

3D MACHINE COMPANY, INC.

PRECISION MACHINING
PRODUCTION • PROTOTYPE • ASSEMBLY

4790 Wesley Drive Anaheim, CA 92807
Phone: 714-777-8985 Fax: 714-777-8987 www.3dmachineco.com

SUPPLIER CAPABILITIES SURVEY

Ia. Potential Supplier		Ib. Contact Information	
Supplier's Name:		Customer Service:	
		Email:	
Supplier's Address:		Quality/Inspection:	
		Email:	
Phone:		Sales:	
Fax:		Email:	
Hours of Operations:		Accounts Receivable:	
		Email:	
II. Supplier's Services (Please Describe Your Services)		III. Facilities & Equipment	
What services do you provide? (Check all that Apply & Explain if Necessary)		Plant Size (Square Feet):	
<input type="checkbox"/> Raw Material	<input type="checkbox"/> Equipment Servicing/Calibration	Please Attach Equipment List or Describe Equipment	
<input type="checkbox"/> Machining/EDM	<input type="checkbox"/> Other		
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Other		
<input type="checkbox"/> Finishing Process	<input type="checkbox"/> Other		
<input type="checkbox"/> Hardware	<input type="checkbox"/> Other		
Supplier: Use this space for additional descriptions or explanations:			
V. Quality System Certification			
<input type="checkbox"/> ISO 9001		<input type="checkbox"/> NADCAP Certified	
<input type="checkbox"/> AS 9100		<input type="checkbox"/> Other	
<input type="checkbox"/> AS 9120	If certified, please provide a copy of certifications		
<input type="checkbox"/> Not Certified	If not certified, please attach Table of Contents to QA Manual		
If you are an independent contractor to 3D Machine, attach resume or other form indicating qualifications.			
V. Export Controls – Does your company have a formal process for protection of technical information from foreign persons?			
<input type="checkbox"/> Yes, we are registered with the DDT			
<input type="checkbox"/> No, we are not registered with the DDTC but have safeguards to prevent non-U.S. persons from gaining access to data			
<input type="checkbox"/> I am an independent contractor and am a U.S. person			
Name of Person Completing Survey		Title	Date
DO NOT WRITE BELOW THIS LINE -For QA Manager's Use Only			
This Supplier has been Qualified By:		SCOPE OF APPROVAL	
<input type="checkbox"/> Self Survey	<input type="checkbox"/> Raw Material	<input type="checkbox"/> Equipment Servicing/Calibration	
<input type="checkbox"/> On-Site Visit	<input type="checkbox"/> Machining/EDM	<input type="checkbox"/> Export Controls (ITAR)	
<input type="checkbox"/> Telephone Survey	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Other	
<input type="checkbox"/> Customer Requirement	<input type="checkbox"/> Finishing Process	<input type="checkbox"/> Other	
	<input type="checkbox"/> Hardware	<input type="checkbox"/> Other	
Notes:			
TYPE OF APPROVAL		QA Manager's Signature:	
<input type="checkbox"/> Full Approval			
<input type="checkbox"/> Conditional Approval			
<input type="checkbox"/> Disapproved		Date:	