



**METALCUTTING**

Phone 800 783 6382

Fax 973 239 6651

Email [sales@metalcutting.com](mailto:sales@metalcutting.com)

Web [www.metalcutting.com](http://www.metalcutting.com)

Dear Supplier,

We are updating our Supplier Evaluation records. We ask that you complete and return the following questionnaire as soon as possible.

Please note that you are not required to have third-party registration to be a supplier to Metal Cutting Corporation; however, we do need to evaluate your quality system and obtain current information for our files.

Additionally, recent legislation was passed regarding the use of “Conflict Minerals” in manufacturing. In accordance, Metal Cutting Corporation is committed to enacting due diligence measures to ensure responsible sourcing. As such, we have updated our Vendor Questionnaire to include several questions pertaining to this important issue. Please see our Conflict Minerals Supplier Letter on our website under Customer Support for more information. Thank you in advance for your full cooperation.

If you have any questions, please call me at 973-239-1100.

Sincerely,

Maria Cristofano

Metal Cutting Corporation


**METALCUTTING**

 Form: F31 Rev M  
 Effective Date: 1/21/15

**VENDOR QUALITY ASSURANCE QUESTIONNAIRE**
**GENERAL INFORMATION**

1.	Company Name	Division	
2.	Address		
3.	Phone	Fax	Email
4.	Web		

**CONTACT THE FOLLOWING PEOPLE FOR**

1.	Order Placement/Pricing	
2.	Order Delivery/Expediting	
3.	Rejections/Missing Info	
4.	Sales Support	
5.	Accounts Receivable	
6.	Engineering Support	
7.	President	

**SCHEDULING**

1.	Shut-down schedule dates that would affect our business:
----	--

**QUALITY SURVEY: SECTION 1**

1.	Is your company registered to ISO 9000 or any other quality system standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
----	--	------------------------------	-----------------------------

**\*\*If yes, please complete the remainder of section 1, enclose a copy of your certificate, proceed to section 3 and sign where indicated. DO NOT COMPLETE SECTION 2.  
 If no, complete all of section 1, 2 & 3.**

2.	Registration number, if available:		
3.	If requested would you permit us to conduct a QC vendor survey visit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	If requested, would you send us a copy of your QC Manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	If requested, would you send us a copy of your Organizational Chart?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	For the products we purchase to you manufacture <input type="checkbox"/> or distribute <input type="checkbox"/> ?		
7.	Do all materials used in part manufacture and operations at your company satisfy current governmental and environmental laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### QUALITY SURVEY: SECTION 2

1.	Do you have a Quality Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2.	Do you have a Quality Policy Manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3.	Is there a procedure for examining and reviewing contract requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.	Are design outputs documented, reviewed, verified, and validated before release to production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5.	Are all Quality System Documentation reviewed and approved by authorized personnel before their release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6.	Are the capabilities of suppliers and subcontractors evaluated before products are purchased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7.	In the case of damage caused to customer-supplied products, is the customer notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.	Is material lot traceability a specified requirement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
9.	Do you have documented manufacturing procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10.	Are there procedures for receiving inspection, in-process inspection and final inspection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
11.	Do you have a documented calibration system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
12.	Are products identified to verify conformance or nonconformance with regard to tests and inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
13.	Do you have a documented system for segregating and reporting nonconforming manufactured work-in-process and finished products.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
14.	Do you have a documented corrective action system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
15.	Do you have documented procedures for handling, storage, packaging, preservation, and delivery of product?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
16.	Do you have procedures for maintenance, identification, collection, filing, disposition, and storage of quality records?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
17.	Do you have an internal auditing system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
18.	Do you have a personnel training system in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
19.	If services are provided, is there documented verification that the service provided meet the specified requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
20.	Do you have documented procedures for implementation, control, and application of statistical techniques?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### QUALITY SURVEY: SECTION 3 (CONFLICT MINERALS)

1.	Do you currently supply Metal Cutting with any of the following metals: Tantalum, Tungsten, Tin or Gold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
----	--	------------------------------	-----------------------------

**\*\*If no, you are finished with this section. Please proceed.**

**If yes, please attach a copy of your documentation verifying efforts to supply Conflict Free Minerals, as per Section 1502 of the Dodd Frank Act. If you **do not currently have documentation**, please download, complete and return the EICC-GeSI Reporting Template (registration required), and proceed to the next page. (For more information, see our Conflict Minerals Supplier Letter on our website under Customer Support).**

---

Name(s) of person(s) completing this form

Signature(s)

Date

---

**\*\*METAL CUTTING USE ONLY\*\***

---

Reviewed by:

Date:

Score:

---

Comments:

---