

14. TYPE OF COMPANY	15. KEY PERSONNEL INTERVIEWED		
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (<i>Specify</i>)	a. NAME	b. TITLE	c. YRS. WITH FIRM
	16. YEAR ESTABLISHED		

17a. PERSONNEL	b. NO. ON HAND	18. PRODUCTION EQUIPMENT		
		a. ON HAND	b. QUANTITY	c. CONDITION
PRODUCTION				
QUALITY ASSURANCE				
ENGINEERING				
ADMINISTRATIVE				
TOTAL				
19. UNION AFFILIATION - DATE AGREEMENT EXPIRES				
20a. NUMBER OF SHIFTS	b. HOURS PER SHIFT			
21a. SQ. METERS UNDER ROOF	b. MANUFACTURING		c. STGE.	
d. CONSTRUCTION AND CONDITION		e. NO. OF BLDG.		

22. COMMENTS (*Adequacy of personnel, equipment, and space*)

23. SPECIAL TOOLING (*Quantity, condition, plans for procuring, costs, delivery dates, and manufacturer's familiarity with use and handling*)

24. PRODUCTION METHODS (*Order tracking system, flow, assembly line, production cycle time, parts manufactured, parts contracted for/purchased*)

25. OTHER ITEMS PRODUCED *(Using same machinery, tools, equipment, and personnel as solicitation/contract item(s))*

26. QUALITY SYSTEM REQUIREMENTS

a. DOCUMENTED QUALITY SYSTEM

b. ORGANIZATION AND MANAGEMENT RESPONSIBILITY

c. PROCESS AND SPECIAL PROCESS CONTROLS

d. INSPECTION, MEASURING AND TEST EQUIPMENT

26. QUALITY SYSTEM REQUIREMENTS *(Continued)*

e. USE OF STATISTICAL TECHNIQUES

f. QUALITY RECORDS

g. TECHNICAL DOCUMENT CONTROL AND COMMUNICATIONS

h. PACKAGING, PACKING, AND MARKING

27. EEO COMPLIANCE *(From observation only)*

a. ARE EEO POSTERS DISPLAYED WHERE ALL EMPLOYEES CAN READ THEM?

YES NO

b. GIVE ANY EVIDENCE OF SEGREGATED FACILITIES (*Entrances, exits, drinking fountains, eating, restrooms, etc.*)

28. REMARKS AND ADDITIONAL COMMENTS

29. QAS ANALYSIS AND RECOMMENDATION

30. QUALITY ASSURANCE SPECIALIST

a. PRINTED NAME

c. SIGNATURE

d. DATE

b. TELEPHONE NUMBER: ()

SECTION III - PERFORMANCE HISTORY AND ACO ANALYSIS

31. SUMMARY OF CONTRACTS *(Beginning with the most recent contract)*

a. Contract Number: _____
 b. Contract Period: _____
 c. FSC/Nonmeclature: _____
 d. Total Number PO's Issued: _____
 e. Percent PO's Delinquent to Original Due Date: GC _____ CC _____
 f. Number PO's Delinquent: GC _____ CC _____
 g. Percent PO's Delinquent: CC _____
 h. Number PO's T for D: _____
 i. Percent PO's T for D: _____
 j. Number QDN's: _____
 k. Number Cure Ltrs: _____
 l. Number Show Cause Ltrs: _____

m. Laboratory: _____
 n. Deviation: _____
 o. 1st Article: _____
 p. Nonconforming Supplies Accepted: _____
 q. Complaints: _____
 r. Holds: _____
 s. Contract T for D: _____

Number Tests _____
 Number Failed _____
 Percent Test Failed _____
 GC _____ CC _____
 On Time N/A YES NO
 1st Submission Accept. YES NO
 Total _____
 Number Contractor Liabile _____
 Number Category I _____
 Number Failed Correct _____
 Type _____ Age _____
 YES NO

t. ACO COMMENTS

a. Contract Number: _____
 b. Contract Period: _____
 c. FSC/Nonmeclature: _____
 d. Total Number PO's Issued: _____
 e. Percent PO's Delinquent to Original Due Date: GC _____ CC _____
 f. Number PO's Delinquent: GC _____ CC _____
 g. Percent PO's Delinquent: CC _____
 h. Number PO's T for D: _____
 i. Percent PO's T for D: _____
 j. Number QDN's: _____
 k. Number Cure Ltrs: _____
 l. Number Show Cause Ltrs: _____

m. Laboratory: _____
 n. Deviation: _____
 o. 1st Article: _____
 p. Nonconforming Supplies Accepted: _____
 q. Complaints: _____
 r. Holds: _____
 s. Contract T for D: _____

