



P.O. Box 688 / Muskegon, MI 49443 / Phone (616) 755-3741 / Fax (616) 755-3740

Calibration Conformance VENDOR SURVEY REPORT of

Company Name: _____

Survey Performed by _____ Date _____

Reviewed by _____ Date _____

Survey Number _____

- Vendor: Approved
 Not Approved
 Conditional Approval

	YES	NO	N/A
1.0 Does the subcontractor have current applicable specifications on hand for calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.0 Are procedures followed for calibration in accordance with all applicable standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.0 Does the subcontractor maintain adequate records reference section 5.8 of MIL-STD-45662?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1 Are there adequate records of all Kaydon inspections and tests on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Would these records be available upon Kaydon request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.0 Are all instruments, gages, and standards whose calibration is certified, traceable to the National Bureau of Standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.0 Does the subcontractor have an internal procedure or survey to evaluate the adequacy of the calibration system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: List no. & response

TO BE COMPLETED BY SUBCONTRACTOR:

We hereby certify that the above results are correct.

Signed _____

Title _____

KAYDON CORPORATION

Approved Yes No

Signed _____

Title _____