



# Supplier Quality Survey

YF/TFC Survey Id:

**Name:**  
**Number:**

**Company:**  
**Survey Request Date:**  
**Username:**  
**Password:**

**Survey Id:**  
**Date Submitted:**

**Address:**  
**City:**  
**State:**  
**Zip:**  
**Phone:**  
**Fax:**

**Response Prepared By:**  
**Title:**  
**Email:**

**Quality Manager:**  
**Quality Manager Email:**  
**Sales Contact:**  
**Sales Contact Email:**

**Which company are you completing this survey for?**       Young & Franklin       Tactair       Both

**Is your company ISO, PED, ATEX, AS, or NADCAP certified?**

Yes       No

**Please select all certifications that apply to your company:**

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> ISO-9001 | <input type="checkbox"/> PED          |
| <input type="checkbox"/> AS-9100  | <input type="checkbox"/> ATEX         |
| <input type="checkbox"/> AS-9120  | <input type="checkbox"/> ISO/TS-16949 |
| <input type="checkbox"/> NADCAP   | <input type="checkbox"/> Other        |

Please Specify Other:

**Please input your Certification expiration dates where applicable (or "N/A" where not applicable):**

- ISO
- AS
- NADCAP
- PED
- ATEX
- ISO/TS-16949
- Other



## Supplier Quality Survey

Name of registrar:

Copy of certification(s):

Do you have a documented procedure for sub-tier supplier risk management?

- Yes  No

Do you have a business continuity plan?

- Yes  No

Do you have a counterfeit parts procedure or policy?

- Yes  No

Is your company considered a large or small business concern?

"Small business concern" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria and size standards in 13 CFR part 121 (see 19.102).

Refer to <http://www.sba.gov/content/table-small-business-size-standards>

- Large  Small

Does your company perform any of the following processes?

- |  |  |                                  |  |
|--|--|----------------------------------|--|
| <input type="checkbox"/> Heat Treat        | <input type="checkbox"/> Soldering             | <input type="checkbox"/> Plating | <input type="checkbox"/> Liquid Penetration Inspection |
| <input type="checkbox"/> X-Ray Inspection  | <input type="checkbox"/> Welding               | <input type="checkbox"/> Brazing | <input type="checkbox"/> Impregnation                  |
| <input type="checkbox"/> Magnetic Particle | <input type="checkbox"/> Ultrasonic Inspection | <input type="checkbox"/> EDM     | <input type="checkbox"/> Painting                      |
| <input type="checkbox"/> None              |  |                                  |  |

If yes, do you have written process procedures?

- Yes  No

Total plant area: sq. ft.

Number of buildings:

Estimated percentage of present %

production capacity:

Estimated annual sales:

Number of employees:

Design Engineering

Manufacturing Engineering

Research & Development

In-Process Inspection

Purchasing

Production

Quality Assurance

Other

Work Schedule:

Hours:                  Shifts:                  Work Days:                  through

Do you have a FAA Repair Station certificate?

- Yes  No                  Certificate Number:

Copy of certificate:

Do you have an approved FAA drug & alcohol policy?

- Yes  No  N/A                  Plan Id#:

Please select which major customers have approved your company's Quality Assurance System:

- Beechcraft                   Gulfstream                   Messier-Bugatti-Dowty/SAFRAN Landing Systems



## Supplier Quality Survey

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bell Helicopter               | <input type="checkbox"/> Hamilton Sunstrand/UT Aerospace Systems | <input type="checkbox"/> Northrup Grumman                  |
| <input type="checkbox"/> Boeing                        | <input type="checkbox"/> Hawker Beechcraft                       | <input type="checkbox"/> Parker                            |
| <input type="checkbox"/> Bombardier                    | <input type="checkbox"/> Heroux Devtek                           | <input type="checkbox"/> Pilatus                           |
| <input type="checkbox"/> Crane                         | <input type="checkbox"/> Honeywell                               | <input type="checkbox"/> Pratt & Whitney                   |
| <input type="checkbox"/> Eaton                         | <input type="checkbox"/> Liebherr                                | <input type="checkbox"/> Pratt & Whitney Canada            |
| <input type="checkbox"/> Embraer                       | <input type="checkbox"/> Lockheed Martin                         | <input type="checkbox"/> Rolls-Royce                       |
| <input type="checkbox"/> General Electric              | <input type="checkbox"/> Mecaer                                  | <input type="checkbox"/> Sikorsky/Lockheed Mission Systems |
| <input type="checkbox"/> Goodrich/UT Aerospace Systems | <input type="checkbox"/> Meggit                                  | <input type="checkbox"/> Solar                             |
| <input type="checkbox"/> None                          |  |  |

