



Supplier Approval Checklist

Supplier Name _____

Phone call Visit Date _____ Time _____

Person(s) spoke with _____

Supplier is:

- | | | |
|--|---|---|
| <input type="checkbox"/> ISO 9001 | <input type="checkbox"/> Compliant <input type="checkbox"/> | <input type="checkbox"/> Certified <input type="checkbox"/> |
| <input type="checkbox"/> AS9100 | <input type="checkbox"/> Compliant <input type="checkbox"/> | <input type="checkbox"/> Certified <input type="checkbox"/> |
| <input type="checkbox"/> MIL-STD _____ | | |
| <input type="checkbox"/> 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: _____