**SUPPLIER QUESTIONNAIRE**

This questionnaire is used for the assessment and approval of quality systems of suppliers of Champion Aerospace LLC, as well as for the preparation of a quality audit.

* Please COMPLETE BLANK data fields beside shaded areas and notes required in shaded area where applicable.
* Please submit current copies of applicable certifications along with the completed questionnaire.
* Section 6 is only required if you are not certified to a standard in section 4.

If you have any questions, please contact your Champion buyer, Champion Quality Manager or Champion Purchasing Manager.

**SECTION 1. COMPANY PROFILE**

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

\* 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.

|  |
| --- |
| **Additional Company Locations Product May Originate From Complete if Applicable** |
| P. O. Box |  |
| Street |  |
| City, State, Zip Code |  |
| Country |  |
| Phone |  |
| **General Information** |
| Number of Years at Current Location |  |
| Have you ever Operated Under a Different Name?  |  |
| **If YES**:  |
| **Size of Your Company** |
| Square Feet of Facility |  | # of Shifts |  |
| Engineering/Technical |  | Production |  |
| Total Full-Time Staff |  | Quality |  |
| Total Temp Staff |  | Total Employees |  |

**SECTION 2. COMPANY CONTACTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact**  | **Name** | **Title** | **E-Mail** | **Phone** |
| **President or General Manager**  |  |  |  |  |
| **Quality Manager** |  |  |  |  |
| **Engineering Manager** |  |  |  |  |
| **Production Manager** |  |  |  |  |
| **Customer Service/Sales** |  |  |  |  |
| **Accounts Receivable** |  |  |  |  |

**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 |  |
|  |  | Raw Material |  | Materials Testing |  |

\*Commercial Off-The-Shelf parts

\*\*Special Process

**SECTION 4. GENERAL**

4.a. Does your company have a FOD program? YES NO

If yes, does your FOD program meet the requirements of AS9146? YES NO N/A

|  |
| --- |
| **If No, please explain** |

4.b. Does your company have a Counterfeit Materials/Parts program? YES NO

If yes, does your Counterfeit Materials/Parts program meet the requirements of either of the following specifications (circle as applicable)?

AS6174 AS5553

|  |
| --- |
| **If Other (please explain)** |

4.c. Does your company have a Business Continuity Plan? YES NO

If YES, does it include (circle all that apply)

Security Breaches Sudden Staff Changes Equipment Failures

Power Outages Global/Local Pandemic Natural Disasters

4.d. Do you have a procedure in place to notify Champion Aerospace LLC of any significant business changes? Ex: QMS/Quality Manager, ownership, leadership, scope, name, address, accreditations/certifications, quality management or MRP/ERP systems

YES NO

**SECTION 5. CERTIFICATION**

|  |
| --- |
| **Select Applicable Certifications - Attach all current certificates and applicable scopes with the returned document.** |
| AS9100 |  | ISO9001 |  | ISO/IATF16949 |  |
| ISO/IEC17025 |  | A2LA |  | Nadcap |  |
| PMA |  | ISO14001 |  | Other ISO/EN/AS |  |

**SECTION 6. QUALITY MANAGEMENT SYSTEM (complete only if you are NOT certified/ accredited to any standard above)**

|  |  |
| --- | --- |
| **QUALITY MANAGEMENT SYSTEM** | **RESPONSE****(YES, NO, N/A)** |
| 1. Do you have a Quality Management System?
 |  |
| 1.a. If yes, is it compliant to (circle all that apply)ISO9001 AS9100 Nadcap ISO17025 Other(specify) |  |
| 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 of a minimum of 10 years? **Enter Retention Period if NO**: **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. Are there procedures in place to control the use of stamps, electronic signatures, and passwords, etc.?
 |  |
| 1. Is there a procedure for maintaining external documentation; i.e., Specs, Stds, etc.?
 |  |
| **CONTRACT REVIEW** |
| 1. Is there a formal review of contracts to identify and incorporate all customer requirements into the manufacture, maintenance and inspection process?
 |  |
| **PROCUREMENT CONTROL** |
| 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. Is there an approved supplier list utilized?
 |  |
| 1. Do you have or use (Sub-Tier Supplier) manufacturing facilities located outside of US?

**If YES** – explain what sub-tier components/parts are to be used in Champion Aerospace LLC purchase orders and Sub-Tier Supplier and their manufacturing location. **Click or tap here to enter text.** |  |
| **INCOMING INSPECTION** |
| 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 and FOD?
 |  |
| 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** |
| 1. Do written procedures exist for in-process control of fabrication and manufacturing processes?
 |  |
| 1. Do the procedures ensure that operations are signed off in the sequence they are performed?
 |  |
| 1. Is Statistical Process Control (SPC) applied to the manufacturing process?
 |  |
| 24.a If yes, do processes meet Cpk ≥ 1.5? |  |
| 1. Are written procedures used in addition to drawings and specifications for in- process inspection?
 |  |
| 1. Is adequate inspection and test equipment available for inspection?
 |  |
| 1. Will any applicable special process operations for Champion Aerospace LLC product be performed in-house?

**If NO** – explain what components/parts and services are to be performed, the Sub-Tier Supplier and their manufacturing location. **Click or tap here to enter text.** |  |
| 1. Is there a written procedure for Champion Aerospace LLC owned/supplied materials/items?
 |  |
| 1. Is there a documented change control process that includes what changes need to be communicated, how will they be communicated, who has approval authority, etc.? Control of Changes include changes to: Key Personnel, frozen processes, engineering drawings / prints / specifications, sub-tier suppliers, location changes etc.
 |  |
| **FINAL INSPECTION/TEST** |
| 1. Is final inspection and/or test performed by or under the surveillance of Quality?
 |  |
| 1. Is final inspection and/or test performed by an independent person aside from manufacturing the part/component?
 |  |
| 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 sampling used a means of product acceptance?

35.a. If YES, how is the sampling plan justified? |  |
| **EQUIPMENT MAINTENANCE AND CALIBRATION CONTROL** |
| 1. Do detailed procedures exist for control and calibration of tools, gages and test equipment and special processes (if applicable)?
 |  |
| 1. Is planned preventive maintenance performed on process equipment?
 |  |
| 1. Is there a written procedure for the control of non-conforming materials?
 |  |
| **CONTROL of NON-CONFORMING MATERIAL** |
| 1. Is non-conforming material promptly identified and segregated?
 |  |
| 1. Do you have a closed-loop corrective action program?
 |  |
| 1. Do management reports reflect root-cause of non-conforming products?
 |  |
| 1. Are root causes published regularly and acted upon?
 |  |
| **TRAINING** |
| 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?
 |  |

Please explain any NO or N/A responses

|  |
| --- |
|  |

**SECTION 7. QUESTIONNAIRE COMPLETED BY**

|  |  |
| --- | --- |
|  **(Print Name)** |  |
| **Signature** |  |
| **Position/Title** |  |
| **Email** |  |
| **Phone** |  |
| **Date** |  |

**SECTION 8. THIS SECTION TO BE COMPLETED BY CHAMPION AEROSPACE**

|  |  |
| --- | --- |
| **Reviewed By (Print Name)** |  |
| **Signature** |  |
| **Position/Title** |  |
| **Date** |  |
| **Supplier Approval** | **YES NO COMMENTS:** |

**QUALITY RECORD, ONCE COMPLETED, IS STORED PER QP 16-1, CONTROL OF RECORDS**