RETURN COMPLETED FORM TO:

PURCHASING DEPARTMENT
7100 DRESSER DRIVE NE
ROCHESTER, MN 55906

Business Name: Date:

Address: Phone:

City: State: Zip Code:

Number of years at location: Fax:

BUSINESS CLASSIFICATION

☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Subsidiary

☐ Small Business ☐ Minority ☐ Disadvantaged ☐ Female – Owned

Subsidiary of:

Subsidiaries or branches:

List names of principle owners or shareholders:

Name:

Ownership:

Date acquired:

COMPANY CONTACTS

General Manager: Name:
Telephone: Fax:
Email Address:

Quality Assurance: Name:
Telephone: Fax:
Email Address:

Are you currently operating as a “Certified Quality Supplier” for other customers? If so, who?
### CAPABILITIES

1. **Manufacturing**
   - [ ] Yes
   - [ ] No
   - List:

2. **Material Testing**
   - [ ] Yes
   - [ ] No
   - List:

3. **Product Design**
   - [ ] Yes
   - [ ] No
   - List:
     - [ ] EDI/CAD
       - [ ] Yes
       - [ ] No
     - Mark all that apply
       - Solidworks
       - ProE
       - CATIA
       - IGES
       - Other
   
   If other, please specify:

4. **Product Testing**
   - [ ] Yes
   - [ ] No
   - List:

5. **Product Inspection**
   - [ ] Yes
   - [ ] No
   - List:
     - Vision system
     - CMM
   
6. **Capability Studies/SPC**
   - [ ] Yes
   - [ ] No
   - List:

7. **Can you manufacture and inspect to electronic data?**
   - [ ] Yes
   - [ ] No
   
   Please describe:

8. **Describe briefly any special test, evaluation or process capabilities your organization may possess, not covered above:**

9. **Types of subcontracted processes (i.e., testing, inspection, calibration, engineering, heat treat and etc.)?**

### CERTIFICATIONS

- [ ] ISO, specify:
- [ ] AS9100
- [ ] TS16949
- [ ] NADCAP

- Other industry certifications please specify:

**NOTE:** PLEASE ATTACH A COPY OF YOUR CURRENT CERTIFICATION(S)

- Do you use manufacturing routing and/or procedures?  
  - [ ] Yes
  - [ ] No

- Do you have a computerized production control system?  
  - [ ] Yes
  - [ ] No

- Number of employees:
## Market Segment(s) Served

- [ ] Medical
- [ ] Aerospace
- [ ] Defense
- [ ] Energy
- [ ] Transportation
- [ ] Consumer Products
- [ ] Other:

## QUALITY 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 YOUR QUALITY MANUAL**

If you have a certified quality management system, you do not have to answer the questions within the “Quality System” section.

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 a 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
8.) Does the organization have a process for reviewing customer requirements and ensuring that you can meet those requirements prior to accepting an order or contract? □ Yes □ No □ NA
   If so, can you provide evidence of such activity □ Yes □ No

9.) Does the organization have a process for evaluating critical suppliers? □ Yes □ No □ NA
   If so, can you provide evidence of these evaluations? □ 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 be verified by monitoring and measurement and as a consequence, deficiencies become apparent only after the product is shipped or in use (special process)? □ Yes □ No □ NA
   Please list process(es): ___________________________________________________________
   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
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>14.) Does the organization have a process to evaluate customer satisfaction?</td>
<td>Yes ☐ No ☐ NA ☐</td>
</tr>
<tr>
<td>15.) Does the organization perform internal audits of its QMS?</td>
<td>Yes ☐ No ☐ NA ☐</td>
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<tr>
<td>16.) Does the organization have a process for the control of nonconforming product?</td>
<td>Yes ☐ No ☐ NA ☐</td>
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<tr>
<td>If so, can evidence be provided to show such activity?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>17.) Is nonconforming product segregated in a manner to prevent use or shipment to the customer without approval?</td>
<td>Yes ☐ No ☐ NA ☐</td>
</tr>
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<td>If so, is there evidence of such activity?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>18.) Does the organization have a process for corrective and preventive action?</td>
<td>Yes ☐ No ☐ NA ☐</td>
</tr>
<tr>
<td>If so, can evidence be provided to show such activity?</td>
<td>Yes ☐ No ☐</td>
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</table>

