Supplier Approval Checklist

Supplier Name _____

Phone call □ Visit □ Date _____ Time _____

Person(s) spoke with _____

Supplier is:

- □ ISO 9001 Compliant □ Certified □
- □ AS9100 Compliant □ Certified □
- □ MIL-STD _____
- □ Equivalent Quality System _____

Can a copy of the certificate be sent?

If working toward ISO 9001, anticipated date of certification? _____
Audit scheduled? _____

- □ Customer Approved

Notes/Comments:

Completed by: _____