

**ACCEL PLASTICS
QUALITY SELF-SURVEY**

When requested, a Supplier Quality System Self-Survey MUST be completed and returned to Accel Plastics prior to becoming an approved supplier. Any changes in Quality Status from the time of this survey must be communicated to an Officer of Accel Plastics in writing prior to the next shipment.

COMPANY NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

PERSONNEL CONTACTED:

NAME: _____ **TITLE:** _____ **EXT:** _____

NAME: _____ **TITLE:** _____ **EXT:** _____

NAME: _____ **TITLE:** _____ **EXT:** _____

PRINCIPAL PRODUCT/SERVICE:

ACCEL PLASTICS PART DESCRIPTION:

PERSONNEL

1. Is current organizational chart available ? Yes No Attach copy to survey

2. Number of facilities: Manufacturing _____ Warehouse _____

3. Number of Employees: Total _____

 Production _____ Quality _____ Engineering _____ Others _____

4. Union Affiliation Yes No Contract Period _____ Expires _____

5. Number of shifts _____ Hours worked a day _____ Days worked a week _____ Business Hours _____

6. Marketing/Sales Contact _____

7. Quality Contact _____ Title _____ Responsibilities _____

8. Engineering Contact _____ Title _____ Responsibilities _____

9. Manufacturing Contact _____ Title _____ Responsibilities _____

10. Warranty Contact _____ Title _____ Responsibilities _____

