

This form is to be completed and returned either by the supplier listed below, or by ANL employees performing supplier evaluations on behalf of the LCLS Project. This form is designed to be completed electronically using MS Word or printed and completed by hand.

Edit the following supplier information as necessary:

Supplier Name:	Supplier Address:	City:	State or Country:
Phone:	Fax:	web address:	
Name of Supplier Contact:			

Enter the purpose for performing the supplier evaluation below:

Check all of the applicable supplier types: Manufacturer Distributor Construction Service provider

Provide a brief description of the supplier's products or services below:

Check whether this supplier has a history of supplying products or services to: A.N.L. U.S. D.O.E U.S. Nuclear Industry
 U.S. Military Medical Industry Aerospace Industry Automotive Industry U.S. Food or Drug Industry

Describe the history of the product or service of the items or services listed in the "purpose for performing the supplier evaluation" section above. Include information on whether the item or service is being produced for the first time, the number of items/services produced, and length of time that your organization has been providing the items or services:

Describe any major changes in the supplier's management, ownership, product, processes, or facility within the last 2 years:

LCLS Quality Assurance Criterion 1 – Supplier’s Safety Program:

Check whether the supplier has or does not have a documented safety program in place

Enter the name and title of the supplier employee responsible for safety: _____

Describe the supplier’s safety program below.

Enter the frequency of workplace safety inspections performed by the supplier: _____

Describe the supplier’s processes to ensure that its products or services are safe for human use. List any applicable national or international safety standards that are in place for the supplier’s products.

LCLS Quality Assurance Criterion 2 – Supplier’s Quality Assurance Program:

Enter the number of years the supplier has been in existence: _____ Enter the current number of supplier employees: _____

Check if the supplier has or does not have a documented quality assurance program in place

Enter any national or international standards that the supplier’s quality assurance system is certified to _____

Enter the date that the supplier’s quality assurance plan was last revised: _____

Enter the name and title of the supplier employee responsible for quality: _____

Describe the supplier’s quality assurance program below:

LCLS Quality Assurance Criterion 3 – Supplier’s Employee Qualification Process:

Check whether the supplier has or does not have a documented employee training process in place

Describe the supplier’s employee training process below:

LCLS Quality Assurance Criterion 4 – Supplier’s Document and Records Processes

Check whether the supplier has or does not have documented documents and records control processes in place

Describe the supplier’s employee document and records control processes below:

Enter the frequency of documents and records audits performed by the supplier: _____

LCLS Quality Assurance Criterion 5 – Supplier’s Work Process Controls:

Check whether the supplier has or does not have a documented process control system to control the sequence of work activities

Check whether the supplier uses or does not use documented procedures to control its work activities

Describe how the supplier controls the sequence of its work activities below:

Describe any special processes performed by the supplier, such as cleaning, welding, soldering, sintering, heat treating, etc., below:

List any certifications achieved by the supplier for these special processes below.

LCLS Quality Assurance Criterion 6 – Supplier’s Design Process:

Check here if the supplier provides products produced from its own designs.

If checked, describe how the supplier qualifies its design personnel below:

If checked, describe how the supplier validates its designs prior to production below:

List any national or international manufacturing standards (i.e., ANSI, ASME etc) that are applied to the supplier's designs.

LCLS Quality Assurance Criterion 7 – Supplier's Procurement Controls:

Describe how the supplier selects its suppliers and subcontractors below:

Describe how the supplier monitors the performance of its suppliers and subcontractors below:

LCLS Quality Assurance Criterion 8 – Supplier's Inspection and Testing Process:

Enter the frequency of inspection activities that the supplier performs on its incoming products: _____

Enter the frequency of inspection activities that the supplier performs on its own products: _____

Describe the inspection processes that will be applied to the products or services being provided to the LCLS project below:

Check whether the supplier can or cannot provide inspection/test reports for its products
Check whether supplier inspection/test reports have or do not need to be requested in the purchase order
Check whether the supplier charges extra or does not charge extra for providing inspection/test reports

Describe the supplier's method for ensuring its inspection personnel are qualified and independent. Include whether inspection personnel have obtained any independent certifications such as ASQ-CMI, ASNT, AWS etc:

List the test devices that will be used on the products being supplied to the LCLS project below. Include specific model numbers if applicable:

Describe the supplier's method for controlling the calibration of the supplier's test and measurement equipment below:

Check here if the supplier calibrations are traceable to N.I.S.T (National Institute of Standards and Technology)

Describe the supplier's method for the reporting of nonconforming products below:

Describe the supplier's process for the controlling the use or movement of nonconforming products.

LCLS Quality Assurance Criterion 9 – Audits and Assessment Processes:

Check whether the supplier has or does not have documented audit/assessment processes in place

Provide a description of the supplier's audit and/or assessment program below:

Enter the frequency of management/internal audits performed on the supplier's quality assurance program: _____

Enter the frequency of 3rd party/external audits performed on the supplier's quality assurance program: _____

Optional comments by the person providing the supplier Information

Provide the signature of the person providing the supplier information below. (Not required if this form is being returned by email):

Supplier information provided by: _____ / _____ / _____
Signature Title Date

**** The following section is to be completed by an ANL employee, if the evaluation includes a visit to the supplier's facilities.**

Provide a description the general condition of the supplier's facility, equipment, cleanliness, orderliness.

Forward completed survey form to the LCLS QA Coordinator Tom Barsz, via one of the following methods:

Email: tbarsz@aps.anl.gov

Fax: 1-630-252-7187

Mail: Argonne National Laboratory

9700 S. Cass Avenue

Argonne, IL 60439

Attention: Tom Barsz, Building 401

******* The following section is to be completed by the LCLS Quality Assurance Coordinator *******

LCLS QA Summary

Noteworthy QA Issues

QA Concerns

QA summary provided by: _____ / _____ / _____
Signature Title date