

# SUPPLIER SURVEY

## SECTION 1

### BUSINESS INFORMATION

Company Name:  Parent Company:

DBA:   W-9 Attached

Registered/Physical Company Address:

City:  State:  Zip Code:

Mailing Address (if different from above)

City:  State:  Zip Code:

Country:  Phone:  Fax:

### BUSINESS CONTACT INFORMATION

Accounts Receivable Contact:  Phone:

Email:  Fax:

Sales Contact:  Phone:

Email:  Fax:

Customer Service Contact:  Phone:

Email:  Fax:

Quality Representative Contact:  Phone:

Email:  Fax:

### CORRECTIVE ACTION REQUEST CONTACT:

Responsible Party:  Title/Authority:

Email:  Phone:  Fax:

## SECTION 2

### TRADE COMPLIANCE INFORMATION

As defined in CFR Title 22, Chapter I, Subchapter M, Part 120, §120.15 and Title 15, Subtitle B, Chapter VII, Subchapter C, Part 772, §772.1, the above named supplier:

- is*** a "U.S. Person"
- Is ***not*** a "U.S. Person"

Per CFR Title 22, Chapter I, Subchapter M, Part 122, §122.1, registration status with the U.S. Department of State, Directorate of Defense Trade Controls for the above named supplier is as follows:

- Supplier ***is*** registered, Exp. Date:
- Supplier is ***not*** registered
- Supplier is ***exempt*** from registration

Does the company have a documented trade compliance program?  Yes  No

Does the company/personnel provide/receive trade compliance training?  Yes  No

Does the company have a process to control technical data?  Yes  No

Does your organization engage in offshore manufacturing? *If so, please attach a list of locations.*  Yes  No

Does your company employ or contract with personnel who are non-US persons?  Yes  No

*If yes, please attach an explanation of how your company restricts access to controlled product, technology and technical data.*

### SECTION 3 QUALITY INFORMATION (To be completed by Quality Representative)

Please complete the following. Include Registration Numbers for any of the following Certifications held and attach a copy of the Certificate to be returned with this Survey.

ISO 9001:  Exp. Date:  AS9100:  Exp. Date:   
 ISO 14001:  Exp. Date:  AS9120:  Exp. Date:   
 Other:  Exp. Date:  Certs on web? (if Yes, no need to attach)  Yes  No

Please list any NADCAP Approvals and attach copies of all certificates held.

Documented AS6174 Counterfeit Control Plan? (Attach an explanation for "No" and any plans for implementation)  Yes  No

For the above certifications, has there been any period of time Certification was withdrawn? (If Yes, attach explanation)  Yes  No

For the above certifications, please identify any Major findings in the last two audits and attach explanation of corrective action taken.

Please answer the following questions. **IF "ISO" or "AS" CERTIFIED, ATTACH CERTIFICATION & SKIP QUESTIONS 1-10.**

**Attach a written** explanation for any "NO" answers and any plans for implementation.

- |   |  |
|---|--|
| 1. Does Calibration and Control of Inspection, Measure and Test Equipment meet the requirements of ISO 9001 or equivalent?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does a document system exist to ensure control, use and training of inspection stamps?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are periodic quality reports prepared, issued and analyzed, and are they relative to the part acceptance/rejection and disposition?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does receiving verify incoming shipments to customer requirements as stated on the purchase order, referenced specifications, and applicable drawings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are customer quality requirements ensured prior to procurement from suppliers/subcontractors?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is there a documented process for the handling and disposition of non-conforming product?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Is there a documented corrective action process to prevent repetitive discrepancies?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are all quality records including inspection and test documents, kept on file for 7 years, or longer as stated by PO requirements?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is there a documented process for identifying, controlling and handling returned/reworked parts?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Does your Company identify the need for Continuous Improvement Activities?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
11. Are formal certifications/approvals held for any processes or products? (e.g. inspection by Sampling per AS9138, HR & EC per BAC5946) If Yes, please attach list.  Yes  No
- 11.a. Have you ever been decertified for any reason? If Yes, please attach explanation.  Yes  No
12. Can you accommodate digital data?  Yes  No
- 12.a. Please list all forms of digital data:
- 12.b. If DPD/MBD capable, please complete Section 4.
13. Our customers and regulatory agencies require access to suppliers' facilities for audits and/or product inspections. Can this be accommodated?  Yes  No
14. Does the company utilize preferred "special processors" if outside of your capabilities? List special processors used.   Yes  No
15. Does the company subcontract any work (not including special processes) if outside of your capabilities? Please list companies used.   Yes  No
16. Does the company perform capacity planning?  Yes  No
17. Does the company have the capability to submit First Article Inspection Reports through the web based Boeing Licensed "Net-Inspect" software: [www.net-inspect.com](http://www.net-inspect.com) ?  Yes  No

**Employee Count:** Production  Quality  Other  **Shifts:**  Day  Night  Weekend



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 360.794.4448 phone  
 360.794.8144 fax

# SUPPLIER SURVEY

## SECTION 4 DIGITAL PRODUCT DEFINITION / MODEL BASED DEFINITION (DPD/MBD)

Does your company have a documented DPD/MBD procedure?  Yes  No  
 If no, do you have plans to create a DPD/MBD procedure?  Yes  No Estimated Implementation Date:

### 1.0 Data Exchange Methods

1.1 Please list your CAD system software and revisions (Ex. Catia).

1.2 How does the supplier verify dataset translations?

### SECTIONS 3 & 4 COMPLETED BY SUPPLIER QUALITY REPRESENTATIVE:

Print Name:  Title/Authority:   
 Signature:  Date:

The undersigned certifies that he/she is legally empowered to make certifications on behalf of the Supplier, that the preceding information is true and correct to the best of their knowledge, and accept and agree to abide by the requirements listed throughout this document.

*Please initial*

SUPPLIER (\_\_\_\_\_) will obtain the necessary export authorization prior to the release of controlled product, technology or technical data provided by Senior Aerospace – Damar AeroSystems for the purpose of procurement to any Foreign Person in or outside of the United States.

Company Name Signed By (Printed Name)  
    
 Signature (non-digital, black or blue ink only) Title/Authority Date

**THE FOLLOWING IS TO BE COMPLETED BY SENIOR AEROSPACE – DAMAR AEROSYSTEMS PERSONNEL**

### VENDOR DEMOGRAPHICS

Date Received from Supplier:

**Supplier Type:**  Material (1)  Hardware/Standards (2)  OSM (3)  OSP (4)  Purchase Complete (5)

**Primary Value Stream:**  ABC  CMG  MTV  STX **Transaction Due Diligence Checklist** completed?  Yes  No

Accounting to send Credit Pkg to Supplier?  Yes  No *NOTE: ACCOUNTING WILL SEND ALL CREDIT INFO, LICENSE/PERMIT AND TAX DOCUMENTS.*

Input Requested by:  Date:  Notes:

### RISK ASSESSMENT & QUALITY ASSURANCE APPROVAL

**Suppliers with high risk will require risk mitigation to be created and in place before Supplier is approved.**

Is Supplier the Original Component Manufacturer?  Yes  No Is Supplier OCM authorized distributor?  Yes  No

Quality Review of Sections 3-4 Completed by:  Date:

**Approved:**  Yes  No Damar QA Rep Signature:

Additional Comments:

Purchasing Reviewed and Accepted?  Yes  No By:  Date:

Accounting Reviewed and Accepted?  Yes  No By:  Date:

Vantage Updated by:  Date: