





**Areté  
Associates**  
TUCSON OFFICE  
3194 N. Swan Road  
Tucson, AZ 85712

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### Part I: Supplier Survey

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**This survey is being requested by:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Supplier Information (to be completed by supplier):**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Billing Address (if different):** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Primary Contacts (supplier):**

**Purchasing Contact:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Quality Contact:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Technical Contact:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



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**BUSINESS TYPE- Check One:**

**MANUFACTURER**

**DISTRIBUTOR**

**OTHER (explain)** \_\_\_\_\_

**Years in Business:** \_\_\_\_\_ **Years in Current location:** \_\_\_\_\_ **# of shifts:** \_\_\_\_\_

**Current plant capacity (%):** \_\_\_\_\_ **# of employees:** \_\_\_\_\_

**Dunn & Bradstreet # (or equiv.):** \_\_\_\_\_

**3 Business Reference:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Banking Reference:**

\_\_\_\_\_

**Core Capabilities and Equipment list or line card (attach another sheet if necessary):**

\_\_\_\_\_  
\_\_\_\_\_

As a Government prime contractor, we are obligated to verify periodically the business size and type of suppliers and, to an extent, validate their compatibility with existing Government policies dealing with equal opportunity including disabled workers, veteran programs, and small business concerns that are owned and controlled by socially and economically disadvantaged individuals (minorities).

Your assistance will be appreciated in complying with these requirements by completing and returning the enclosed forms. Completion of these forms will be necessary each year during the performance of a covered purchase order, and/or by 31 December each year, before new acquisition awards can be made to you by Arété Associates.



**BUSINESS SIZE-**

**SELLER CERTIFIES THAT THIS IS A: (select one)**

**LARGE**

A domestic concern which, including domestic and foreign divisions and affiliates, normally employs 500 or more persons, is independently or publicly owned, controlled and operated, and which may be a division of another domestic or foreign concern.

**SMALL**

A domestic concern that normally employs less than 500 persons, and which is independently owned, controlled and operated, not dominant in the field of operation in which it is bidding on government contracts, and qualifies as a small business under the criteria and size in 13 CFR, Part 121.

**DISADVANTAGED**

51% of business or stock is owned and controlled by socially and economically disadvantaged individuals whose daily business operations are controlled and managed by such individuals. Includes Black, Hispanic, and Native Americans, i.e., American Indians, Eskimos, Asian-Pacific Americans, Subcontinent Asian Americans and other minorities or any other individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8 (a) of the Small Business Act.

**WOMEN-OWNED**

A small business, which is at least 51% owned and controlled by women, with women in control of management and daily business operations.

**WOMEN-OWNED DISADVANTAGED**

A business which is at least 51% owned and operated by a woman who is socially and economically disadvantaged.

**FOREIGN**

A business concern whose principal base of operation is located outside the fifty United States, its territories and possessions.

**LSA**

Located in Labor Surplus Area.

**YES**    **NO** If you are a Small Disadvantaged Business or a Women-Owned Small Disadvantaged Business, have you been certified by the SBA?



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YES     NO Are you listed in SBA's PRONET database as being certified?

If yes, please forward a copy of your certification letter.

If you are a Small Disadvantaged Business or a Women-Owned Small Disadvantaged Business, please provide the Primary SIC (Standard Industrial Classification) Code for the products or services you provide to Arété Associates. \_\_\_\_\_

The Seller represents and certifies that the following information is true and understands that whoever, for the purpose of securing a contract or subcontract under subsection (a) of section 1207 of Public Law 99-661 misrepresents the status of any concern or person as a small business concern owned and controlled by a minority (as described in subsection (a) shall: (i) be punished by imposition of a fine, imprisonment, or both; (ii) be subject to administrative remedies including suspension and disbarment; and (iii) be ineligible for participation in programs conducted under the authority of the Small Business Act.

