SOLID MACHINE	SUPPLIER ASSESSMENT & CHANGE AGREEMENT	Doc. Number: FM406 Rev: C Page: 1 of 1

Part 1

Company Name:

Type of Business:

Co. Website, Brochure or info:

Major Customers:

Person Completing Form: (Name& Title)

Types of Products Currently Manufactured :

Suppliers shall maintain record retention, change management and training programs compliant with ISO 9001 or other standard as applicable. Acceptable on time delivery is required. See applicable standards for further details. Supplier Quality and Delivery performance will be measured and communicated regularly as appropriate. Please sign below to confirm agreement.

Supplier Representative Name, Signature & Title: Date:

Is the company ISO 9001 Certified or have appropriate certification?

- If the answer above is yes please return your certification & the completed Part 1 to the address or email below

Solid Machine accounting@solidmachinenh.com

61 Airport Drive, Unit 1

Rochester, NH 03867

- If the answer above is no, please complete Part 2 below and return to the address or email above. below

Part 2

Quality, Delivery and Capacity Criteria	Does your company have the following processes:	Comments
Quality Policy	☐ Yes ☐ No ☐ N/A	
Quality Objectives	☐ Yes ☐ No ☐ N/A	
Annual Quality Review	☐ Yes ☐ No ☐ N/A	
Control of Documents	☐ Yes ☐ No ☐ N/A	
Control of Records	☐ Yes ☐ No ☐ N/A	
Intellectual Property Control	☐ Yes ☐ No ☐ N/A	
Training Program	☐ Yes ☐ No ☐ N/A	
Work force availability/skilled labor Program	☐ Yes ☐ No ☐ N/A	
Product Planning Process	☐ Yes ☐ No ☐ N/A	
Purchasing Capabilities	☐ Yes ☐ No ☐ N/A	
Inspection Methods	☐ Yes ☐ No ☐ N/A	
Traceability	☐ Yes ☐ No ☐ N/A	
Calibration Program	☐ Yes ☐ No ☐ N/A	
Software Validation	☐ Yes ☐ No ☐ N/A	
Preventative Maintenance Program	☐ Yes ☐ No ☐ N/A	
Internal Audit Program	☐ Yes ☐ No ☐ N/A	
Control of Non-Conforming Material Program	☐ Yes ☐ No ☐ N/A	
Continuous Improvement Program	☐ Yes ☐ No ☐ N/A	
Corrective and Preventative Actions Program	☐ Yes ☐ No ☐ N/A	
First Article Inspection Report (FAIR) Process	☐ Yes ☐ No ☐ N/A	
On time delivery performance metrics	☐ Yes ☐ No ☐ N/A	
ERP/MRP System	☐ Yes ☐ No ☐ N/A	
Open capacity % for new business/volume increase	☐ Yes ☐ No ☐ N/A	
Raw Material Certifications	☐ Yes ☐ No ☐ N/A	
If you answered No to any of the above, please explain in the space provided below:		

Solid Machine approval below: The signature below indicates that the supplier noted above has met the required criteria for selection and evaluation IAW Solid Machine's requirements and management discretion.

Solid Machine Quality Designee Signature:	Date:
Solid Machine President Signature:	Date: