



## SUPPLIER QUALITY SURVEY

### *Instruction for Supplier Survey*

In order to be become a vendor and/or a repair station for Aero Precision, you are required to complete a Quality Systems Survey.

Once you have completed the survey, please submit it along with any required attachments to the person listed below.

***\*\*Surveys must have an authorized person signature\*\****

Send questions and/or completed survey to:

Aero Precision Quality Department

Tayfur Yuncuoglu, Director QA

30 Lindbergh Ave, Livermore, CA 94551

Phone: 925-455-9900 (ext: 5333)

Fax: 925-579-5383

E-Mail: [quality@aeroprecision.com](mailto:quality@aeroprecision.com)

**Please provide copies of your AS9100, AS9110, ISO, ASA-100 certificates, EASA approval certificate, other Civil Aviation Authority certifications, FAA Air Agency certificate, OEM Certifications to be a repair station or distributor, and/or authorization letter for distribution or licensee (if applicable).**



**SUPPLIER QUALITY SURVEY  
SUPPLIER INFORMATION**

**Please check all applicable**

<b>OEM</b>	<b>Manufacturer</b>	<b>OEM Licensee/Supplier</b>	<b>Distributor</b>	<b>Broker</b>	<b>Repair Station</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company name:		
Address:		
Phone:		
Fax:		
Tax ID:		
Tax ID status: (Corporate, Partnership, Sole Proprietor, Limited Liability Company)		
Cage Code:		
DDTC Registration (State Department Registration number) and expiration date:		
Dun and Bradstreet No:		
NAICS Code(s): (look up: <a href="http://www.census.gov/epcd/www/naicstab.htm">www.census.gov/epcd/www/naicstab.htm</a> )		
Head of Quality: Include name, title, phone, fax and e-mail		
DCMA, ABVS rating: (Automated Best Value System) ( <a href="http://www.aviation.dla.mil/UserWeb/proc/ABVM/Abvm.htm">http://www.aviation.dla.mil/UserWeb/proc/ABVM/Abvm.htm</a> )		
Total number of employees:		
Number of quality inspectors:		
Years in business:		
Point of contact for quality concerns: Include name, title, phone, fax, and e-mail		<input type="checkbox"/> Same as above

**SUPPLIER QUALITY SURVEY**

AS9100 certificate number and expiration date		<input type="checkbox"/> Not applicable
AS9110 certificate number and expiration date		<input type="checkbox"/> Not applicable
ISO certificate number and expiration date		<input type="checkbox"/> Not applicable
FAA repair station number		<input type="checkbox"/> Not applicable
EASA repair station number		<input type="checkbox"/> Not applicable
FAA PMA or TSO number		<input type="checkbox"/> Not applicable
Distributors; please attached OEM authorization letters.		<input type="checkbox"/> Not applicable
If applicable, repair shops please attach FAA certificates or OEM certification letter.		<input type="checkbox"/> Not applicable
Please list or send the capability list. (repair shops only)		<input type="checkbox"/> Not applicable
Has your company be awarded any US Government repair contracts? If so, please list latest contract number.		<input type="checkbox"/> Not applicable
Please list all product lines that your company is authorized to distribute (distributors only) or please attach the list to the survey.		
Please list all OEMs (and product line) that your company is a licensee of. Please attach PN list where possible.		

### SUPPLIER QUALITY SURVEY

Please provide copies of your AS9100, AS9110, ISO, ASA-100 certificates, EASA approval certificate, other Civil Aviation Authority certifications, FAA Air Agency certificate, OEM Certifications to be a repair station or distributor, and/or Authorization letter for distribution or licensee (if applicable).

### QUALITY SYSTEM

\*\*\*If your company has been ISO/AS, ASA-100 certified or FAA repair station certified, this section is optional\*\*\*\*\*

QUALITY MANAGEMENT SYSTEM	YES	NO	NA
<b>A- GENERAL REQUIREMENT</b>			
1. Has the organization established, documented, implemented and maintained a quality management system? <ul style="list-style-type: none"> <li>• If yes, Identify your quality system:</li> <li>• Record last revision and date:</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there an organizational chart that clearly defines your organization? Please provide a copy of the organizational chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B- DOCUMENTATION &amp; RECORD KEEPING</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
3. Is the manual readily available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the organization maintain appropriate documentation to verify the status of the products? e.g., manufacturer data, standards, airworthiness data, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How long are records (work packages, shop travelers, traceability documents, certificates of conformance, etc.) maintained?			
6. Are the documents required by quality management system controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are records included where applicable: <ul style="list-style-type: none"> <li>• Manufacturer, distributor, repair station, test and inspection reports.</li> <li>• Original certificate of conformity, copies of airworthiness certificates</li> <li>• Non-conformance, concession and corrective action records</li> <li>• Lot traceability records</li> <li>• Environmental or shelf life condition records</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>MANAGEMENT RESPONSIBILITY</b>			
8. Has top management ensured that customer requirements are determined and met with the aim of enhancing customer satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the organization have measurable quality policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPPLIER QUALITY SURVEY**

