



1 Sulzer Way, • Tulsa, OK 74131
Office: (918) 245-0900

SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE

INSTRUCTIONS:

1. The supplier must answer all questions in enough detail to permit Fineline Manufacturing the capability of evaluating the listed supplies and/or services.
2. All questions must be completed. Enter N/A for those items that do not apply to your operation.
3. The submission of an incomplete questionnaire will be cause for delay in the completion of the evaluation and approval of your organization.
4. If more than one supplier facility is applicable, a separate report should be completed and submitted.
5. The application of the requirements as stated in this questionnaire is subject to an audit by a Fineline Manufacturing Quality Assurance Auditor.
6. **Certified suppliers must attach copies of any Air Agency or ISO Certificates and evidence of an Approved Drug and Alcohol Testing Program.**

Supplier:_____

Date:_____

Facility Address:_____

Mailing Address (if different than Facility Address):

City and State:_____

Zip Code:_____

Phone:_____

Fax:_____

The submittal of this questionnaire does not by itself constitute an approval of your company as an approved vendor source. After receipt of this questionnaire, an onsite survey may be requested and/or conducted, as Quality Assurance approval is necessary prior to any procurement award or services continued. Please complete this questionnaire and return it along with all required certificates. It is understood that all data furnished pertains to the facility listed above. It is agreed that Fineline Manufacturing will be notified upon any changes in your Quality System, changes in verification of applicable supplies/services, or changes to operation specifications. It is recognized that failure to furnish Fineline Manufacturing with this questionnaire or description of changes stated above for review shall result in immediate denial of Approved Supplier status or removal as an Approved Supplier.



SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE

PERSONNEL

President/General Manager: _____

Telephone#: _____

Fax#: _____

Responsible for Quality Control: _____ Title: _____

Telephone#: _____

Fax#: _____

“E-Mail” Address: _____

Reports To: _____ Title: _____

Responsible for Mfg: _____ Title: _____

Reports To: _____ Title: _____

FACILITY

Total Plant Area Sq. Ft.: _____

Number of Building(s): _____

Type of Building(s): _____

Total Manufacturing Area: _____

Total Number of Employees: _____

Total Employees associated with Quality Control: _____

Maintenance of Structure and Grounds: Excellent _____ Good _____ Poor _____

General Housekeeping: Excellent _____ Good _____ Poor _____

Type of Manufacturing, Service, or Products: _____

Major Customers: _____



SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE

Is there a documented Quality Control System: Yes _____ No _____

If Yes, To what standard: (____ FAR145) (____ ISO) (____ AS9100) (Other _____)

(Please send copies of certificates)

If approved by any Civil Aviation Authority (FAA, JAA, Transport Canada, etc.), please send a copy of the certificate(s) with scope of Approval and Limitations.

Do you have a Drug & Alcohol Testing Program? ☐ Yes ☐ No

Comments: _____

Survey results acknowledged. It is our intent to meet the requirements of Fineline Manufacturing and all applicable FAA/ISO Regulations. The information on this survey is certified to be complete and accurate to the best of my knowledge. (Please understand that failure to sign below may result in not being approved as a supplier.)

Supplier Signature: _____

Date: _____ Title: _____

Auditor Signature: _____

Date: _____ Title: _____

(If you checked “Yes” identifying you hold an approved quality control system and have attached the certification, you’re NOT REQUIRED to fill out the remaining Evaluation Survey. If you do not have an approved quality system certification, YOU ARE REQUIRED to fill out the remaining Evaluation Survey)



SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE

<u>EVALUATION SURVEY</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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<u>Quality System</u>			
1.	Do you have a documented QA system?		
2.	Do you have a current QA Manual?		
3.	Do you have a documented procedure for maintaining, updating and tracking the QA Manuals?		
4.	Is the QA department's authorities and responsibilities clearly defined in writing?		
5.	Does the QA department have the authority to withhold items that do not meet acceptable quality standards?		
6.	Is the QA Manual and/or Inspections Procedures approved by company management?		
7.	Does the QA department have direct access to the appropriate management level so quality conflicts can be resolved and corrected?		
8.	Is there a written internal audit in place?		
9.	Does the QA department maintain a system for the use and control of inspection stamps?		
10.	Does the QA department train employees in acceptable QA methods and practices?		
11.	Does the QA department have a documented system in place for quality auditing of vendors?		
12.	Does the QA department require their vendors to have an adequate QA Program?		
13.	Does your QA department periodically inspect stock rooms?		
14.	Do you have written procedures for controlling technical data and manuals?		
15.	Does the QA department maintain control of test equipment and tool calibration?		
16.	Are personally owned measuring devices, gauges and other test equipment calibrated in the same manner as company equipment?		
17.	Do you have "receiving" inspection procedures?		
18.	Do receiving inspection records indicate acceptance or rejection of incoming materials?		
19.	Are incoming materials identified to the applicable purchase orders and/or materials certificates?		
20.	Does your company maintain a secure quarantine area?		

<u>Quality System Cont'd</u>		<u>YES</u>	<u>NO</u>	<u>N/A</u>
21.	Is the quality performance of suppliers and manufacturers monitored?			
22.	Are materials and/or supplies rotated "First In – First Out?"			
23.	Are materials and /or supplies segregated by lot numbers?			
24.	Are shelf life materials controlled?			
25.	Are customer supplied materials and/or supplies controlled?			
26.	Do you have "In-Process" inspection procedures?			

<u>Special Processes</u>			
Are special processes performed on products? If YES , please indicate the process in the following section then sign the bottom of this page. If NO , please sign at the bottom of this page.			
PROCESS	LIST SPECIFICATIONS	IN-PLANT	SUBCONTRACTED
FPI			
Magnetic Particle			
Ultrasonic Testing			
Eddy Current			
Radiographic			
Coordinate Measuring			
Grit Blasting			
Chemical Laboratory			
Machining			
Fusion Welding			
Resistance Welding			
Friction Welding			
Welding			
Shot Peening			
Furnace Brazing			
Heat Treating			
Metallurgical Lab			
Plating			
Chemical Cleaning/Stripping			
Plasma Coating			
Glass Bead Peening			
Comments:			