

Supplier Quality Questionnaire
For
Bronson & Bratton, Inc. Suppliers

Document: BB-SQQ
Issue: 3
Revision: 4
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The purpose of this questionnaire is to evaluate a supplier's capability and make sure that a quality system is in place. As a supplier or potential supplier to Bronson & Bratton, Inc., your prompt response to this questionnaire is of utmost importance.

Upon completion, please return this document via email to:
quality@brons.com

Alternatively forms may be mailed to:

Bronson & Bratton, Inc
220 Shore Drive
Burr Ridge, IL 600527
Attention: Quality Manager

Bronson & Bratton Supplier Quality Requirements (BB-SQR)

It is the responsibility of your organization to make sure that you maintain a current copy of Bronson & Bratton's BB-SQR on file. To help aid in this compliance please provide an email address for notification should a revision to BB-SQR occur. BB-SQR is Bronson & Bratton's Supplier Quality Requirements and Contractual Conditions. The acceptance of a Bronson & Bratton purchase order is acknowledgement that your company also accepts the supplier quality requirements stated in form BB-SQR. A current copy of BB-SQR is available to download from our website www.brons.com and clicking on the "Supplier Quality Requirements" link.

Questionnaire completed by:

(Supplier)

(Type or Print Name)

(Title)

(Date)

(Signature)

1.0 ORGANIZATION

1.1 Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: _____ Fax: _____

Website: _____

- 1.2 Type of business:
- Fabrication and Mechanical Assembly
 - Heat Treating, Finishing and Coating
 - Electric and Electro-mechanical Assembly
 - OEM Equipment
 - Distributors / Dealers
 - Construction and Installation
 - Calibration Services
 - Carbide, Ceramics and Metal Supplier

2.0 Personnel

2.1 Contact:

Quality Manager: _____

Phone: _____ Email Address: _____

Sales Manager: _____

Phone: _____ Email Address: _____

3.0 Products / Services

3.1 List the principal product(s) or service(s) sold by your company to Bronson & Bratton

Service/Product: _____

Service/Product: _____

4.0 Quality System

4.1 Is your quality system certified? Yes No

4.2 If yes, please indicate to which standard.

ISO9001:2015 AS9100D ISO/IEC 17025:2005 OTHER _____

Certification expiration date: _____

Please include a copy of your certificate(s) with this completed questionnaire.

Note: It is not necessary to complete 4.3 if you are certified to ISO9001:2015 or equivalent.

4.3 Does your organization have written quality procedures for the following?

Contract Review:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Design Control:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Document & Data Control:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Purchasing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Control of customer supplied product:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Product Identification & Traceability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Process Control:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Inspection and Testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Control of Inspection, Measuring & Test Equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Inspection & Test Status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Control of Nonconforming Product:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Corrective & Preventive Action:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Handling, Storage, Packaging, Preservation & Delivery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Control of Quality Records:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Internal Quality Audits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Servicing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Statistical Techniques:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

To be completed by Bronson & Bratton, Inc.

Vendor ID: _____ Vendor Status: Approved Disapproved

Comments: _____

Reviewed By: _____ Date: _____