**Do the products you supply to us comply with REACH?**

- Yes     No     Unknown     N/A

**Do the products you supply to us contain conflict minerals per current SEC regulations?**

- Yes     No     Unknown     N/A

**Management Responsibilities**

	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Quality Policy - Published	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsibility & Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Records Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

**Quality System**

	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Quality Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality System Procedures - Review New Projects/Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality Planning - Identify, Provisions, Necessary Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

**Contract Review**

	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Contract/Purchase Order Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amendments to Purchase Order /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Supplier Quality Survey

**Contract - Review**  
 Review Records - Accessible      
 Comments

<b><u>Document &amp; Data Control</u></b>	<b>Documented</b>		<b>Implemented</b>		<b>Document/Location</b>
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
Standards - Specifications - Customer Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Document & Data Approval & Issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Document & Data Changes - Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controlled Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

<b><u>Purchasing</u></b>	<b>Documented</b>		<b>Implemented</b>		<b>Document/Location</b>
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
Documented Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use Directed Resources When Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluation of Subcontractors - Approve/Disapprove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of Purchased Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List of Approved Suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

<b><u>Control of Customer Supplied - Product</u></b>	<b>Documented</b>		<b>Implemented</b>		<b>Document/Location</b>
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Not applicable if 'Raw Material' or 'Distributor'</b>					
Documented Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report of Deficiencies - Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

## Supplier Quality Survey

<u>Product Identification &amp; Tracability</u>	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report of Deficiencies - Damage Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<u>Design Review</u> Applicable to 'Manufacturers' Only	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organizational interface activities & responsibility are defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Design Input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Design Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Design Review Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Design Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Design Validation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Design Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

<u>Process Control</u>	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedures - Process Flow Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acceptable System for 'Age Control' - FIFO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Article Inspection - Process Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable Protection, Servicing Equipment & Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comply with Reference Standards, Quality Plans or Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Control of Identification and Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Supplier Quality Survey

of Fabricated Products				
Identification of Inspection Status of Product In-Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Processes, Equipment & Personnel with Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established Workmanship Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventative Maintenance Program on Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machine/Process Capabilities Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

<u>Inspection &amp; Testing</u>	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Applicable specifications, drawings, engineering change orders - changes are used by Inspection personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving Inspection & Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Process Inspection & Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Final Inspection & Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection & Test Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

<u>Control of Inspection, Measuring &amp; Test Equipment</u>	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify Measurements & Accuracy Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All (IM&TE) are Identifiable to Calibration Due Date, Date of Last Calibration & Person who Performed Calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calibrate at Prescribed Intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Define Calibration Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Objective Evidence of Current Calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Supplier Quality Survey

Maintain Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide Analysis of Product Impacted by Out of Tolerance (IM&TE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Conditions Suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguard Adjustments which would Invalidate Calibration Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

<u>Inspection &amp; Test Status</u>	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Product Status Clearly Indicated and Understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

<u>Control of Nonconforming Product</u>	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsibility & Disposition Authority Clearly Defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nonconforming Product is Identified, Segregated & Documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Product Reworked to Meet Specifications is 100% re-inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accept with or without Repair (Customer Approval Required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rejected and/or Scrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please note: <u>YF/TFC does not delegate MRB authority to it's suppliers.</u>					
Comments					

<u>Corrective &amp; Preventative Action</u>	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implement & Record Changes To	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Supplier Quality Survey

**Documented Procedures Resulting from Corrective & Preventative Action**

Response to Customer CA Requests

Control Measures in Place to Verify CA is Effective

Control Measures Established to Measure Preventative Action Effectiveness

Comments

<u>Handling, Storage, Packaging, Preservation &amp; Delivery</u>	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Maintain Surveillance of all Stored Product to Assure Adequate Package & Storage Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handling - Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage - Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Packaging - Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preservation - Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery - Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

<u>Control of Quality Records</u> ( <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic )	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedure Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indexed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					





## Supplier Quality Survey

### Internal Quality Audits

	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

### Training

	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

### Servicing

	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verification - Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					

### Statistical Techniques

	Documented		Implemented		Document/Location
	Yes	No	Yes	No	
Documented Procedure - Identification of Need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments					