terrorism)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Certificate / SVI No.:
Compliant with any WCO accredited security program? <i>(i.e. FOCA, Known Shipper/Consigner)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Security program & Certificate/ registration No.:
FDA registered?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Certificate No.:
Does your company have experience with EU MDR regulation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Have you ever been audited by the FDA?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date:
Other regulatory authorities?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date:
- if yes, any findings?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Does your company comply with RoHS regulation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> upon request
Does your company comply with REACH regulation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> upon request
Do you monitor the use of Conflict minerals in your supply chain?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Is your company ITAR Registered/Compliant? (United States companies only)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Is your facility in compliance with DFARS 252.204-7012 ("DFARS") and NIST Special Publication 800-171? ("NIST") (United States companies only)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Is your company registered under any NADCAP processes?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
- If yes, please describe:			
Does your company have a documented Disaster Recovery Plan or strategy?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Quality Manual?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> provided by request
Documentation for PPAP? <i>(Production Part Approval Process)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
In-process production controls? <i>(SPC, etc.)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Final inspection controls?	<input type="checkbox"/> yes	<input type="checkbox"/> no	



Section 2. Certifications and Regulatory Continued

System for lot control? yes no
 - If yes, please describe:

Section 3. In-House Manufacturing Capabilities

Turning		Metal Working		Heat Treatment	
Swiss Single Spindle CNC	<input type="checkbox"/>	Laser Welding	<input type="checkbox"/>	Annealing	<input type="checkbox"/>
Swiss Single Spindle CAM	<input type="checkbox"/>	Stamping	<input type="checkbox"/>	Case Hardening	<input type="checkbox"/>
Swiss Multi Spindle	<input type="checkbox"/>	Swaging / Bending	<input type="checkbox"/>	Nitriding	<input type="checkbox"/>
Rotary Transfer / Hydromat	<input type="checkbox"/>	Wire Forming	<input type="checkbox"/>	Hardening	<input type="checkbox"/>
Coil Fed Escomatic	<input type="checkbox"/>	Fine-blanking	<input type="checkbox"/>	Under Controlled Atmosphere	<input type="checkbox"/>
Non-Swiss CNC	<input type="checkbox"/>	Deep Draw Stamping	<input type="checkbox"/>	3D Printing	
Non-Swiss Multi Spindle	<input type="checkbox"/>	Brazing	<input type="checkbox"/>	Metal	<input type="checkbox"/>
Milling		Broaching	<input type="checkbox"/>	Plastic	<input type="checkbox"/>
CNC Milling 3 Axis	<input type="checkbox"/>	Injection Molding / Sintering		Ceramic	<input type="checkbox"/>
CNC Milling 5 Axis	<input type="checkbox"/>	Metal Injection Molding	<input type="checkbox"/>	Powder Ceramics and Hard Materials	
CNC Milling 6+ Axis	<input type="checkbox"/>	Plastic Injection Molding	<input type="checkbox"/>	Ceramic Pressing	<input type="checkbox"/>
Gearing		Ceramic Injection Molding	<input type="checkbox"/>	Ceramic Machining	<input type="checkbox"/>
Gear Cutting Straight	<input type="checkbox"/>	Over-Molding	<input type="checkbox"/>	Hot Isostatic Pressing	<input type="checkbox"/>
Gear Cutting Helical	<input type="checkbox"/>	2K-Molding	<input type="checkbox"/>	Sapphire / Ruby Production	<input type="checkbox"/>
Gear Cutting Bevel	<input type="checkbox"/>	Insert Molding	<input type="checkbox"/>	Added Value Processes	
Gear Cutting Rack	<input type="checkbox"/>	Metal Sintering	<input type="checkbox"/>	Prototyping	<input type="checkbox"/>
Laser / EDM		Surface Treatments		Laser Marking	<input type="checkbox"/>
Laser Cutting	<input type="checkbox"/>	Tumble/ Polish	<input type="checkbox"/>	Final Packaging	<input type="checkbox"/>
Laser Drilling	<input type="checkbox"/>	Bead Blasting	<input type="checkbox"/>	Color Markings	<input type="checkbox"/>
Laser Turning	<input type="checkbox"/>	Anodizing	<input type="checkbox"/>	Labeling	<input type="checkbox"/>
EDM-Wire / Sink	<input type="checkbox"/>	Plating	<input type="checkbox"/>	Clean Room	<input type="checkbox"/>
Other Machining		Precious Metal Plating	<input type="checkbox"/>	Assembly	<input type="checkbox"/>
Honing / Reaming	<input type="checkbox"/>	Electro-polishing	<input type="checkbox"/>	Sterilization	<input type="checkbox"/>
Grinding	<input type="checkbox"/>	Passivation Citric	<input type="checkbox"/>		
Lapping	<input type="checkbox"/>	Passivation Nitric	<input type="checkbox"/>		

