



P.O. Box 688 / Muskegon, MI 49443 / Phone (231) 755-3741 / Fax (231) 755-3740

Calibration Conformance VENDOR SURVEY REPORT of

Company Name:

Survey Performed by Date

Reviewed by Date

Survey Number

- Vendor: Approved
- Not Approved
- Conditional Approval

VENDOR SURVEY REPORT

FACILITY DATA

| | | | |
|---------------------------|--------------------------|-----------------|-------------------|
| Supplier | | Telephone | |
| Street | City | State | Zip |
| Number of Employees | Total | Quality | Production |
| Number of Plant Locations | | Annual Sales \$ | Years in Business |
| Major Customers | | | |
| Major Product Lines | | | |
| Union | Contract Expiration Date | Last Strike | |
| Parent Company | | | |

Are You (Check):

| | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Small Disadvantaged Business Concern | Attach Copy of: (only if marked) | <input type="checkbox"/> Organizational Chart |
| <input type="checkbox"/> Larger Business Concern | | <input type="checkbox"/> Capabilities Brochure |
| <input type="checkbox"/> In a Labor Surplus Area – Code Number | | <input type="checkbox"/> Quality Improvement Program |
| <input type="checkbox"/> Small Business Concern | | <input type="checkbox"/> Quality Manual |
| <input type="checkbox"/> Women-Owned Small Business Concern | | <input type="checkbox"/> Latest Annual Report |

(Kaydon to Obtain Copy of D & B)

SUPPLIER PERSONNEL

| | |
|---------------------------|-----------------------|
| Chief Executive Officer | President |
| Department Heads | |
| Sales | Operational Mgr |
| Accounting | Purchasing |
| Engineering | Manufacturing |
| Quality Control/Assurance | Q.C. Second in Charge |
| Reports To | Title |

QUALITY SYSTEM ORGANIZED PER: MIL-Q-9858 MIL-I-45208 ISO 9000 Other

Kaydon Corporation certification procedures require initial and periodic on-site review of process operations and procedures. This includes interviews with personnel directly associated with the process(es). With this understanding, the attached questionnaire has been completed and Kaydon Corporation is requested to consider the facility for certification as a source for the process(es) checked in paragraph 1.0.

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1.0 Does the subcontractor have current applicable specifications on hand for calibration? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.0 Are procedures followed for calibration in accordance with all applicable standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.0 Does the subcontractor maintain adequate records reference section 5.8 of MIL-STD-45662? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 Are there adequate records of all Kaydon inspections and tests on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 Would these records be available upon Kaydon request? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.0 Are all instruments, gages, and standards whose calibration is Certified, traceable to the National Bureau of Standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.0 Does the subcontractor have an internal procedure or survey to Evaluate the adequacy of the calibration system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS: List no. & response

| | |
|--|---|
| <p>TO BE COMPLETED BY SUBCONTRACTOR:</p> <p>We hereby certify that the above results are correct.</p> <p>Signed</p> <p>Title</p> | <p style="text-align: center;">KAYDON CORPORATION</p> <p>Approved Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signed</p> <p>Title</p> |
|--|---|