

Instructions for Supplier Survey

To become a vendor and/or a repair station for Aero Precision, your company is 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
201 Lindbergh Ave, Livermore, CA 94551
Phone: (925) 455-9900
Fax: (925) 455-9901
E-Mail: 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 INFORMATION

Please check all applicable

OEM	Manufacturer	OEM Licensee/Supplier	Distributor	Broker	Repair Station
<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:	
Required Field: DDTC Registration Yes/No (State Department, Director of Defense Trade Control Registration)	
Expiration date:	
Warranty Terms:	
Dun and Bradstreet No:	
NAICS Code(s): (look up: www.census.gov/epcd/www/naicstab.htm)	
Head of Quality: Include name, title, phone, fax and e-mail	
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
AS9110 certificate number and expiration date	<input type="checkbox"/> Not applicable

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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 attach OEM authorization letters		<input type="checkbox"/> Not applicable
Repair Stations: Please attach complete FAA certificate and/or OEM certification letter		<input type="checkbox"/> Not applicable
Please list or send the capability list (repair shops only)		<input type="checkbox"/> Not applicable
Distributors only: Please list all product lines that your company is authorized to distribute or 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		
Are you a Small Business in accordance with the applicable NAICS size standard (see 13 CFR part 121) under which you provide goods and/or services?		
Are you registered with the Small Business Administration (SBA.gov)?		
Do you have an established suspected unapproved / counterfeit parts avoidance program?		
Please mark all documents that your company will provide with product:		
<input type="checkbox"/> Certificate of Conformance from OEM and/or MFG <input type="checkbox"/> Test Data <input type="checkbox"/> 8130-3		
REPAIR STATIONS	YES	NO
Has your company repaired products for the US Government?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have full functional test capability?	<input type="checkbox"/>	<input type="checkbox"/>
Please mark all documents that will be used during Repair:		
<input type="checkbox"/> Technical Order Manual <input type="checkbox"/> CMM <input type="checkbox"/> OEM Drawing <input type="checkbox"/> Own Procedure		
<input type="checkbox"/> Other:		
Please mark all documents that your company will provide with product:		
<input type="checkbox"/> Certificate of Conformance <input type="checkbox"/> Tear Down Report <input type="checkbox"/> Test Data		
<input type="checkbox"/> 8130-3 <input type="checkbox"/> DD-1574 <input type="checkbox"/> Other Serviceable Tags:		

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
1. GENERAL REQUIREMENT			
1. Has the organization established, documented, implemented and maintained a quality management system? <ul style="list-style-type: none"> • If yes, identify what your quality system is based on: • Record last revision and date: 	<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"/>
4. CONTEXT OF THE ORGANIZATION	YES	NO	NA
3. Has the organization determined external and internal issues relevant to its purpose and strategic direction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the organization determined the interested parties relevant to the quality management systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the manual readily available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the organization determine the process, inputs, outputs, sequences and interactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
5. LEADERSHIP			
8. Does the organization have a quality policy and objective?	<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"/>
10. Does top management ensure that responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PLANNING FOR QUALITY MANAGEMENT SYSTEM	YES	NO	NA
11. Does the organization identify the risks and opportunities and properly address them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the organization consider internal and external issues while planning the QMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the organization monitor the quality objectives and take necessary action if they are not met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the organization have a process for changes to the QMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SUPPORT	YES	NO	NA

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15. Are training records maintained of education, training, skills and experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. 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"/>
17. Does the organization determine, provide and maintain the infrastructure and work environment necessary to achieve conformity to product requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the organization maintain a register of the 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"/>
19. Are calibration standards traceable to acceptable national standards? E.g., NIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. 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"/>
21. Are all measuring and test equipment verified or calibrated prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the company maintain its knowledge and make it available to the extent necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Does the organization ensure all its employees are aware of the quality policy and objective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does the organization establish communication channels internally and externally including What, When, with Who, and How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the organization maintain appropriate documentation to verify the status of the products? E.g. manufacturer's data, standards, airworthiness data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. How long are records (work packages, shop travelers, traceability documents, certificates of conformance, etc.) maintained?			
27. Are the documents required by the quality management system controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are records included where applicable:			
• Manufacturer, distributor, repair station, test and inspection reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Original certificate of conformity and copies of airworthiness certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Non-conformance, concession, and corrective action records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Lot traceability records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<ul style="list-style-type: none"> • Environmental or shelf life condition records 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does the organization have a process for creating and updating documented information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the organization ensure the documented information is available to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. OPERATION	YES	NO	NA
31. 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"/>
32. 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"/>
33. Does the organization ensure that purchased product conforms to specified purchase requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a system for monitoring and reviewing vendor performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Does the company maintain a register of approved suppliers that includes the scope of approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you have a vendor corrective action system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Are purchase orders reviewed for accuracy and clarity before release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. 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"/>
39. Do you identify the inspection status of products in process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is material stored to protect from damage, deterioration, loss and unauthorized release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is there a process to control limited life materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is there a process for special handling of hazardous material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. 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"/>
44. Does the organization have a process for post-delivery activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. 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"/>
46. Does the organization carry out production and service provisions under controlled conditions (e.g. the availability of work instructions, as necessary)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are nonconforming material properly identified, segregated, and their records of disposition maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is reworked or repaired product re-inspected to original	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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criteria?			
49. Does the organization's documented procedure define that responsibility for review and authority for the disposition of nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. 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"/>
51. Does the organization monitor and measure the characteristics of the product to verify that product requirements have been met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Does the organization establish, implement and maintain a design, and development product process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Does the management responsible for the area being audited ensure that actions are taken without undue delay to eliminate detected nonconformities and their causes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Does the organization apply suitable methods for monitoring and, where applicable, measuring of the quality management system processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. In the event of process nonconformity, does the organization take appropriate action to correct the nonconforming process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Are measurement requirements for product or service acceptance documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PERFORMANCE EVALUATION	YES	NO	NA
57. Does organization have an established process for top management review of the organization's QMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Does the organization, plan and implement the monitoring, measurement, analysis and improvement processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. 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"/>
60. Does the organization monitor customer perception of degree to which requirements have met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. 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"/>
10. IMPROVEMENT	YES	NO	NA
62. Does the organization continually improve the effectiveness of the quality management system using 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"/>
63. Does the organization determine action to eliminate the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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causes of potential nonconformities to prevent their reoccurrence?			
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Signature section

Authorized Printed Name and Title

Authorized Signature and Date
