

SUPPLIER SURVEY

PLEASE COMPLETE PAGES 1-3 OF THIS FORM EVEN IF YOU HAVE A 3RD PARTY REGISTERED CERTIFICATE

Company Name:
Address:
City, State, Zip code:
Telephone:
Fax:
Website/E-mail:

BUSINESS TYPE US GOVERNMENT CLASSIFICATION (Check all that apply)

<input type="checkbox"/> Small Business	<input type="checkbox"/> Veteran Owned
<input type="checkbox"/> Small Disadvantaged*	<input type="checkbox"/> Disabled Veteran Owned
<input type="checkbox"/> Women Owned	<input type="checkbox"/> Large Business
<input type="checkbox"/> HUB Zone, SBA Certified	<input type="checkbox"/> FAA/JAA Repair Station
<input type="checkbox"/> Distributor	<input type="checkbox"/> Non-profit Organization

*NOTE – If 'Small Disadvantaged' is checked, your company represents it has received certification by the Small Business Administration as a small disadvantaged business concern consistent with 13CFR 124.1002, Subpart B.

COMPANY ORGANIZATION

Title	Name	Contact Information (e-mail & phone)
CEO/President		
CFO/Finance		
Quality		
Production		
Procurement		
Engineering		
Sales		

COMPANY INFORMATION

Production	FAA Repair Station
Total # of Employees -	Total # of Employees -
# of Manufacturing Employees -	# of Manufacturing Employees -
# of Quality Employees -	# of Quality Employees -
# of Management Employees -	# of Management Employees -
# of Engineering Employees -	# of Engineering Employees -
Plant area (Square feet) -	Repair Station area (Square feet) -
Number of buildings -	

PRODUCTS/SERVICES

Classify by commodity type, size/range capability your company's core competencies. Attachments are acceptable.

Quality System

What national/international recognized standard is your Quality System based on? (Check all that apply)	<input type="checkbox"/> AS 9100 Rev _____ <input type="checkbox"/> ISO 9001:2000 <input type="checkbox"/> QCE <input type="checkbox"/> Uo@:KQ5 d' _____
Is your Quality System approved or registered by a third party?	<input type="checkbox"/> Yes, please attach registration certificate <input type="checkbox"/> No
If you are a special processor, are you NADCAP accredited?	<input type="checkbox"/> Yes, please attach registration certificate <input type="checkbox"/> No
Do you comply with DFAR 252.225 preference for domestic specialty metals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company an FAA approved Repair Station 14 CFR 145?	<input type="checkbox"/> Yes, Federal Registration Number: _____ <input type="checkbox"/> No
Does your company have an FAA approved Anti-Drug/Alcohol Misuse Prevention program per part 120?	<input type="checkbox"/> Yes, Plan number: _____ <input type="checkbox"/> No
Has your organization filed 'Standard Form 100' Equal Employment Opportunity Employer Information Report EEO-1 within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you employ less than 50 employees? _____
Do you maintain an affirmation action program per the regulations specified in 41 CFR 60-2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization have a collective bargaining agreement with a union?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization debarred, suspended, proposed for debarment or declared ineligible by the Environmental Protection Agency (EPA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization ITAR compliant to prevent transactions with denied persons/debarred parties, and specially designated nationals per the US Department of Commerce, Department of Treasury and Department of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUALITY SYSTEM

Have you reviewed and accepted Electromech Technologies Quality Specifications (QAS-001, QAS-002, and QAS-003) latest revision? www.electromech.com	<input type="checkbox"/> Yes <input type="checkbox"/> No
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The following are to be completed by Electronic Distributors or Manufactures:

Electronic Distributor: Do you receive updates from Manufacturers when they make changes to their product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Distributor: Do you have a means of notifying Customer of those changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Manufacturer: Do you notify Customers / Distributors when there are changes to your product?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE OF PENALTY – Under 15 U.S.C. 645(d), any person who misrepresents a firm’s status . . . in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall (i) be punished by imposition of fine, imprisonment, or both; (ii) be subject to administrative remedies, including suspension and debarment; and (iii) be ineligible for participation in programs conducted under the authority of the Act (FAR 52.219-1(d)(2)).

- **If the Quality System is 3rd party registered and currently approved, attach registration certificate. Sign & Date Page 4 - Survey is then complete.**
- **If you are currently undergoing registration activities, please provide an estimated completion date & continue.**
- **Continue with this survey, if you are not 3rd party registered or a NADCAP approved special processor.**

Quality System Documentation	Yes	No	N/A
Does your Quality System include:			
• Quality Manual?			
• Quality Procedures?			
• Work Instructions?			
Do the above documents contain and define the following:			
• 4.1 General Quality Management requirements?			
• 4.2 Quality Management Documentation requirements?			
• 4.3 Configuration Management requirements?			
• 5.1 Management commitment/responsibility defined?			
• 5.2 Customer focus/satisfaction defined?			
• 5.3 Quality policy statement?			
• 5.4 Quality objectives defined?			
• 5.4.2 Quality planning/changes defined?			
• 5.5 Quality Management representative designated?			
• 5.5.1 Responsibility/authority quality personnel defined?			
• 5.6 Management review of the quality system performed?			
• 6.0 Resources provided to meet customer requirements?			
• 6.2 Human resources/staffing adequate to meet requirements?			
• 6.3 Building, equipment, work environment sufficient to meet requirements?			
• 6.4 Work environment controlled?			
• 7.1 Processes planned & developed specific to the product?			
• 7.2 Customer related processes determined?			
• 7.2.2 Customer requirements reviewed?			
• 7.2.3 Customer communication process implemented?			
• 7.3 Design & development processes documented?			
• 7.3.4 Design & development processes reviewed?			
• 7.3.5 Design & development processes verified?			
• 7.3.6 Design & development processes validated?			
• 7.3.7 Design & development changes documented?			
• 7.4 Purchasing processes documented?			
• 7.4.1 Is an approved supplier list maintained?			
• 7.4.1 Are approved suppliers categorized indicating their scope of approval?			
• 7.4.1 Is supplier performance reviewed?			
• 7.4.1 Is there a procedure for suppliers not meeting specified requirements?			
• 7.4.1 Are customer approved special process sources identified and requirements flow down to sub tier suppliers?			
• 7.4.3 Purchased product verified?			
• 7.5 Does production planning contain process controls?			
• 7.5.1 Does production planning contain work instructions?			
• 7.5.1.2 Does production planning control process changes?			
• 7.5.1.3 Does production planning control equipment, tools, software?			
• 7.5.1.5 Are processes analyzed for improvements?			
• 7.5.3 Are identification and traceability maintained throughout processes?			

