



**Areté
Associates**
TUCSON OFFICE
3194 N. Swan Road
Tucson, AZ 85712

CORPORATE OFFICE
P.O. BOX 2607
Winnetka, CA 91396

Part I: Supplier Survey

This survey is being requested by:

Name _____ **Title** _____, **Areté Procurement**

Phone _____ **Fax** _____ **email** _____

Supplier Information (to be completed by supplier)

Business Name _____

Address _____

Billing Address (if different)

Phone _____ **Fax** _____ **email** _____

Website _____

Primary Contacts (supplier):

Purchasing Contact

Name _____ **Title** _____ **email** _____ **phone** _____

Quality Contact

Name _____ **Title** _____ **email** _____ **phone** _____

Technical Contact

Name _____ **Title** _____ **email** _____ **phone** _____



BUSINESS SIZE-

SELLER CERTIFIES THAT THIS IS A: (select one)

LARGE

A domestic concern which, including domestic and foreign divisions and affiliates, normally employs 500 or more persons, is independently or publicly owned, controlled and operated, and which may be a division of another domestic or foreign concern.

SMALL

A domestic concern that normally employees less than 500 persons, and which is independently owned, controlled and operated, not dominant in the field of operation in which it is bidding on government contracts, and qualifies as a small business under the criteria and size in 13 CFR, Part 121.

DISADVANTAGED

51% of business or stock is owned and controlled by socially and economically disadvantaged individuals whose daily business operations are controlled and managed by such individuals. Includes Black, Hispanic, and Native Americans, i.e., American Indians, Eskimos, Asian-Pacific Americans, Subcontinent Asian Americans and other minorities or any other individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8 (a) of the Small Business Act.

WOMEN-OWNED

A small business, which is at least 51% owned and controlled by women, with women in control of management and daily business operations.

WOMEN-OWNED DISADVANTAGED

A business which is at least 51 owned and operated by a women who is socially and economically disadvantaged.

FOREIGNA business concern whose principal base of operation is located outside the fifty United States, its territories and possessions.

LSA

Located in Labor Surplus Area.

YES **NO** If you are a Small Disadvantaged Business or a Women-Owned Small Disadvantaged Business, have you been certified by the SBA?



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YES NO Are you listed in SBA's PRONET database as being certified?

If yes, please forward a copy of your certification letter.

If you are a Small Disadvantaged Business or a Women-Owned Small Disadvantaged Business, please provide the Primary SIC (Standard Industrial Classification) Code for the products or services you provide to Arété Associates. _____

The Seller represents and certifies that the following information is true and understands that whoever, for the purpose of securing a contract or subcontract under subsection (a) of section 1207 of Public Law 99-661 misrepresents the status of any concern or person as a small business concern owned and controlled by a minority (as described in subsection (a) shall: (i) be punished by imposition of a fine, imprisonment, or both; (ii) be subject to administrative remedies including suspension and disbarment; and (iii) be ineligible for participation in programs conducted under the authority of the Small Business Act.

NAME OF CERTIFYING OFFICER AND TITLE

SIGNATURE

DATE



Part II: SUPPLIER QUALITY SYSTEM SURVEY

SURVEY TYPE:

- Self Evaluation (by supplier)**
- On-Site Evaluation (by Arete)**

INSTRUCTION:

- A. This survey is structured after the ANSI/ASQC Q9001-2000 Series.
- B. Suppliers performing a self evaluation of their Quality System must sign the Quality System Self Evaluation Statement upon completion of the survey.
- C. If supplier has a defined quality management system, please attach QA manual
- D. Suppliers registered to ANSI/ASQC Q9001 must submit a copy of certification with the completed survey.
- E. Parenthesis () reference the elements of ANSI/ASQC Q9001 document.

4.0	QUALITY SYSTEM	YES	NO	N/A
	A. Does Supplier have a Quality Manual based on ANSI/ASQC or ISO 9001 requirements? (4.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier certify their quality management system using a third party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier's manual include or make reference to the quality system procedures? (4.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier control documents required by the quality management system? (4.2.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Does Supplier control records required by the quality management system? (4.2.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.0	MANAGEMENT RESPONSIBILITY	YES	NO	N/A
	A. Does the Supplier ensure that customer requirements are determined and are met with the aim of enhancing customer satisfaction? (5.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier have a documented Quality Policy that is appropriate to the purpose of the organization? (5.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does Supplier establish quality objectives at relevant levels of the organization? (5.4.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Does Supplier ensure that responsibilities and authorities are defined and communicated within the organization? (5.5.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- E. Does Senior Management conduct management reviews on a scheduled basis? (5.6.1)
- F. Does Supplier have written procedures and records for management review? (5.6.1)

