

## SUPPLIER SURVEY

**PLEASE COMPLETE PAGES 1-4 OF THIS FORM EVEN IF YOU HAVE A THIRD PARTY REGISTERED CERTIFICATE**

|                       |  |
|-----------------------|--|
| Date                  |  |
| 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          |  |                                   |  |

**SUPPLIER TYPE**
 Manufacturer     
  Special Process     
  Calibration     
  Distributor

**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"/> AS9100 Rev ____ <input type="checkbox"/> ISO 9001 Rev ____ <input type="checkbox"/> NADCAP <input type="checkbox"/> FAA / EASA <input type="checkbox"/> AS9110 Rev ____                        |  |
| <input type="checkbox"/> Other  |  |
| Is your Quality System approved or registered by a third party? Attach registration certification if applicable.  | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| If you are a special processor, are you NADCAP accredited? Attach registration certification if applicable.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Do you comply with DFAR 252.225 preference for domestic specialty metals?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Does your organization have a collective bargaining agreement with a union?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Do you maintain an affirmative action program per the regulations specified in 41 CFR 60-2?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| Does your company have an Anti-Drug/Alcohol Misuse policy?  | <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                             |
| Please confirm that you have reviewed and accepted Electromech Technologies Quality Specifications (QAS-004) latest revision? ( <a href="http://www.electromech.com">www.electromech.com</a> )                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| *If you answer No, please contact the ET Buyer to discuss further.  |  |

## CONFLICT MINERALS

|  |   |
|--|---|
| Do you supply product that was manufactured from or contains any "Conflict Minerals", such as <b>Tantalum, Tin, Tungsten</b> or <b>Gold</b> . (reference Dodd-Frank Act for more information: <a href="http://www.sec.gov/news/press/2012/2012-163.htm">http://www.sec.gov/news/press/2012/2012-163.htm</a> )  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If you answered yes above please complete the following questions.<br>1. In the past year, has your company supplied any minerals, metals, compounds, components or any other products that contain <b>Tantalum, Tungsten, Tin and/or Gold</b> to Electromech Technologies, TransDigm Group Incorporated or one or more of its subsidiaries?<br><br>If yes, please check all that apply:<br><input type="checkbox"/> Tantalum <input type="checkbox"/> Tungsten <input type="checkbox"/> Tin <input type="checkbox"/> Gold | <input type="checkbox"/> NA<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If no, go to #4 below. |
| 2. For the minerals identified in #1 above, do all such minerals come from recycled or scrap sources?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, go to #4 below<br>If no, continue to #3               |
| 3. For the minerals identified in #1 above that do not come from recycled or scrap sources, do any of them originate from the <b>Democratic Republic of the Congo, Zambia, Angola, Republic of the Congo, Central African Republic, South Sudan, Uganda, Rwanda, Burundi or Tanzania</b> (the "covered countries")?<br><br>If yes, please provide additional details in the comments section of this survey on your products containing minerals that originate from the covered countries, then continue to #4.           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, go to #4 below.  |
| 4. Are you anticipating any changes which would affect your answers to the above questions for the current year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 5. If you have answered Yes to using the above <b>Conflict Minerals</b> – Please fill out Conflict Minerals Reporting Template (CMRT) 5.12, <a href="http://www.conflictreesourcing.org/">http://www.conflictreesourcing.org/</a>  | <b><u>Attach CMRT 5.12 Form</u></b>   |

### FAA APPROVED REPAIR STATION

 N/A

|  |  |
|--|--|
| Is your company an FAA /EASA approved Repair Station 14 CFR 145?<br><br>Registration #: _____ Expiration Date _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Does your company have an Anti-Drug/Alcohol Misuse policy?<br><br>If your company is an FAA approved Repair Station, is your Anti-Drug/Alcohol Misuse program in accordance with Part 120 approved by the FAA?<br><br>Plan # _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### The following are to be completed by **Electronic Distributors or Manufactures Only**:

 N/A

|   |   |
|---|---|
| Is your company certified to AS5553: Counterfeit Electronic Parts: Avoidance, Detection, Mitigation and Disposition | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Electronic Distributor: Do you receive updates from Manufacturers when they make changes to their product?          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Electronic Distributor: Do you have a means of notifying Customer of those changes?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

|   |   |
|---|---|
| Electronic Manufacturer: Do you notify Customers / Distributors when there are changes to your product? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|---|---|

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

**SUPPLIER SURVEY COMPLETED BY:**

|  |                                  |
|--|----------------------------------|
| <b>Print Name</b>  | <b>Signature</b>                 |
| <b>Title</b>   | <b>Date</b>                      |
| <b>Please attach a copy of the following certificates / documents:</b> |                                  |
| AS9100/ ISO9001 Certificate  | NADCAP Certificate(s)            |
| Air Agency Certificate   | Operations Specification         |
| Capabilities List (If Applicable)                                      | EASA Certificate (If Applicable) |
| Anti-Drug and Alcohol Prevention Program Letter                        |                                  |
| <b>Supplier Comments:</b>  |                                  |

