

**SAF Industries LLC**  
DBA Gar-Kenyon Technologies  
238 Water Street/PO BOX 559  
Naugatuck, CT. 06770  
Phone: 203-729-4900 Fax: 203-729-4956

**Return to: Gar-Kenyon Technologies**  
**Attn: Quality Dept.**  
**PO Box 559**  
**Naugatuck, CT 06770**  
Fax: 203-729-4956  
E-mail: peter.ehrhorn@garkenyon.com

**SUPPLIER QUALITY SURVEY FORM**

Supplier \_\_\_\_\_ Product Line: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person Completing Survey: \_\_\_\_\_ Title: \_\_\_\_\_

Senior Quality Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employees: \_\_\_\_\_ MFG: \_\_\_\_\_ Quality Employees: \_\_\_\_\_

Facility Size: \_\_\_\_\_ No. of Shifts: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Item(s) Considered from this Vendor: \_\_\_\_\_

Special Processes / Capabilities:

1. Is there a documented quality system? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If no, is there a plan to develop one? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What quality specs? ISO \_\_\_\_\_ AS9100 \_\_\_\_\_ MIL \_\_\_\_\_ NADCAP \_\_\_\_\_ Other \_\_\_\_\_  
(Please provide copies of registrations and certifications)
4. Is there a quality manual that provides an overview of the quality management system?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. What customers have approved your quality system and to what standard?  
Customer \_\_\_\_\_ Standard \_\_\_\_\_  
Customer \_\_\_\_\_ Standard \_\_\_\_\_  
Customer \_\_\_\_\_ Standard \_\_\_\_\_
6. Does the supplier stated above agree to comply with requirements of the attached "Supplier Quality System Requirements"? Yes \_\_\_\_\_ No \_\_\_\_\_ (Checking No Will require Your removal from our approved vendor list.)  
If yes, please sign below to acknowledge receipt and acceptance.

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

Reviewed by Gar-Kenyon Technologies as  Acceptable  Unacceptable

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