Supplier Qualification Assessment

Rev F, released 10-23-2013

Automated Dynamics (ADC) Quality Management System and the AS9100 and ISO 9001 standard require that we maintain surveillance over, and conduct periodic evaluation of all critical suppliers (vendors, distributors and subcontractors). The information provided on this form is used to assist the Automated Dynamics Management to determine whether the supplier is approved to provide goods or services for use in fabrication of composite structures or automation equipment. This questionnaire is intended to be utilized as a springboard to showcase existing quality measures and capabilities. Additional criterion, such as on time delivery performance ratings, product quality (nonconformance) ratings, safety ratings, export control information, and capabilities are additional factors that are considered when reviewing and approving existing suppliers. All questions should be completed as appropriate and "N/A" may be used if an item is not applicable. Please attach any supporting documentation such as ISO Certificates, appropriate licenses, FAA Approvals, etc. Automated Dynamics, its customers and regulatory agencies reserve the right to conduct onsite audits of Approved Suppliers to ensure information provided on this questionnaire is accurate and to review any documentation on any parts produced for Automated Dynamics. The data furnished herein pertains to your facility and is applicable to the execution of Automated Dynamics Purchase Orders. It is agreed that Automated Dynamics will be notified of any changes in you organization or purchases that may affect conformity verification of supplies or services. It is further agreed that failure to furnish a description of such changes for Automated Dynamics or willful misrepresentation of facts specified herein may result in disapproval as an Automated Dynamics Supplier. This form is available on the Automated Dynamics website and can be used to request a self-audit by Automated Dynamics or may be used as the guideline when conducting an on-site audit of the supplier. Please submit completed questionnaire or any questions or concerns to Automated Dynamics Quality Department, (msargent@automateddynamics.com). Thank you for your time and efforts to complete this survey and assist with ensuring that the highest quality products and services are provided to Automated Dynamics.

The following Items should be submitted with the completed assessment if they are available:

1. Copy of third party certifications (i.e. AS9100, ISO 9001:2000)
2. Insurance document including EMR rating
3. W9 Document
4. Directorate if Defense Trade Controls (DDTC) registration document
5. Nondisclosure Agreement (NDA)

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Company Name Click here to enter text. Date Click here to enter text.

Address Click here to enter text.

City Click here to enter text. State Click here to enter text.

Zip Code Click here to enter text. Country Click here to enter text.

Point of Contact Click here to enter text. Email Click here to enter text.

Phone Click here to enter text.

QA Manager Click here to enter text. QA Manager Email Click here to enter text.

Remit to Contact Click here to enter text. Remit to Email Click here to enter text.

Remit to Address Click here to enter text.

Remit to City Click here to enter text. Remit to State Click here to enter text.

Remit to Zip Code Click here to enter text. Remit to Country

Standard Payment Terms Click here to enter text. Tax ID Click here to enter text.

Experience Modification Rating (EMR) Click here to enter text.

NDA# (or status if pending) Click here to enter text. NDA Expiration Date Click here to enter a date.

DDTC Registrant Code Click here to enter text. Expiration Date Click here to enter a date.

Scope of Products Supplied (or intended to be supplied) to Automated Dynamics: Click here to enter text.

List any Special Processes associated with the product or services supplied to Automated Dynamics. Click here to enter text.

Instructions:

If your company is has a certified Quality Management System, please attach a copy of the certification and complete Part A only. If your company does not have a certified Quality Management System, please complete Part B only.

Part A – For companies WITH certified quality management systems only.

Quality Management Certification Type (i.e. ISO9001:2008): Click here to enter text.

Date of certificate expiration: Click here to enter a date.

Certification #: Click here to enter text. Registrar Click here to enter text.

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Part B – For companies WITHOUT certified quality management systems.

This section is to be completed by companies that do not have a certified Quality Management System.

1. General Quality Management System	Yes	No	N/A	Comments
Do you have a documented Quality Management System (QMS) including a quality manual?	☐	☐	☐	Click here to enter text.
What system is the QMS based on? Click here to enter text.				
Are processes and responsibilities documented in procedures?	☐	☐	☐	Click here to enter text.
Does your company have an autonomous QA department?	☐	☐	☐	Click here to enter text.
Is QA given sufficient authority to identify problems to be instrumental in corrective actions and to verify implementation of solutions?	☐	☐	☐	Click here to enter text.
Is the QMS known and available to all employees	☐	☐	☐	Click here to enter text.
Have you ever been audited by any regulatory authority	☐	☐	☐	Click here to enter text.
If yes, explain by whom, results and why Click here to enter text.				

2. Management Review	Yes	No	N/A	Comments
Does top management periodically review the Quality Plan?	☐	☐	☐	Click here to enter text.
Is the Quality Plan complemented by appropriate written procedures?	☐	☐	☐	Click here to enter text.
Does Senior Management meet regularly to discuss the Quality System and determine if you are meeting your Quality Policy through various metrics such as: • Customer Complaints • Corrective and Preventative Actions • Audits • Resources • Continuous Improvement	☐	☐	☐	Click here to enter text.