**The following is to be completed by Electromech Technologies upon receipt by Supplier**

|   |  |
|---|--|
| <b>Review of supplier survey: (Refer to QAS-004 and Repair Station Manual for guidance)</b>       |  |
| <b>Comments / Restrictions:</b>   | <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Conditionally Accepted  |
|   | If this is an FAA approved Repair Station please verify the following as complete:<br><br><input type="checkbox"/> Verify the Ops spec Ratings / Capabilities List for the maintenance provider to ensure they are appropriately rated for the work requested. |
|   | <b>Comments:</b>   |
|   |  |
| <b>Quality Representative / Date</b>  | <b>Purchasing Representative / Date</b>  |
|   |  |
| <b>Director of Operations / Date</b><br>(only required for FAA Approved Repair Station Suppliers) |  |

**Complete if your Quality System is not Third party registered or a NADCAP approved special processor.**

| <b>Note: All NO answers require explanation</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| <b>MANUALS</b>  |                          |                          |                          |
| Is your quality system adequately described in a manual?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What quality system does your manual follow? _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you provide a copy if requested?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the manual or pertinent excerpts readily available to first line supervisors and workers affected by the quality program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are Management and workers who are affected by the quality program trained in, and familiar with the program?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the manual maintained current?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of last revision: _____  |                          |                          |                          |
| <b>DOCUMENTATION</b>  |                          |                          |                          |
| Do you provide AS9102 First Article Inspection Reports with all new parts and as applicable per AS9102?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain and provide certificates of conformance (COC)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do certificates of conformance reference Electromech purchase order number?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you require and maintain certificates of conformance traceable to your source(s) of supply?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>FACILITIES</b>   |                          |                          |                          |
| Is there adequate secured parts/components storage area?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there segregated storage for serviceable and unserviceable parts/components?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there adequate protection for stored serviceable parts/components (containerized, wrapped, etc.)?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are shelf life parts/components properly identified and controlled?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you control scrapped parts to the extent that they cannot be restored and returned to service?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an ESD program in place to protect electrostatic sensitive components?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>TRAINING AND AUTHORIZATION</b>   |                          |                          |                          |

| <b>Note: All NO answers require explanation</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Are production personnel properly trained and documented?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are shipping and receiving personnel properly trained and documented?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are inspectors properly trained and appropriately authorized?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is formal classroom and OJT documented and maintained?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the system ensure part conformity certifications are obtained?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are special requirements communicated to the source?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MATERIAL CONTROL</b>  |                          |                          |                          |
| Is material protected from damage or deterioration?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is batch/lot control maintained for parts so identified by manufacturer?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can parts shipped be traced and recalled?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are parts stored in original packing?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does packing identify part number, manufacturer, purchase order number, etc.?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a procedure for storing flammable and volatile material?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are ESD precautions utilized when applicable?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you follow proper ESD packaging guidelines?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the system prevent part number ambiguity?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a process for identifying shelf life limited parts?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SHIPPING</b>  |                          |                          |                          |
| Is there a visual inspection of all parts/components being shipped?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are part numbers, model numbers, etc. on parts/components being shipped, verified against all documents?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are parts/components properly packaged to prevent contamination; i.e., fittings/holes plugged, unit wrapped or bagged? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do packing slips contain all required customer information?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>CORRECTIVE ACTION/PREVENTIVE ACTION</b>   |                          |                          |                          |
| Do you maintain a corrective action/preventive action system?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Note: All NO answers require explanation</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| Is corrective action initiated when an unsatisfactory trend is indicated?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are corrective action requests issued to a supplier when a quality problem exists on purchased materials?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is corrective action required within a certain time limit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is corrective action defined as action taken to prevent recurrence and not merely a repair/rework function?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you verify effectiveness of corrective actions taken?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>RECORDS</b>   |                          |                          |                          |
| Are records retained for at least 10 years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are records protected from damage, loss, or deterioration?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is documentation maintained on serialized scrap parts?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are records readily available for review?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MEASURING AND TEST EQUIPMENT (M&amp;TE)</b>   |                          |                          |                          |
| Is there a calibration program traceable to the N.I.S.T.?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are calibration intervals established and maintained?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is documentation of current calibration status maintained?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a method of recall for measuring and test equipment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are personal tools permitted?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, are they in the calibration program?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>RISK MANAGEMENT</b>   |                          |                          |                          |
| Is there a Risk Management process established, implemented and maintained?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>CONFIGURATION MANAGEMENT</b>  |                          |                          |                          |
| Is there a Configuration Management process that includes planning, identification, change control, status accounting and audit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>DESIGN &amp; DEVELOPMENT</b>  |                          |                          |                          |
| Do you have a Design & Development process?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are Design and Development processes reviewed, verified, validated?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Note: All NO answers require explanation</b>   | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| Are Design and Development changes documented?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>DRUG AND ALCOHOL PROGRAM</b>                   |                          |                          |                          |
| Do you have an approved drug and alcohol program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it a consortium? Name:                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What is your plan I.D. number?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>COMMENTS AND/OR EXPLANATION OF "NO" ANSWERS</b> |
|--|
|  |