6.0. RESOURCE MANAGEMENT **YES** **NO** **N/A**

- A. Does Supplier provide resources to implement and maintain the quality management and continually improve its effectiveness? (6.1)
- B. Does Supplier determine the necessary competence for personnel performing work affecting product quality? (6.2.2)
- C. Does Supplier provide training and take other actions to satisfy competency needs? (6.2.2)
- D. Does Supplier maintain records of training? (6.2.2)

7.0. PRODUCT REALIZATION **YES** **NO** **N/A**

- A. Does Supplier plan and develop processes needed for product realization? (7.1)
- B. Does Supplier review requirements related to the product prior to the commitment to supply the product? (7.2.2)
- C. Does the Supplier ensure that relevant documents are amended and relevant personnel are made aware when product requirements change? (7.2.2)
- D. Does Supplier determine and implement effective arrangements for communicating with customers in regards to product information, order handling and customer complaints? (7.2.3)

7.3. DESIGN CONTROL **YES** **NO** **N/A**

- A. Does Supplier plan and control design and development of the product (7.3.1)
- B. Does Supplier have a documented process that insures customer notification of design and development changes?
- C. Does Supplier maintain records of design and development changes? (7.3.7)

7.4. PURCHASING **YES** **NO** **N/A**

- A. Does Supplier evaluate and select subcontractors based on defined criteria? (7.4.1)
- B. Does Supplier have documented instructions detailing the extent of control placed on subcontractors? (7.4.1)



- C. Does Supplier inform the customer and obtain customer approval for the use of subcontractors?
- D. Does Supplier have an established and documented method to verify purchased product? (7.4.3)

7.5 PRODUCTION AND SERVICE PROVISION YES NO N/A

- A. Does Supplier have procedures/instructions ensuring that all processes are controlled? (7.5.1)
- B. Does Supplier validate any processes for production where the resulting output cannot be verified by typical inspection and measurement? (7.5.2)
- C. Does Supplier monitor Special Processes on a continuous basis? (7.5.2)
- D. Does Supplier identify product by suitable means throughout the production process? (7.5.3)
- E. Does Supplier have a process for identification, verification and protection of customer property? (7.5.4)
- F. Does Supplier preserve the conformity of product during internal processing and delivery to the intended destination? (7.5.5)

7.6 CONTROL OF MONITORING AND MEASURING DEVICES YES NO N/A

- A. Does Supplier establish and maintain processes for control, calibration, and maintenance of monitoring and measurement equipment? (7.6)
- B. Does Supplier maintain records of the results of calibration? (7.6)
- C. Does Supplier calibration system provide traceability to calibration standards?

8.0 MEASUREMENT, ANALYSIS AND IMPROVEMENT YES NO N/A

- A. Does Supplier plan and implement processes that demonstrate the conformity of the product? (8.1)
- B. Does Supplier continually improve the effectiveness of the quality management system? (8.1)

8.2 MONITORING AND MEASUREMENT YES NO N/A

- A. Does Supplier monitor information relating to customer satisfaction? (8.2.1)
- B. Does Supplier perform internal audits of their quality management system? (8.2.2)
- C. Does Supplier maintain evidence of product conformity? (8.2.4)



8.3	CONTROL OF NONCONFORMING PRODUCT	YES	NO	N/A
	A. Does Supplier maintain and implement a documented process for controlling nonconforming material? (8.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4	ANALYSIS OF DATA	YES	NO	N/A
	A. Does Supplier collect and analyze appropriate data to demonstrate the suitability and effectiveness of the quality management system? (8.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5	IMPROVEMENT	YES	NO	N/A
	A. Does Supplier maintain and implement a Corrective Action process to eliminate the causes of nonconformities? (8.5.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does Supplier maintain and implement a Preventive Action process to eliminate the potential causes of nonconformities? (8.5.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SELF-EVALUATION STATEMENT

I hereby certify that the attached Quality System Self Evaluation Survey has been completed in accordance with our established Quality Assurance Manual and with Professional Ethics. Wrongful indications of compliance may jeopardize any future procurement activities with Arété.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Company Name: _____

SELF-EVALUATION SURVEY PARTICIPANTS:

Please forward the completed Quality System Self Evaluation Survey along with any applicable Certificates, Quality System Summaries, and Quality Manuals to the address indicated below:

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ARETE EVALUATION STATEMENT

I hereby certify that the attached Quality System Evaluation Survey has been completed in accordance with our established Quality Assurance Manual and with Professional Ethics.

Print Name: _____ Title: _____

Date: _____