

# VIRGIN MATERIAL ASSESSMENT SURVEY

**Date Completed** \_\_\_\_\_

**Supplier Name**  
**(name / address / phone)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supplier Representative (s)**

\_\_\_\_\_

\_\_\_\_\_

**Product (s) / Services Provided**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ISO Related:**

Type and Number of Weigh Scales

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How often are scales calibrated \_\_\_\_\_

Are Customer Orders Reviewed for Special Requirements \_\_\_\_\_

Written Procedures? :

- Incoming Inspection Y or N
- Non-conforming material (Identification and segregation) Y or N
- System to notify supplier of Non Conforming Y or N
- Corrective Action responses Y or N
- Return Authorization procedure Y or N
- Customer Packaging Requirements Y or N

Is Statistical Process Control used during:

Processing \_\_\_\_\_

Inspection \_\_\_\_\_

Testing \_\_\_\_\_

Other \_\_\_\_\_

Are You ISO Certified? Y or N

If No, do you plan to become ISO Certified and when \_\_\_\_\_

**Please attach the following documents to this survey when returned:**

- ISO certification (if applicable)
- Quality Department Organization Chart
- Example Bill of Lading