**HEAT TREAT processing at site?** ☐ Yes ☐ No (if no, skip to next section)

1.) Are heat treat ovens surveyed and calibrated? ☐ Yes ☐ No ☐ NA ☐

2.) Is straightening equipment available to correct distortion? ☐ Yes ☐ No ☐ NA ☐

3.) Are automated process control devices used? ☐ Yes ☐ No ☐ NA ☐

4.) Are checks made to verify contract specifications are met? ☐ Yes ☐ No ☐ NA ☐
   If so, are these records retained? ☐ Yes ☐ No ☐

5.) Can oven charts be supplied? ☐ Yes ☐ No ☐ NA ☐

6.) Is quenching medium environmentally
**MONITORING**

Monitored to prevent product degradation?  
☐ Yes  ☐ No  ☐ NA

**METAL FINISHING**

Processing at site (passivate, chromate, ________________[specify]?)  
☐ Yes  ☐ No (if no, skip to next section)

1.) Does incoming inspection verify weight or count against the purchase order?  
☐ Yes  ☐ No  ☐ NA

2.) Do procedures, work instruction or routings clearly outline cleanliness requirements?  
☐ Yes  ☐ No  ☐ NA

3.) Are plating solutions checked at scheduled intervals?  
☐ Yes  ☐ No  ☐ NA

4.) Do procedures define the process parameter limits?  
☐ Yes  ☐ No  ☐ NA

5.) Are automatic process control devices periodically validated/verified?  
☐ Yes  ☐ No  ☐ NA

6.) Are parts protected from contamination and/or corrosion?  
☐ Yes  ☐ No  ☐ NA

7.) Does the organization have documented instructions which are understood by the employees performing the process?  
☐ Yes  ☐ No  ☐ NA

**WELDING**

Processing at site?  
☐ Yes  ☐ No (if no, skip to next section)

1.) Are welding procedures qualified and records available?  
☐ Yes  ☐ No  ☐ NA

   To what standard:

2.) Are welders certified and records available?  
☐ Yes  ☐ No  ☐ NA

   To what standards:

3.) Welding procedures are readily available and in use at work areas?  
☐ Yes  ☐ No  ☐ NA

4.) Are welder “Maintenance of qualification” records on file?  
☐ Yes  ☐ No  ☐ NA
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
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<tbody>
<tr>
<td>Are certified welding consumables controlled (i.e., storage, issue,</td>
<td>☐</td>
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<td>segregation, traceability, re-baking and etc…)?</td>
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<td>Is appropriate fixturing available?</td>
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<td>Is the welding process periodically monitored by an AWS certified</td>
<td>☐</td>
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<td>welding inspector?</td>
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<td>If not, who does certify?</td>
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<td>Type of training this person has had?</td>
<td>☐</td>
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<td>Is evidence of this training available?</td>
<td>☐</td>
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<tr>
<td>Do all welds receive final inspection?</td>
<td>☐</td>
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<td>NDT processing at site?</td>
<td>☐</td>
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<tr>
<td>Are NDT technicians certified?</td>
<td>☐</td>
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<td>To what level:</td>
<td>☐</td>
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<td>Does the laboratory have a procedure for each type of testing performed?</td>
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<td>Are frequent checks made to ensure freedom from contamination of baths?</td>
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<td>Are discontinuities adequately tagged and documented on inspection</td>
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<td>reports?</td>
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<td>Are comparative test samples available to verify system effectiveness,</td>
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<td>when needed?</td>
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<td>Are parts thoroughly cleaned before testing?</td>
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<td>☐</td>
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<tr>
<td>Are technique sheets developed for specific inspections?</td>
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SUMMARY / COMMENTS:

Is your company receptive to an on-site audit by Domaille Engineering: □ Yes □ No

__________________________
Signature Title Date

THIS SECTION TO BE COMPLETED BY DOMAILLE ENGINEERING PERSONNEL

Supplier Number: ____________________

______________________________
Quality Assurance Representative Date

______________________________
Supply Chain Representative Date

Revisions

<table>
<thead>
<tr>
<th>Rev.</th>
<th>Author</th>
<th>Date</th>
<th>Summary of change</th>
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<tbody>
<tr>
<td>A</td>
<td>MLZ</td>
<td>6/5/2017</td>
<td>Initial release</td>
</tr>
<tr>
<td>B</td>
<td>JEJ</td>
<td>12/15/2017</td>
<td>In #11 add special process &amp; area to specify. For process sections add Y/N box. Remove rating/code section at end.</td>
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