



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) INITIALLY REQUESTED:			
ORG NUMBER(S) INITIALLY REQUESTED: MAS (all Orgs) 10 (Carlsbad) 75 (AS) 30 (Tempe) 08 (Germ.) 14 (Clev.) 19 (Wildblue) 10 (Marlb.)			
P/N TO BE ORDERED INITIALLY:			
PROGRAM(S):			
JUSTIFICATION OF REQUEST:			

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		
FACILITY SIZE:	_____ Sq. Ft. (Ft ²)		
TOTAL NUMBER OF EMPLOYEES:	_____	_____ ADMIN	_____ QUALITY
		_____ MANUFACTURING	_____ ENGINEERING

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

Purchase Order's Point of Contact email: _____



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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 ___
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 ___
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 ___
ISO 9001 (QMS) Certified - Expiry Date:	Provide PDF: No ___ Yes ___
AS9100 (QMS for Aerospace Industry) Certified - Expiry Date:	Provide PDF: No ___ Yes ___
ISO/IEC 17025 (QMS for Laboratory Competence) Certified - Expiry Date:	Provide PDF: 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 ___
ISO 13485 (QMS for Medical Devices) Certified - Expiry Date:	Provide PDF: No ___ Yes ___
ISO 27001 (IT Security) Certified - Expiry Date:	Provide PDF: 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 ___



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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:	
<p>Type of Business: Please complete the corresponding survey for type of business (if applicable)</p> <p style="text-align: center;">(Custom) Box Build Assembly (https://www.surveymonkey.com/r/BOXSAS)</p> <p style="text-align: center;">(Custom) Cable Assemblies / Wiring harness (https://www.surveymonkey.com/r/CABLESAS)</p> <p style="text-align: center;">(Custom) CNC Machining (https://www.surveymonkey.com/r/CNCSAS)</p> <p style="text-align: center;">(Custom) Die Casting (https://www.surveymonkey.com/r/CASTSAS)</p> <p style="text-align: center;">(Custom) Micro-E (https://www.surveymonkey.com/r/Micro-eSAS)</p> <p style="text-align: center;">(Custom) Printed Circuit Board (PCB) (https://www.surveymonkey.com/r/PCBSAS)</p> <p style="text-align: center;">(Custom) Printed Circuit Board Assembly (PCBA) (https://www.surveymonkey.com/r/PCBASAS)</p> <p style="text-align: center;">(Custom) Sheet Metal (https://www.surveymonkey.com/r/MetalSAS)</p>	<p>No ___ Yes ___</p> <p>No ___ Yes ___</p> <p>No ___ Yes ___</p> <p>No ___ Yes ___</p> <p>No ___ Yes ___</p> <p>No ___ Yes ___</p> <p>No ___ Yes ___</p> <p>No ___ Yes ___</p>



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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	

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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Expiry Year: _____ (Dec 31) (expiration: current year + 3 years)	Oracle: ASL No ___ Yes ___ Business Classification update No ___ Yes ___
Authorized By (QA) QE's Signature & Name	
Approval Date:	