Number Tests _____
 Number Failed _____
 Percent Test Failed _____
 GC _____ CC _____
 On Time N/A YES NO
 1st Submission Accept. YES NO
 Total _____
 Number Contractor Liabile _____
 Number Category I _____
 Number Failed Correct _____
 Type _____ Age _____
 YES NO

t. ACO COMMENTS

31. SUMMARY OF CONTRACTS (Continued)

a. Contract Number: _____
 b. Contract Period: _____
 c. FSC/Nonmeclature _____
 d. Total Number PO's Issued: _____
 e. Percent PO's Delinquent to Original Due Date: GC _____ CC _____
 f. Number PO's Delinquent: GC _____ CC _____
 g. Percent PO's Delinquent: CC _____
 h. Number PO's T for D: _____
 i. Percent PO's T for D: _____
 j. Number QDN's: _____
 k. Number Cure Ltrs: _____
 l. Number Show Cause Ltrs: _____

m. Laboratory: _____
 n. Deviation: _____
 o. 1st Article: _____
 p. Nonconforming Supplies Accepted: _____
 q. Complaints: _____
 r. Holds: _____
 s. Contract T for D: _____

Number Tests _____
 Number Failed _____
 Percent Test Failed _____
 GC _____ CC _____
 On Time N/A YES NO
 1st Submission Accept. YES NO
 Total _____
 Number Contractor Liabile _____
 Number Category I _____
 Number Failed Correct _____
 Type _____ Age _____
 YES NO

t. ACO COMMENTS

a. Contract Number: _____
 b. Contract Period: _____
 c. FSC/Nonmeclature _____
 d. Total Number PO's Issued: _____
 e. Percent PO's Delinquent to Original Due Date: GC _____ CC _____
 f. Number PO's Delinquent: GC _____ CC _____
 g. Percent PO's Delinquent: CC _____
 h. Number PO's T for D: _____
 i. Percent PO's T for D: _____
 j. Number QDN's: _____
 k. Number Cure Ltrs: _____
 l. Number Show Cause Ltrs: _____

m. Laboratory: _____
 n. Deviation: _____
 o. 1st Article: _____
 p. Nonconforming Supplies Accepted: _____
 q. Complaints: _____
 r. Holds: _____
 s. Contract T for D: _____

Number Tests _____
 Number Failed _____
 Percent Test Failed _____
 GC _____ CC _____
 On Time N/A YES NO
 1st Submission Accept. YES NO
 Total _____
 Number Contractor Liabile _____
 Number Category I _____
 Number Failed Correct _____
 Type _____ Age _____
 YES NO

t. ACO COMMENTS

31. SUMMARY OF CONTRACTS *(Beginning with the most recent contract)*

a. Contract Number: _____
 b. Contract Period: _____
 c. FSC/Nonmeclature _____
 d. Total Number PO's Issued: _____
 e. Percent PO's Delinquent to Original Due Date: GC _____ CC _____
 f. Number PO's Delinquent: GC _____ CC _____
 g. Percent PO's Delinquent: CC _____
 h. Number PO's T for D: _____
 i. Percent PO's T for D: _____
 j. Number QDN's: _____
 k. Number Cure Ltrs: _____
 l. Number Show Cause Ltrs: _____

m. Laboratory: _____
 n. Deviation: _____
 o. 1st Article: _____
 p. Nonconforming Supplies Accepted: _____
 q. Complaints: _____
 r. Holds: _____
 s. Contract T for D: _____

Number Tests _____
 Number Failed _____
 Percent Test Failed _____
 GC _____ CC _____
 On Time N/A YES NO
 1st Submission Accept. YES NO
 Total _____
 Number Contractor Liable _____
 Number Category I _____
 Number Failed Correct _____
 Type _____ Age _____
 YES NO

t. ACO COMMENTS

33. ACO SUMMARY ANALYSIS OF OVERALL PERFORMANCE AND RECOMMENDATIONS

34. ADMINISTRATIVE CONTRACTING OFFICER

a. PRINTED NAME	c. SIGNATURE	d. DATE
b. TELEPHONE NUMBER: ()		