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NAME OF CERTIFYING OFFICER AND TITLE

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SIGNATURE

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DATE



**Part II: SUPPLIER QUALITY SYSTEM SURVEY**

**SURVEY TYPE:**

- Self Evaluation (by supplier)**  
 **On-Site Evaluation (by Arete)**

**INSTRUCTION:**

- A. This survey is structured after the ISO 9001:2008 & AS9100
- B. Suppliers performing a self-evaluation of their Quality System must sign the Quality System Self Evaluation Statement (page 9) upon completion of the survey.
- C. If supplier has a defined quality management system, please attach QA manual.
- D. Suppliers registered to ISO 9001:2008 or AS9100 must submit a copy of certificate with this completed survey.
- E. Parenthesis ( ) shown below reference the elements of ISO 9001:2008 or AS9100 document.

<b>3.0</b>	<b>QUALITY MANAGEMENT SYSTEM CRITERIA FOR REMAINING SURVEY QUESTIONS</b>	<b>YES</b>	<b>NO</b>	
	A. Is Supplier certified to either the ISO 9001:2008 or AS9100 standard?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, disregard survey sections 4.0 to 8.5 below and sign survey. Return survey to Arete with copy of ISO9001 or AS9100 certificate and QA Manual.			
<b>4.0</b>	<b>QUALITY SYSTEM</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier have a Quality Manual based on ISO 9001:2008 or AS9100 requirements? (4.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier certify their quality management system using a third party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier's manual include or make reference to the quality system objectives which are tracked by Supplier? (4.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier control documents required by the quality management system? (4.2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Does Supplier control records required by the quality management system? (4.2.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Does the Supplier have a process for record retention and disposal? (4.2.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Part II: SUPPLIER QUALITY SYSTEM SURVEY**

	G. Does Supplier’s Quality Manual include a section on Customer Feedback which is measured and used for Continuous Improvement? (8.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. If quality manual is certified to AS9100 Rev. C, does it contain sections on Risk Management (7.1.2), Program / Project Management (7.1.1), & Transfer of Work (7.1.4)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I. For electronic component or electronic assembly Suppliers, if quality manual is certified to AS9100 Rev. C, does it contain a section on anti-counterfeit part management (7.4.3 and/or AS5553 “Counterfeit Electronic Parts: Avoidance, Detection, Mitigation and Disposition”)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.0</b>	<b>MANAGEMENT RESPONSIBILITY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does the Supplier ensure that customer requirements are determined and are met with the aim of enhancing customer satisfaction? (5.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier have a documented Quality Policy that is appropriate to the purpose of the organization? (5.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier establish quality objectives (that tie back to the Quality Policy) at relevant levels of the organization? (5.4.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier ensure that responsibilities and authorities are defined and communicated within the organization? (5.5.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Does Senior Management conduct management reviews on a scheduled basis? (5.6.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Does Supplier have written procedures and records for management review of key business processes? (5.6.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.0</b>	<b>RESOURCE MANAGEMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier provide resources to implement and maintain the quality management system and continually improve its effectiveness? (6.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier determine the necessary competence for personnel performing work affecting product quality? (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier provide training and take other actions to satisfy competency needs? (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier maintain records of training? (6.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Does Supplier perform verification of training effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Part II: SUPPLIER QUALITY SYSTEM SURVEY**

<b>7.0</b>	<b>PRODUCT REALIZATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier plan and develop processes needed for product realization (production & manufacturing)? (7.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Has Supplier established and implemented a risk management plan? (7.1.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier review requirements related to end product prior to the commitment to supply the product? (7.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does the Supplier ensure that relevant documents are amended and relevant personnel are made aware when product requirements change? (7.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Does Supplier determine and implement effective arrangements for communicating with customers in regards to product information, order handling and customer complaints? (7.2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Does the Supplier understand and able to provide First Article AS9102 Reports on materials supplied to Arété? (7.4.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.3</b>	<b>DESIGN CONTROL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier plan and control design and development of the product (7.3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier have a documented process that insures customer notification of design and development changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier maintain records of design and development changes? (7.3.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier have a Configuration Management Process which controls and releases Engineering specifications, part numbers BOMs and other product documentation? (7.1.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.4</b>	<b>PURCHASING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier evaluate and select subcontractors based on defined criteria (quality, on-time-delivery & customer service)? (7.4.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier have documented instructions detailing the extent of control placed on subcontractors? (7.4.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier inform their customer and obtain customer approval for the use of subcontractors? This is especially important on all out-sourced Special Processes (i.e. Chem Film, Parylene and Anodizing coatings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier have an established and documented method to verify purchased product? (7.4.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Part II: SUPPLIER QUALITY SYSTEM SURVEY**

