



Provider Self-Assessment

Section 1 - Certifications

1. Do you currently have any of the following certifications? If so, please attach a copy to this self-assessment.
 - a. ISO9001
 - b. AS9100
 - c. IATF16949
 - d. ISO13485
2. What is your facility's policy regarding right of access for customers, customers of customers, and regulatory authorities?
3. What are your suppliers' policies regarding right of access?
4. Is this enforced through a Supplier Quality Manual provided by your organization?
 - a. Yes
 - b. No

If your organization currently holds a valid certification listed in Question 1, you may skip SECTION 2 and go on to SECTION 3.

Section 2 – Assessment Questions

1. Do you have a QMS in place?
 - a. Yes
 - b. No
2. Do you have a system in place to ensure customer-designated, or customer approved external providers are used?
 - a. Yes
 - b. No
3. Does this system include SPECIAL PROCESS providers?
 - a. Yes
 - b. No

4. Is there a system in place to notify customers of nonconforming processes/products/services and obtain approval for their disposition?
 - a. Yes
 - b. No

5. Is there a system to prevent the use of counterfeit parts?
 - a. Yes
 - b. No

6. Is there a system in place to notify customers of changes to processes/products/services, including changes of external providers or location of manufacture, and obtain customer approval?
 - a. Yes
 - b. No

7. Is there a system in place to ensure requirements, including customer requirements, are flowed down to external providers?
 - a. Yes
 - b. No

8. Is there a system in place to provide test specimens for design approval, inspection/verification, investigation, or auditing?
 - a. Yes
 - b. No

9. Is there a system in place for retention of documented information, including retention periods and disposition requirements?
 - a. Yes
 - b. No

10. Does this system honor Emergent Manufacturing Solutions' Supplier Quality Manual (MAN-002)?
 - a. Yes
 - b. No

11. Is there a system in place to ensure people working for your organization are aware of:

- a. Their contribution to product and service conformity?
 - i. Yes
 - ii. No
- b. Their contribution to product safety?
 - i. Yes
 - ii. No
- c. The importance of ethical behavior?
 - i. Yes
 - ii. No

Section 3 – Contact Information

Customer Service Contact:	Quality Contact:
Title:	Title:
Phone and extension:	Phone and extension:
Email Address:	Email Address:

Sales Contact:	Accounting Contact:
Title:	Title:
Phone and extension:	Phone and extension:
Email Address:	Email Address:

Name of Person Completing this Document:
Title:
Phone and extension:
Email Address:
Date:

REVISION HISTORY

Document Name	Provider Self-Assessment
Document Owner	Quality Manager and Accounting Manager or Delegates
Document Level	Level 4 – Forms

Rev	Date	Section	Add Remove Update	Revised by:	Approved By:
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