



METALCUTTING

Phone 800 783 6382

Fax 973 239 6651

Email sales@metalcutting.com

Web www.metalcutting.com

Dear Supplier,

We are updating our supplier 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.

Metal Cutting Corporation is committed to enacting due diligence measures to ensure responsible sourcing. Therefore, you will notice that in addition to quality management system questions, we are also asking you about the Responsible Minerals Initiative, REACH, and RoHS. We appreciate that these topics may not apply to all suppliers.

Revision N (current revision), has changed the terminology to “Responsible Minerals” to be in line with the official name change (now Responsible Minerals Initiative (RMI) formerly Conflict-Free Sourcing Initiative (CFSI)). We also added questions regarding material used in response to legislation from the European Union to minimize health and environment risks.

Please see our letters on our website under “Download a Document” for more information. Thank you in advance for your full cooperation.

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

Sincerely,

Janet Memmelaar

Metal Cutting Corporation



METALCUTTING

SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE

GENERAL INFORMATION

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

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:
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QUALITY SURVEY: SECTION 1

1.	Is your company registered to ISO 9001 or any other quality system standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	**If Yes, Registration number:		

****If Yes, please complete the remainder of section 1, enclose a copy of your certificate, proceed to Section 3 & 4, and sign where indicated. DO NOT COMPLETE SECTION 2.**

If No, complete all sections 1, 2, 3 & 4.

2.	If requested, would you permit us to conduct a QC vendor survey visit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	If requested, would you send us a copy of your QC Manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	If requested, would you send us a copy of your Organizational Chart?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	For the products we purchase, do you manufacture <input type="checkbox"/> or distribute <input type="checkbox"/> ?		
6.	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 (RESPONSIBLE 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"/>
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****If No, you are finished with this section. Please proceed.**

****If Yes, please attach a copy of your documentation verifying efforts to supply Responsible Minerals, as per Section 1502 of the Dodd Frank Act. If you **do not currently have documentation**, please download, complete, and return the Conflict Minerals Reporting Template (cmrt), which can be found at: "<http://www.responsiblemineralsinitiative.org/conflict-minerals-reporting-template/>" (registration required), and proceed. (For more information, see our Responsible Minerals Supplier Letter on our website under "Download a Document").**

QUALITY SURVEY: SECTION 4 (COMPONENT AND/OR MANUFACTURING MATERIALS)

1.	Does the raw material/component(s) contain any Substance of Very High Concern (SVHC) that is subject to authorization under the REACH (Registration, Evaluation, and Authorization of Chemicals) Regulation in the European Union?	Yes <input type="checkbox"/> No <input type="checkbox"/>
**If Yes – please detail what substances (include CAS#):		
2.	Does the raw material/component(s) pass RoHS compliance under the latest Annex to Directive 2001/95/EC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
**If No – please detail which restricted material and level causes non-compliance:		
3.	Do the raw material/component(s) and/or manufacturing materials used contain latex or dry natural rubber from the common rubber tree plant (<i>Hevea brasiliensis</i>) or is it handled/manufactured with latex gloves/finger cots?	Yes <input type="checkbox"/> No <input type="checkbox"/>
**If Yes – please detail the latex derivative used and where it is found/used (include CAS#):		
4.	Is the raw material/component(s) processed with phthalate plasticizers (for example, Di (2-ethylhexyl) phthalate (DEHP)) or any other phthalate derivatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>
**If Yes – please detail where it is found and the phthalate derivative used (include CAS#):		
5.	Does the raw material/component(s) contain Bisphenol A (BPA) or is Bisphenol A utilized in the synthesis process of the raw material/component?	Yes <input type="checkbox"/> No <input type="checkbox"/>
**If Yes – please detail where it is found and the percentage of residual BPA, if known (include CAS#)		
6.	Do the raw material/component(s) and/or manufacturing materials used contain material of animal origin, including tallow (e.g. stearates), gelatin, or collagen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
**If Yes – please state the material of animal origin:		

Name(s) of person(s) completing this form	Signature(s)	Date
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****METAL CUTTING USE ONLY****

Reviewed by:	Date:	Score:
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Comments: