Supplier Quality Survey

___ New Prospective Supplier (Pre-Award) – *Section 1 Required*
___ Existing Supplier (Follow-Up) – *Section 1 Required*
___ Renewal – *Section 1 Not Required*

Section 1: Supplier Information (Viasat Internal Use Only)

SUPPLIER NAME:		SUPPLIER #:	
VIASAT REQUESTOR NAME:			
VIASAT REQUESTOR EMAIL ADDRESS:			
COMMODITY(IES) AND/OR VPN INITIALLY REQUESTED:			
LIST DEFAULT QAPPS BY COMMODITY HERE:			
ORG NUMBER(S) INITIALLY REQUESTED: (Add justification for specific orgs) MAS (all Orgs) 10 (Carlsbad) 75 (AS) 30 (Tempe) 08 (Germ.) 14 (Clev.) 19 (Wildblue) 10 (Marlb.)			
PROGRAM(S):			
JUSTIFICATION OF REQUEST:			
ANNUAL ESTIMATED SPEND/REQUESTED VOLUME:			
JIRA TICKET # (SOA Project):			

Section 2: Supplier Information (Supplier)

BUSINESS NAME:	
DBA (IF DIFFERENT FROM ABOVE):	
NAME OF PERSON WHO COMPLETED THIS FORM:	
EMAIL ADDRESS:	
PHONE NUMBER:	
ADDRESS (No. and Street Name):	
CITY, STATE, ZIP:	
LENGTH OF TIME IN CONTINUOUS BUSINESS:	_____ Years

Company Quality Email Address
(prefer Group Email) for electronic auto NMR notification: _____

Purchase Order's Point of Contact email: _____

Quality's Point of Contact email: _____

Section 3: Scope of Approval Classification

Are your processes capable of providing products compliant with the latest REACH standard?	No ___ Yes ___
Are your processes capable of providing products compliant with the latest ROHS standard?	No ___ Yes ___
Are your process capable of meeting Viasat Quality Assurance Procurement Provisions per PR000512? If there are any QAPP clause numbers that would not be currently managed in you standard practices, list them below in the comments field. For reference, default commodity QAPPs are listed in section 1 above and PR000512 with QAPP details can be found here: https://www.viasat.com/supplier-information/quality-documents/	No ___ Yes ___
AS9100 (QMS for Aerospace Industry) Certified - Expiry Date: Provide PDF: Organization Identification Number (OIN):	No ___ Yes ___
FAA Certified Repair Station: Provide PDF: Air Agency Certificate Number (AAC):	No ___ Yes ___
For U.S.-based contractors: DOT/FAA approved Drug and Alcohol program? If yes, provide a copy of the applicable FAA Operations Specification (if an FAA certificated repair station) or the FAA approval with an FAA program number (if not an FAA Certificated repair station). Provide PDF:	No ___ Yes ___
For ALL providers: If applicable, are all of the U.S. subcontractors and their U.S. subcontractors (all tiers performing maintenance/preventive maintenance or repair) included in a DOT approved Drug & Alcohol testing program in accordance with Title 14 Code of Federal Regulations Part 120? If yes, please provide a list of sub-tiers and their FAA program numbers. Provide PDF:	No ___ Yes ___
ISO 9001 (QMS) Certified - Expiry Date: Provide PDF:	No ___ Yes ___
ISO/IEC 17025 (QMS for Laboratory Competence) Certified - Expiry Date: Provide PDF:	No ___ Yes ___
ISO 13485 (QMS for Medical Devices) Certified - Expiry Date: Provide PDF:	No ___ Yes ___
ISO 27001 (IT Security) Certified - Expiry Date: Provide PDF:	No ___ Yes ___
ISO-14001 (Environmental) Certified - Expiry Date: Provide PDF: Certification Number:	No ___ Yes ___

Do you have an Environmental Policy?	Provide PDF:	No ___ Yes ___
Do you have an effective Environmental Management System?		No ___ Yes ___
Do you comply with all applicable environmental laws and regulations where you operate?		No___ Yes____
Do you follow the Responsible Business Alliance (RBA) formerly EICC?		No ___ Yes ___
ISO-45001 (Health & Safety) Certified - Expiry Date: Provide PDF: Certification Number:		No____ Yes ___
Do you have an effective Health & Safety Management System?		No ___ Yes ___
Do you have a Health & Safety Policy?		No____ Yes____
Do you comply with all applicable health and safety laws and regulations where you operate?		No____ Yes____
Does your Firm have a Business Continuity/Disaster Recovery Program Plan? Provide PDF:		No ___ Yes ___
Do you have a Counterfeit Electronic Parts program per IAW SAE AS5553?		No ___ Yes ___
Do you calibrate, maintain, and care for measurement and test equipment in accordance with ANSI/NCSL Z540-1 or ISO 10012.1?		No ___ Yes ___
TL 9000 (QMS for Telecommunications) Certified - Expiry Date: Provide PDF:		No___Yes ___
TS 16949 (QMS for Automotive related products) Certified - Expiry Date: Provide PDF:		No ___ Yes ___
Other QMS certifications:		No ___ Yes __
If your company is NOT AS or ISO certified, provide your company's QA Manual as PDF file(s)		
Any comments regarding answers above:		
Primary Business/Products:		

Section 4: Contact Information

Supplier Quality Survey

Contacts	Name	Title	Phone	E-Mail Address
Executive				
Operations				
Quality				
Production				
Annual Sales (last year) in $USD	$_____ USD			
Present Number of Customers:	_____	Percentage of business:	_____% Commercial _____% Government	

PRINCIPAL CUSTOMERS

Company Name	City, State, Country	Product(s) Sold	% of Overall Business	Delivery Rating	Quality Rating
			%	%	%
			%	%	%
			%	%	%

Supplier Representative Signature: _____   **Date:** _____

Supplier Representative Printed Name: _____

The Section Below is for Viasat Internal Use Only:

Status:	JIRA SOA -_____ Conditional Approval Justification - _____
COMMODITY(IES) AND/OR VPN – initial approval(s)	
Org # to be approved	____ MAS (all Orgs) ____ 8 (Germ.) ____ 75 (AS) ____ 10 (Carlsbad) ____ 10 (Marlb.) ____ 30 (Tempe) ____ 14 (Clev.) ____ 19 (Wildblue)
Additional Notes:	
Trip Report – Posting No ___ Yes ___	Audit Date: _____
SAS Completion & Submitted Date (required for Integrator, EMS, PWA): _____MM/DD/YYYY	Site Audit Conducted by : _____ (Name)
Expiry Year: _____ (Dec 31) (expiration: current year + 3 years)	**Oracle:** ASL No ___ Yes ___
Authorized By (QA) **QE's Signature & Name**	
Approval Date:	