<b>RESOURCE MANAGEMENT</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
10. Is there a training program to ensure that all personnel are qualified for the specific tasks performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are training records maintained of education, training, skills and experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the organization determine, provide and maintain the infrastructure and work environment needed to achieve conformity to product requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRODUCT REALIZATION</b>			
<b>A- DETERMINATION OF REQUIREMENTS RELATED TO THE PRODUCT</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
13. Is there a system to ensure contract requirements are identified and can be met prior to acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a system to ensure that revised contract requirements are evaluated and communicated to the appropriate departments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B- PURCHASE PROCESS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
15. Does the organization ensure that purchased product conforms to specified purchase requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there a system for monitoring and reviewing vendor performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the company maintain a register of approved suppliers that includes the scope of approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have a vendor corrective action system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are purchase orders reviewed for accuracy and clarity before release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C- IDENTIFICATION AND TRACEABILITY</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
20. Are material and product identification (manufacturer's identification and batch/lot of traceability) maintained from receipt through delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you identify the inspection status of products in process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D- PRESERVATION OF PRODUCT</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
22. Is material stored to protect from damage, deterioration, loss and unauthorized release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is there a process to control limited life materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is there a process for special handling of hazardous material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are there controls in place to minimize the risk of damage/deterioration during packaging, production and transport/shipping processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E- CONTROL OF MONITORING AND MEASURING DEVICE</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
26. Does the organization maintain a register of these monitoring and measuring devices and define the process employed for their calibration including details of equipment type, unique identifications, location, frequency of checks, check method and acceptance criteria.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPPLIER QUALITY SURVEY**

27. Are calibration standards traceable to acceptable national standards? e.g. NIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Is there a system for identifying measuring devices found to be out of tolerance and a system to evaluate products where the out of tolerance measuring device was used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Are all measuring and test equipment verified or calibrated prior to usage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is the calibration system periodically audited to ensure continued compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F- CUSTOMER PROPERTY</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
31. Does the company exercise care by identifying, verifying and protecting customer property while it's under the organization's control or being used by the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G- CONTROL OF PRODUCTION AND SERVICE PROVISION</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
32. Does the organization plan carry out production and service provision under controlled conditions (e.g. the availability of work instructions, as necessary)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MEASUREMENT ANALYSIS AND IMPROVEMENT</b>			
<b>A- GENERAL</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
33. Does the organization, plan and implement the monitoring, measurement, analysis and improvement processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B- CUSTOMER SATISFACTION</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
34. Does the organization monitor information relating to customer perception as to whether the organization has met customer requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C- INTERNAL AUDIT</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
35. Does the organization conduct internal audits at planned intervals to determine whether quality system conforms to quality system that is implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Does the management responsible for the area being audited ensure that actions are taken without undue delay to eliminate detected non-conformities and their causes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D- MONITORING AND MEASUREMENT OF PROCESSES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
37. Does the organization apply suitable methods for monitoring and where applicable measurements, of the quality management system processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. In the event of process non-conformity, does the organization take appropriate action to correct the non-conforming process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPPLIER QUALITY SURVEY**

<b>E- MONITORING AND MEASURING OF PRODUCT</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
39. When inspections are performed to verify product status and the organization uses sampling inspection as a means of verification, is the plan statistically valid and appropriate for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Does the organization monitor and measure the characteristics of the product to verify that product requirements have been meet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F- INSPECTION DOCUMENTATION</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
41. Are measurement requirements for product or services acceptance documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. When required, does the organization maintain the evidence of conformance? (this may include the manufacturers conformance documents, original airworthiness certificates, test analysis and/or test report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONTROL OF NON-CONFORMING PRODUCT AND IMPROVEMENT</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
43. Is non-conforming material properly identified, segregated, and their records of disposition maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is reworked or repaired product re-inspected to original criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Does the organization's documented procedure define that responsibility for review and authority for the disposition of non-conforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ANALYSIS OF DATA</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
46. Does the organization determine, collect and analyze appropriate data to demonstrate the suitability and effectiveness of the quality management system and to evaluate where continual improvement of effectiveness of the quality management system can be made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IMPROVEMENT</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
47. Does the organization continually improve the effectiveness of the quality management system through the use of the quality policy, quality objectives, audit results, analysis of data, corrective and preventive actions and management review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Does the organization determine action to eliminate the causes of potential non-conformities in order to prevent their reoccurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**SUPPLIER QUALITY SURVEY**

***Signature section***

**Authorized Printed Name and Title**

---

**Authorized Signature and Date**

---

**For Aero Precision use only**

Received Date:

Review Date:

Review By:   QUALITY  
                  OPERATION  
                  FINANCE

Approval Status

Approved

Unapproved

Notes: