|  |  |
| --- | --- |
|  | Champion Aerospace LLC 1230 Old Norris Rd. Liberty, SC 29657 |
| SUPPLIER QUESTIONNAIRE |

**To be completed by supplier**

**This questionnaire is used for the assessment and approval of quality systems of suppliers of Champion Aerospace, as well as for the preparation of a quality audit. You are requested to complete all required sections and return the completed form along with copies of applicable certifications to your Champion representative or directly to Rae Gillespie.**

 **Please note that all data fields marked grey are mandatory.**

**If you have any questions, please contact your Champion representative or Rae Gillespie.**

**Rae Gillespie - Champion Aerospace
E-mail: RaeGillespie@champaero.com
Phone: 864-843-5351**

**SECTION 1. COMPANY PROFILE**

|  |
| --- |
| **Name of the Company** |
| P. O. Box | Click or tap here to enter text. |
| Street, City | Click or tap here to enter text. |
| State, Zip Code | Click or tap here to enter text. |
| Country | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |
| Website Address | Click or tap here to enter text. |
| CAGE / FSCM CODE (if applicable) | Click or tap here to enter text. |
| D-U-N-S No.\* | Click or tap here to enter text. |
| Division of | Click or tap here to enter text. |
| D-U-N-S No.\* of Global Unit (if applicable) | Click or tap here to enter text. |

\* A D&B® D-U-N-S® Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. It is an industry which is recommended and/or required by more than 50 global, industry and trade associations, including the United Nations, the U.S. Federal Government, the Australian Government and the European Commission.

|  |
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| **Additional Company Locations Product May Originate From** |
| P. O. Box | Click or tap here to enter text. |
| Street, City | Click or tap here to enter text. |
| State, Zip Code | Click or tap here to enter text. |
| Country | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |

|  |
| --- |
| **General Information** |
| Number of Years at Current Location | Click or tap here to enter text. |
| Have you ever Operated Under a Different Name? YES [ ]  No [ ]  If Yes: Click or tap here to enter text. |
| Number Personnel |
| Engineering/Technical | Click or tap here to enter text. | Production | Click or tap here to enter text. |
| Inspection/Testing | Click or tap here to enter text. | Quality | Click or tap here to enter text. |
| Total Full-Time Staff | Click or tap here to enter text. | Total Temp Staff | Click or tap here to enter text. |

**SECTION 2. COMPANY MANAGEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact**  | **Name** | **Title** | **E-Mail** | **Phone** |
| Accountable Manager  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| QM/QA Manager | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Engineering Manager | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**SECTION 3. COMPANY TYPE for PROCESS CAPABILITY and/or PRODUCT
(Select all that are applicable)**

|  |  |
| --- | --- |
| **TYPE** | **PROCESS/PRODUCT** |
| Manufacturer |[ ]  Electronics |[ ]  Plating |[ ]
| Distributor |[ ]  Machining |[ ]  Plasma Spray |[ ]
| Services |[ ]  COTS\* |[ ]  Grit Blasting |[ ]
| Repair Station |[ ]  Custom Parts |[ ]  Heat Treating |[ ]
| Sales Office |[ ]  Fusion Weld |[ ]  NDT Lab |[ ]
| Broker |[ ]  Resistance Weld |[ ]  Assembly |[ ]
| Other | Click or tap here to enter text. | Electron Beam Weld |[ ]  Calibration |[ ]
|  |  | Automatic Weld |[ ]  Soldering |[ ]
|  |  | Brazing |[ ]  Test Lab |[ ]
|  |  | Anodizing |[ ]  FAIR |[ ]

\*Commercial Off-The-Shelf parts

**SECTION 4. CERTIFICATION**

|  |
| --- |
| **Select Applicable Certifications - Attach all current certificates with the returned document.** |
| AS9100 |[ ]  ISO9001 |[ ]  ISO/TS16949 |[ ]
| ISO/IEC17025 |[ ]  A2LA |[ ]  Nadcap |[ ]
| PMA |[ ]  ISO14001 |[ ]  Other ISO/EN/AS |[ ]

**SECTION 5. QUALITY SYSTEM**

Complete this section if you were unable to select a certification for a Quality Management System in Section 4.

|  |  |  |  |
| --- | --- | --- | --- |
| **QUALITY ADMINSTRATION** | **Yes** | **No** | **N/A** |
| 1. Is a Quality Assurance Manual available and utilized?
 |  |  |  |
| 1. Is there a self-audit program in place to review both quality and manufacturing procedures?
 |  |  |  |
| 1. Is the Quality Assurance department independent of Engineering and Manufacturing?
 |  |  |  |
| 1. Is there a retention period for records? Enter Retention Period: Click or tap here to enter text.
 |  |  |  |
| 1. Is there a procedure or process for back-up and retrieval system for your records/documents?
 |  |  |  |
| 1. Is there a procedure for maintaining external documentation; ie, Specs, Stds, etc.?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTRACT REVIEW** | **Yes** | **No** | **N/A** |
| 1. Is there a formal review of contracts to identify and incorporate all customer requirements into the manufacture, maintenance and inspection process?

 |  |  |  |
| 1. Is there a formal review of contracts to identify and incorporate all customer requirements into the manufacture, maintenance and inspection process?
 |  |  |  |
| 1. Are certified test reports or certificates of conformance required by purchase orders?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROCUREMENT CONTROL** | **Yes** | **No** | **N/A** |
| 1. Are written procedures in use for quality control of purchased material and services?
 |  |  |  |
| 1. Do the procurement documents reflect drawing or specification requirements?
 |  |  |  |
| 1. Are certified test reports and/or certificates of conformance (CofC) required by purchase orders?
 |  |  |  |
| 1. Is there an approved supplier list utilized?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOMING INSPECTION** | **Yes** | **No** | **N/A** |
| 1. Does Receiving Inspection check incoming material to requirements of the purchase order, referenced specifications and/or applicable drawings?
 |  |  |  |
| 1. Are the inspection and test equipment used adequate for the type of inspection performed?
 |  |  |  |
| 1. Are periodic spot checks made to verify the validity of raw material test reports and certifications?
 |  |  |  |
| 1. Are there procedures for the control and issuance of material?
 |  |  |  |
| 1. Are materials handled and stored in such a manner as to prevent damage?
 |  |  |  |
| 1. Do materials in the stock area reflect proper identification and inspection status?
 |  |  |  |
| 1. Are materials traceable to the chemical/physical analysis, inspection records, certificates of conformance, documents and purchase orders?
 |  |  |  |
| 1. Are materials stored to facilitate First-in First-out issuance?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **IN-PROCESS CONTROL** | Yes | No | N/A |
| 1. Do written procedures exist for in-process control of fabrication and manufacturing processes?
 |  |  |  |
| 1. Is Statistical Process Control (SPC) applied to the manufacturing process?
 |  |  |  |
| 1. Are written procedures used in addition to drawings and specifications for in- process inspection?
 |  |  |  |
| 1. Is adequate inspection and test equipment available for in-process inspection?
 |  |  |  |
| 1. Is non-conforming material promptly identified and segregated?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FINAL INSPECTION/TEST** | **Yes** | **No** | **N/A** |
| 1. Is final inspection and/or test performed by or under the surveillance of Quality?
 |  |  |  |
| 1. Are inspection test procedures documented?
 |  |  |  |
| 1. Are inspection/test results maintained on file for customer review and available to send within 24 hours?
 |  |  |  |
| 1. Can SPC data on critical requirements be provided for each shipment of material upon request?
 |  |  |  |
| 1. Is there a formal written procedure for implementing drawing and specification changes?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EQUIPMENT MAINTENANCE AND CALIBRATION CONTROL** | **Yes** | **No** | **N/A** |
| 1. Do detailed procedures exist for control and calibration of tools, gages and test equipment?
 |  |  |  |
| 1. Is there a formalized maintenance program established?
 |  |  |  |
| 1. Is there planned preventive maintenance performed on process equipment?
 |  |  |  |
| 1. Is there adequate equipment and inspection measurement equipment in place?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTROL of NON-CONFORMING MATERIAL** | **Yes** | **No** | **N/A** |
| 1. Do written Procedures exist for:
 |  |  |  |
| - Non-Conformance Reports |  |  |  |
| - Identification of Discrepant Material |  |  |  |
| - Segregation of non-conforming material |  |  |  |
| - Discrepant material review/disposition (MRB) |  |  |  |
| - Re-test, inspection of reworked material |  |  |  |
| - Closed-loop Corrective Action and Customer Service |  |  |  |
| - Control of Scrap material |  |  |  |
| 1. Do management reports reflect root-cause of non-conforming products?
 |  |  |  |
| 1. Are root causes published regularly and acted upon?
 |  |  |  |

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| --- | --- | --- | --- |
| **TRAINING** | **Yes** | **No** | **N/A** |
| 1. Is there a training program in place to initially train and update employee knowledge and skills?
 |  |  |  |
| 1. Is there an ongoing training record on file for each employee performing activities affecting quality?
 |  |  |  |

**SECTION 6. COMPLETION**

|  |  |
| --- | --- |
| **Questionnaire Completed By (Name)** | Click or tap here to enter text. |
| **Position/Title** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Date** | Click or tap to enter a date. |

**SECTION 7. THIS SECTION TO BE COMPLETED BY CHAMPION AEROSPACE**

|  |  |
| --- | --- |
| **Reviewed By (Name)** | Click or tap here to enter text. |
| **Position/Title** | Click or tap here to enter text. |
| **Supplier Level (Highest Product Supplied)** | Click or tap here to enter text. |
| **Date** | Click or tap to enter a date. |
| **Supplier Approval** | **YES** [ ]  **NO** [ ]  **COMMENTS:**Click or tap here to enter text. |

**QUALITY RECORD, ONCE COMPLETED IT IS STORED BY QMS ENGINEER**