3. Contract/Purchase Order Review	Yes	No	N/A	Comments
Do you review customer requirements prior to accepting a purchase order, ensuring that product requirements are defined and can be met?	☐	☐	☐	Click here to enter text.

Supplier Qualification Assessment

Rev F, released 10-23-2013

4. Design/Document Control	Yes	No	N/A	Comments
Are documents revision controlled to ensure that only the latest revisions of documents are available for use?	☐	☐	☐	Click here to enter text.
Are design and development changes reviewed, verified, and validated, as appropriate and approved before implementation?	☐	☐	☐	Click here to enter text.
When requirements are changed, do you ensure that relevant documents are amended and that relevant personnel are made aware of the changed requirements?	☐	☐	☐	Click here to enter text.
Are records of document changes and approvals maintained?	☐	☐	☐	Click here to enter text.
Is there a system in place for retrieval of records required to be kept?	☐	☐	☐	Click here to enter text.

5. Purchasing	Yes	No	N/A	Comments
Do you ensure that purchased product conforms to specified purchase requirements?	☐	☐	☐	Click here to enter text.
If yes, how? Click here to enter text.				
Do you evaluate suppliers prior to use and on a regular basis?	☐	☐	☐	Click here to enter text.
Are records of the results of evaluations and any necessary actions arising from the evaluation maintained?	☐	☐	☐	Click here to enter text.

6. Process Control	Yes	No	N/A	Comments
Where appropriate, is product appropriately identified throughout production?	☐	☐	☐	Click here to enter text.
Where traceability is a requirement, do you control and record unique identification of the product?	☐	☐	☐	Click here to enter text.
During production (or while rendering your service) do you use work instructions and monitoring and measuring devices as necessary?	☐	☐	☐	Click here to enter text.
Do you validate appropriate processes?	☐	☐	☐	Click here to enter text.
Do you preserve the conformity of product (including identification, handling, packaging, storage and protection) during internal processing and delivery to the intended destination?	☐	☐	☐	Click here to enter text.

Supplier Qualification Assessment

Rev F, released 10-23-2013

7. Inspection/Testing	Yes	No	N/A	Comments
Are production travelers/routes/work orders in use and do they note inspection points?	☐	☐	☐	Click here to enter text.
Do test procedures and test reports exist?	☐	☐	☐	Click here to enter text.
Do test reports indicate both desired and actual test results?	☐	☐	☐	Click here to enter text.
Do you have a calibration program which ensures monitoring and measuring equipment is calibrated or verified at specified intervals, or prior to use, against measurement standards traceable to international or national measurement standards; or where no such standard exists, is the basis used for calibration or verification recorded?	☐	☐	☐	Click here to enter text.
When equipment is found to be out of calibration, do you take appropriate action on the equipment and any product affected, including that which may have already shipped?	☐	☐	☐	Click here to enter text.
Are quality/inspection/manufacturing/testing records maintained?	☐	☐	☐	Click here to enter text.

8. Measurement, Analysis and Improvement	Yes	No	N/A	Comments
Do you conduct internal audits at planned intervals to determine whether the quality management system is being followed and is effective?	☐	☐	☐	Click here to enter text.
Do audit follow-up activities include the verification of the actions taken and the reporting of verification results?	☐	☐	☐	Click here to enter text.
Do you monitor and measure the characteristics of the product to verify that product and customer requirements have been met?	☐	☐	☐	Click here to enter text.
Is evidence of conformity with the acceptance criteria maintained and do records indicate the person(s) authorizing release of product?	☐	☐	☐	Click here to enter text.
Do you ensure that product which does not conform to product requirements is identified, segregated and controlled to prevent its unintended use or delivery?	☐	☐	☐	Click here to enter text.
Are the controls and related responsibilities and authorities for dealing with nonconforming product defined in a documented procedure?	☐	☐	☐	Click here to enter text.
Are records of non-conformities and any subsequent actions taken, including concessions obtained, and maintained?	☐	☐	☐	Click here to enter text.
When nonconforming product is detected after delivery or use has started, do you take action appropriate to the effects, or potential effects, of the nonconformity?	☐	☐	☐	Click here to enter text.

Supplier Qualification Assessment

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Do you have a documented Corrective Action Program and are actions taken recorded, reviewed, and verified?	☐	☐	☐	Click here to enter text.
Do you have a documented Preventative Action Program to eliminate the causes of potential non-conformities in order to prevent their occurrence in a similar manner?	☐	☐	☐	Click here to enter text.
Do you have a documented procedure for handling customer complaints? Does the process ensure effective resolution and efficient handling of customer complaints, including a verification of effectiveness?	☐	☐	☐	Click here to enter text.
Does a formal training program exist for people whose position affect quality?	☐	☐	☐	Click here to enter text.

9. Additional Remarks by Supplier

Click here to enter text.

I certify that the information contained in this questionnaire is true and correct at the time of issue. Any major changes to key personnel, business address, company approvals or product lines will be notified to Automated Dynamics if and when they occur.

Name Click here to enter text. Date Click here to enter text.

Signed Click here to enter text. Title Click here to enter text.

Please return completed form to:

Melissa Sargent

msargent@automateddynamics.com