<b>7.5</b>	<b>PRODUCTION AND SERVICE PROVISION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier have procedures/instructions ensuring that all processes are controlled? (7.5.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier validate any processes for production where the resulting output cannot be verified by typical inspection and measurement? (7.5.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier monitor Special Processes on a continuous basis? (7.5.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier identify product by suitable means (by batch, lot #, serial numbers, and date of Mfg.) throughout the production process? (7.5.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Does Supplier have a process for identification, verification and protection of customer property? (7.5.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Does Supplier preserve the conformity of product during internal processing and delivery to the intended destination? (7.5.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.6</b>	<b>CONTROL OF MONITORING AND MEASURING DEVICES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier establish and maintain processes for control, calibration, and maintenance of monitoring and measurement equipment? (7.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does the Supplier's calibration process comply with <i>ISO/IEC 17025:2005 accreditation and or the ANSI/NCSL Z540-1:1994</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier maintain records of the results of calibration? (7.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier calibration system provide traceability to calibration standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Does Supplier have a process in-place when Out-of-Cal equipment is identified to notify customer that product was shipped to them utilizing Out-Of-Cal equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.0</b>	<b>MEASUREMENT, ANALYSIS AND IMPROVEMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier plan and implement processes that demonstrate the conformity of the product? (8.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier continually improve the effectiveness of the quality management system? (8.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Part II: SUPPLIER QUALITY SYSTEM SURVEY**

<b>8.2</b>	<b>MONITORING AND MEASUREMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier monitor information relating to customer satisfaction? (8.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier perform internal audits of their quality management system? (8.2.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier maintain evidence of product conformity? (8.2.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.3</b>	<b>CONTROL OF NONCONFORMING PRODUCT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier maintain and implement a documented process for controlling nonconforming material? (8.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does this include a process for controlling materials that have “shelf life expiration dates” which are used for production material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Is there a process for notifying the customer when expired material (non-conforming product) was used on product shipped to customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.4</b>	<b>ANALYSIS OF DATA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier collect and analyze appropriate data to demonstrate the suitability and effectiveness of the quality management system? (8.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Are there key business metrics that monitor the Quality Management System (QMS) available to each Supplier employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.5</b>	<b>IMPROVEMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	A. Does Supplier maintain and implement a Corrective Action process to eliminate the causes of nonconformities? (8.5.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier maintain and implement a Preventive Action process to eliminate the potential causes of nonconformities? (8.5.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Is there objective evidence to verify that Corrective & Preventive actions are being processed effectively at the Supplier’s site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Part III: SELF-EVALUATION STATEMENT**

I hereby certify that the attached Quality System Self Evaluation Survey has been completed in accordance with our established Quality Assurance Manual and with Professional Ethics. Wrongful indications of compliance may jeopardize any future procurement activities with Arété.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

**SELF-EVALUATION SURVEY PARTICIPANTS:**

Please forward the completed Quality System Self Evaluation Survey along with any applicable Certificates, Quality System Summaries, and Quality Manuals to the address indicated below:

**Areté Associates  
3194 North Swan Road  
Tucson, AZ 85712**

**Part IV: ARETE EVALUATION STATEMENT**

*Only when Arete personnel perform an "on-site" Supplier Audit / Survey, is the following section filled in;*

I hereby certify that the attached Quality System Evaluation Survey has been completed in accordance with our established Quality Assurance Manual and with Professional Ethics.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Supplier Status: Approved

Disapproved