

FORM # **F-740-002**

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RETURN COMPLETED FORM TO:

PURCHASING DEPARTMENT 7100 DRESSER DRIVE NE ROCHESTER, MN 55906

Business Name:			Date:	
Address:			Phone	e:
City:	State:		Zip C	ode:
Number of years at lo	ocation:		Fax:	
BUSINESS CLASS	IFICATION			
Corporation	Partnership	Proprietor	ship	Subsidiary
☐ Small Business	Minority	Disadvant	taged	Female – Owned
Subsidiary of:				
Subsidiaries or branc	ehes:			
List names of princip	ole owners or sharehold	lers:		
Name:				
Ownership:				
Date acquired:				
COMPANY CONT	ACTS			
General Manager:	Name: Telephone: Email Address:		Fax:	
Quality Assurance:	Name: Telephone: Email Address:		Fax:	
Are you currently open If so, who?	erating as a "Certified	Quality Supplies	r" for o	other customers?



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CAPABILITIES	
1.) Manufacturing	
2.) Material Testing	
3.) Product Design	
• EDI/CAD	
• Mark all that apply Solidworks ProE CATIA IGES Other	
If other, please specify: 4.) Product Testing	
CERTIFICATIONS	
☐ ISO, specify: ☐ AS9100 ☐ TS16949 ☐ NADCAP	
Other industry certifications please specify:	
NOTE: PLEASE ATTACH A COPY OF YOUR CURRENT CERTIFICATION	
Do you use manufacturing routing and/or procedures? Yes No	
Do you have a computerized production control system? Yes No	
Number of employee:	



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Ma	nrket Segment(s) Served	
	Medical Aerospace Defense Energy Transportation Consumer	Products Other:
QU	JALITY SYSTEM	
1.)	Do you have a quality department?	☐ Yes ☐ No ☐ NA
2.)	Do you have a quality manual?	☐ Yes ☐ No ☐ NA
	NOTE: PLEASE ATTACH/SEND A COPY	OF YOU QUALTIY MANUAL
	you have a certified quality management systeestions within the "Quality System" section.	em, you do not have to answer the
1.)	Does the organization have a procedure for control of your QMS documentation?	☐ Yes ☐ No ☐ NA
2.)	Does the organization have a process to ensure that latest revision of industry standards are being used for process or product verification?	☐ Yes ☐ No ☐ NA
3.)	Does the organization have a procedure to control records (i.e., material certs, inspection results, purchase orders, contracts, specifications and etc)?	☐ Yes ☐ No ☐ NA
4.)	What is your defined minimum record retention period?	Years
5.)	Does the organization have management reviews at planned Intervals, to ensure the QMS is functioning properly?	☐ Yes ☐ No ☐ NA
6.)	Does the organization maintain appropriate employee records of education, training, skills and experience?	☐ Yes ☐ No ☐ NA
7.)	Does the organization have process to develop, manufacture and deliver finished goods or services that meet requirements?	☐ Yes ☐ No ☐ NA
	If so, can you provide evidence of this process?	☐ Yes ☐ No



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rev	bes the organization have a process for viewing customer requirements and suring that you can meet those requirements or to accepting an order or contract?	☐ Yes ☐ No ☐ NA
If s	so, can you provide evidence of such activity	☐ Yes ☐ No
	bes the organization have a process for aluating critical supplier?	☐ Yes ☐ No ☐ NA
	so, can you provide evidence of these aluations?	☐ Yes ☐ No
10.)	Does the organization ensure that purchased products or outsourced processes meet requirements?	☐ Yes ☐ No ☐ NA
	If so, can you provide evidence of such activity?	☐ Yes ☐ No
11.)	Does the organization provide production and/or a service where the resulting output cannot verified by monitoring and measurement and as a consequence, deficiencies become apparent only after the product is shipped or in use?	☐ Yes ☐ No ☐ NA
	Can you provide evidence that this process is validated?	☐ Yes ☐ No
12.)	Does the organization have a process to control customer property (i.e., lost, damaged or otherwise found to be unsuitable)?	☐ Yes ☐ No ☐ NA
	If so, can you provide evidence of such activity?	Yes No
13.)	Does the organization have process for the control of monitoring and measuring equipment?	☐ Yes ☐ No ☐ NA
	If so, can evidence be provided for such	

	DOMAILLE ENGINEERING
TECH	INOLOGY FOR TOMORROW

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METAL FINISHIN	NG	
· · · · · · · · · · · · · · · · · · ·	nspection verify weight the purchase order?	☐ Yes ☐ No ☐ NA
· •	work instruction or routings eanliness requirements?	☐ Yes ☐ No ☐ NA
3.) Are plating solut intervals?	ions check at scheduled	☐ Yes ☐ No ☐ NA
4.) Do procedures d parameter limits	-	☐ Yes ☐ No ☐ NA
5.) Are automatic properiodically valid	rocess control devices dated/verified?	☐ Yes ☐ No ☐ NA
6.) Are parts protect and/or corrosion	red from contamination?	☐ Yes ☐ No ☐ NA
instructions which	cation have documented ch are understood by the rming the process?	☐ Yes ☐ No ☐ NA
WELDING		
1.) Are welding pro- records available	cedures qualified and	☐ Yes ☐ No ☐ NA
To what standard	i :	
2.) Are welders cert available?	ified and records	☐ Yes ☐ No ☐ NA
To what standard	ds:	
3.) Welding procedu available and in	ures are readily use at work areas?	☐ Yes ☐ No ☐ NA
4.) Are welder "Mai qualification" re-		☐ Yes ☐ No ☐ NA
5.) Are certified well controlled (i.e., s	_	

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segregation, traceability, re-baking and etc)?	Yes No	NA	
6.) Is appropriate fixturing available?	Yes No	NA	
7.) Is the welding process periodically monitored by an AWS certified welding inspector?	Yes No	NA	
If not, who does certify?			
Type of training this person has had?			
Is evidence of this training available?	Yes No		
8.) Do all welds receive final inspection?	Yes No	NA	
NDT			
1.) Are NDT technicians certified?	Yes No	NA	
To what level:			
2.) Does the laboratory have a procedure for each type of testing performed?	☐ Yes ☐ No ☐	NA	
3.) Are frequent checks made to ensure freedom from contamination of baths?	Yes No	NA	
4.) Are discontinuities adequately tagged and documented on inspection reports?	Yes No	NA	
5.) Are comparative test samples available to verify system effectiveness, when needed?	Yes No	NA	
6.) Are parts thoroughly cleaned before testing?	☐ Yes ☐ No ☐	NA	
7.) Technique sheets are developed for specific inspections?	☐ Yes ☐ No ☐	NA	



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Is your company receptive	e to an on-site audit by Do	omaille Engineering: Yes No
Signature	Title	Date
Supplier Rating:	Busin	ess Class Code:
Supplier Rating:	Busin	ess Class Code:
	Busing	
	oplier Number:	
Sup	oplier Number:or	