

MACHINE SHOP/ASSEMBLY QUALIFICATION QUESTIONNAIRE

Company name: _____ Website: _____

Address: _____

Contact: _____ e-mail: _____

Tel: _____ Fax: _____

Number of Employees: _____

General Information:

1. In your operation, do you:

	Yes	No
Manufacture finished products	<input type="checkbox"/>	<input type="checkbox"/>
Manufacture parts to customer's specification	<input type="checkbox"/>	<input type="checkbox"/>
Assemble parts manufactured by others	<input type="checkbox"/>	<input type="checkbox"/>
Make replacement parts/repair items or equipment	<input type="checkbox"/>	<input type="checkbox"/>
Assume complete manufacture, procurement, assembly, and testing on a project basis	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Describe: _____

2. Describe operations, including products or parts manufactured, services provided, and primary customers and/or Industries: _____ _____ _____

3. Operational Specializations:

- Milling Turning Grinding Gear Making General Machining
- Welding Sheet Metal Fabrication Assembly Heat Treating
- Plating Forging Casting Painting Other _____

4. Number of Years in Business: _____ **5. Size of Building Facilities:** _____ Sq. Ft.

6. How do you accommodate an expansion in project scope: _____

Equipment and Capacity:

For the following processes, list each piece of equipment used, its capacity, and denote whether it is CNC-certified.

1. MILLING:

Machine	Capacity	CNC
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

2. TURNING:

Machine	Capacity	CNC
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

3. GRINDING:

Machine	Capacity	CNC
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

4. GEAR MAKING:

Machine	Capacity	CNC
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

5. SHEET METAL EQUIPMENT:

Machine	Capacity	CNC
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

6. OTHER MACHINERY:

Machine	Capacity	CNC
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

7. Describe any Heat Treating equipment in use: _____

8. Describe any Paint Spraying, Electroplating, Powder Coating, etc. equipment in use: _____

Quality Control:

1. Describe Quality Control Procedures in place: _____

2. Describe Inspection Equipment in use: _____

3. Are you ISO registered? Yes No
4. How long are Quality Control Records kept: _____

5. Describe Equipment Calibration procedures and frequency: _____

6. Describe shop Climate Control Facilities: _____

7. Describe Job Tracking procedures: _____

ITAR Regulations:

1. Are you an ITAR Approved Company? Yes No
2. Do you employ any foreign nationals? Yes No
3. If answer to Number 2 above is “Yes”, describe the employee’s capacity in your company: _____

4. Describe security measures implemented in your operation: _____

