

Subcontractor/Supplier Qualification Evaluation Questionnaire for Quality

<p>1. Is the company certified to Industry-recognized QA requirements (e.g., ISO 9001, NQA-1, or ASME Boiler and Pressure Vessel Code)?</p> <p>If yes, type and date of certification: _____</p> <p>Certifying authority: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2. Has the company worked with Parsons before?</p> <p>If yes, specify last project worked on with Parsons: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>3. Is the QA/QC program documented in a manual?</p> <p>If yes, attach a Table of Contents.</p> <p>If no, is the company willing to implement Parsons Quality system on the project?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>4. Is the QA/QC program supported by company procedures?</p> <p>If yes, attach a Table of Contents.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>5. Organization:</p> <p>Management Representative for Quality reports to: _____</p> <p>Number of full-time Quality professionals in the company: _____</p>		
<p>6. Design:</p> <p>Are design documents independently reviewed by individuals equally qualified as the originators?</p> <p>Is there a system for controlling changes to design?</p> <p>Describe: _____</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Procurement:</p> <p>Is there a system of prequalifying suppliers and subcontractors?</p> <p>Describe: _____</p> <p>Are all applicable purchase order or subcontract requirements flowed down to lower tier suppliers or subcontractors?</p> <p>Describe: _____</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Inspection:</p> <p>Is receipt inspection of material and items performed?</p> <p>Describe: _____</p> <p>Is in-process inspection performed?</p> <p>Describe: _____</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Tests:</p> <p>Is there a formal documented calibration system in place?</p> <p>Describe: _____</p> <p>Are tests performed using approved procedures?</p> <p>Describe: _____</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Nonconformance and Corrective Action:</p> <p>Are nonconforming items controlled from further processing until the nonconforming condition is corrected and its disposition verified?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor/Supplier Name: _____

Subcontractor Representative: _____
Signature / Print Name *Date*

Acceptance and Review

Parsons Quality Manager: _____
Signature / Print Name *Date*