Other:



Section 4. Materials		
Steel Alloys	Titanium	Plastics
303 SS / 1.4305 <input type="checkbox"/>	Grade 1 or 2 <input type="checkbox"/>	PEEK <input type="checkbox"/>
304 SS / 1.4301 <input type="checkbox"/>	Grade 5 / 23 (5-ELI) <input type="checkbox"/>	PTFE <input type="checkbox"/>
316 SS / 1.4401 <input type="checkbox"/>	Grade 36 <input type="checkbox"/>	Silicone <input type="checkbox"/>
400 Series SS <input type="checkbox"/>	Nitinol <input type="checkbox"/>	Carbon Fiber <input type="checkbox"/>
Carbon Tool Steel <input type="checkbox"/>		POM <input type="checkbox"/>
Hardenable Steels <input type="checkbox"/>	Precious Metals	Other Materials
12L14 <input type="checkbox"/>	Gold <input type="checkbox"/>	<i>Please List Below</i>
1215 <input type="checkbox"/>	Platinum <input type="checkbox"/>	
17-4 PH <input type="checkbox"/>	Platinum-Iridium <input type="checkbox"/>	
Other Alloys	Palladium <input type="checkbox"/>	
Copper Alloys <input type="checkbox"/>	Ceramics	
Cobalt-Chrome <input type="checkbox"/>	Ruby/Sapphire <input type="checkbox"/>	
MP35N <input type="checkbox"/>	Alumina <input type="checkbox"/>	
Tungsten <input type="checkbox"/>	Zirconia <input type="checkbox"/>	
Aluminum <input type="checkbox"/>	ZTA <input type="checkbox"/>	

Section 5. In-House Inspection Capabilities		
Touch Probe CMM <input type="checkbox"/>	Surface Roughness <input type="checkbox"/>	Material Composition <input type="checkbox"/>
Optical System <input type="checkbox"/>	Hardness <input type="checkbox"/>	Automated Sorting <input type="checkbox"/>
Microscope <input type="checkbox"/>	Micro Hardness <input type="checkbox"/>	Visual Sorting <input type="checkbox"/>
Micrometer/ Caliper <input type="checkbox"/>	Plating Thickness <input type="checkbox"/>	Go/No-Go Gauges <input type="checkbox"/>
Helium Testing <input type="checkbox"/>	Double Flank Tester <input type="checkbox"/>	Single Flank Tester <input type="checkbox"/>
Other:		



Section 6. Production Capability				
Turning	●	Min Diameter	Max Diameter	
Milling	■	Machining Volume (L x W x H)		
3D Printing		Layer Resolution	Build Volume (L x W x H)	
	Metals			
	Plastics			
	Ceramics			
Injection Molding		Weight	Volume	
	Metals			
	Plastics			
	Ceramics			
Drilling min. Diameter		Laser Drilling	Machining	Deep Hole
	Metals			
	Plastics			
	Ceramics			
Production Volume (Min/Max # of pieces):				



Section 7. Quality Management System				
Additional questions for non-certified suppliers				
Is there a plan to certify the quality management system? <input type="checkbox"/> yes <input type="checkbox"/> no				
To what standard and what is the expected date for certification? _____				
Does the company have written procedures or work instructions for the following?				
Part A				Document No./Remarks
Management Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Contract Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Design Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Document Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Temporary Deviations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Purchasing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Supplier Controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Raw Material Traceability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Preventive Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Incoming Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Final Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Equipment Calibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Nonconforming Material Controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Customer Complaints	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Customer Feedback	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Corrective Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Preventive Actions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Internal Quality Audits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Servicing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Part B				Document No./Remarks
Process Validation (equipment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
First Article/PPAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Software Validation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Environmental Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Pest Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Facility Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	
Label Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not Apply	



Section 8. Assessment Completion	
Survey prepared by (Name): _____ <div style="margin-left: 150px;">Title: _____</div> <div style="margin-left: 100px;">Signature: _____</div> <div style="margin-left: 150px;">Date: _____</div>	
Code of Conduct	
Is your company compliant with the content of Precipart's Supplier Code of Conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

Precipart Use Only		
Disposition	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Reviewed by	Date	
Comments		