



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: _____



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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: Organization Identification Number (OIN):	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: No ___ Yes ___
Do you have an Environmental Policy?	Provide PDF: No ___ Yes ___
Do you have an Environmental Management System?	No ___ Yes ___
Do you follow the Responsible Business Alliance (RBA) formerly EICC?	No ___ Yes ___
OHSAS 18001 (Safety) Certified - Expiry Date:	Provide PDF: No ___ Yes ___
Does your Firm have a Business Continuity/Disaster Recovery Program Plan? Provide PDF:	No ___ Yes ___
Do you have a Health & Safety Program? - Established Date:	No ___ Yes ___
Do you have a Counterfeit Electronic Parts program per IAW SAE AS5553?	No ___ Yes ___



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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

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	



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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: _____



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The Section Below is for Viasat Internal Use Only:

Status:	ECO CO- _____ If Conditional Approval, SCAR - _____
COMMODITY(IES) AND/OR VPN – initial approval(s)	
Org # to be approved	<input type="checkbox"/> MAS (all Orgs) <input type="checkbox"/> 8 (Germ.) <input type="checkbox"/> 75 (AS) <input type="checkbox"/> 10 (Carlsbad) <input type="checkbox"/> 10 (Marlb.) <input type="checkbox"/> 30 (Tempe) <input type="checkbox"/> 14 (Clev.) <input type="checkbox"/> 19 (Wildblue)
Additional Notes:	
Trip Report – Posting No <input type="checkbox"/> Yes <input type="checkbox"/>	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 <input type="checkbox"/> Yes <input type="checkbox"/>
Authorized By (QA) QE’s Signature & Name	
Approval Date:	