TOP FLIGHT AEROSTRUCTURES, INC.	**Title:** Supplier Approval Questionnaire	Document ID: TFA-943

Top Flight Aerostructures USE ONLY

☐ APPROVED ☐ DISAPPROVED ☐ CONDITIONAL APPROVAL (SEE NOTES AND COMMENTS)

Verification of no reports in GIDEP completed, prior to acceptance? ☐ Yes ☐ No
(Only if there is a high risk for counterfeit product; i.e hardware, electronics, raw material)

BY: _____ Date:_____

Assigned Vendor # _____

Supplier Name: _____

Facility Address: _____

Phone: _____ Email: _____ Fax: _____

Please check all that apply: ☐ Manufacturer ☐ **Distributor** ☐ Process / Service

Type of products and services(Scope): _____

Special Processes: _____

If your company's quality system is certified to a 3rd-party registrar, you **do not** need to complete the entire questionnaire.

Complete and sign page one and attach a copy of your Certificate.

Other:_____(Such as NADCAP, UL…)

Quality System: *ISO* _____ AS9100 _____ ☐ Certified ☐ Compliant Only

Do you have a Counterfeit Parts Protection Plan per AS6174 and / or AS5553?

Describe:_____

Do you have a plan to prevent the use of conflict minerals in your product or services?

Describe:_____

Has your company ever been reported to GIDEP? ☐ Yes ☐ No

Can you comply with Top Flights Supplier Terms and conditions loacted at www.topflightaero.com ☐ Yes ☐ No

# of Employees:_____ # in Production:_____ # in Quality:_____ # in Engineering:_____

Person responsible for Quality:(Name)_____ (Title)_____(Email)_____

Number of years company has been in business :_____

Check appropriate items:

☐ Small Business ☐ Large Business ☐ Small/Disadvantaged

☐ Women Owned ☐ Handicapped ☐ Labor Surplus

Disadvantaged Group: (Check If Applicable)

☐ American Indian ☐ American Eskimo ☐ Native Hawaiian

☐ Black American ☐ American Oriental ☐ Asian Pacific American

☐ Spanish American ☐ American Aleut ☐ Other – approved by SBA

By your signature, you agree to notify Top Flight Aerostructures Inc. in writing when "significant organizational, facility or Quality system changes" occur, such as production location or senior quality management.

I hereby certify the information submitted on this questionnaire to be true and accurate at this time.

Survey completed by: _____ Name _____ Title _____ Date

	INSTRUCTIONS: Suppliers performing a self-evaluation on their Quality System MUST sign the Quality System Self Evaluation Statement at the end of the Survey.	**YES**	**NO**	**NA**
1.	**QUALITY MANAGEMENT SYSTEM**			
a.	Does your company have a documented quality manual?	☐	☐	☐
b.	Does your company have a defined and documented quality policy and quality objectives?	☐	☐	☐
c.	Does your company have documented procedures for all key processes?			
d.	Has a person been assigned the responsibility of administering the quality system?	☐	☐	☐
2.	**CONTROL OF DOCUMENTS**			
a.	Are there documented procedures to control customer and industry drawings and specifications?	☐	☐	☐
b.	Are changes to any documents reviewed and approved prior to use?	☐	☐	☐
c.	Is there a master revision list or other document control method to ensure that obsolete drawings and documents are not used and current revision status is identified?	☐	☐	☐
d.	Do you prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for use?	☐	☐	☐
e.	Are documents available to all parties that need them to perform any quality-related function?	☐	☐	☐
3.	**CONTROL OF RECORDS**			
a.	Are there procedures for identification, storage, protection retrieval and retention time and disposition of records?	☐	☐	☐
b.	Are records maintained for product acceptance to purchase order / customer requirements?	☐	☐	☐
c.	Are records available for review by customers and regulatory authorities in accordance with contract or regulatory requirements?	☐	☐	☐
4.	**MANAGEMENT RESPONSIBILITY**			
a.	Do you conduct management reviews meetings in according to an established schedule?	☐	☐	☐
b.	Is the availability of resources reviewed during the management review meetings?	☐	☐	☐
c.	During management review, do you review input and output requirement according to ISO 9001 or AS9100 Standards?	☐	☐	☐
d.	Is the quality system reviewed on a regular basis by management to ensure its effectiveness?	☐	☐	☐
e.	Is your quality policy communicated throughout the organization and review for continuing suitability?	☐	☐	☐
f.	Have the responsibilities and authorities of all persons who have an effect on quality been defined?	☐	☐	☐
5.	**RESOURCE MANAGEMENT**			
a.	Do you determine and provide the resources needed to implement and maintain the quality management system, improving its effectiveness and to meet customer requirements?	☐	☐	☐
b.	Have you determined the competence for personal affecting product quality?	☐	☐	☐
c.	Are there procedures for identifying training needs for personnel affecting quality?	☐	☐	☐
d.	Have personnel for assigned duties been qualified by education, training or experience as required?	☐	☐	☐
e.	Are training records and personnel certifications maintained?	☐	☐	☐
6.	**PRODUCT REALIZATION**			
a.	Do you determine the quality objectives and requirements for the product prior to processing?	☐	☐	☐
b.	Are all associated contractual terms, conditions, quality clauses and customer specifications reviewed, approved and documented?	☐	☐	☐
c.	Are there procedures that define how changes and amendments to a contract are accomplished?	☐	☐	☐
d.	Are records kept to provide evidence that the realization processes and resulting product meets the requirements?	☐	☐	☐

6.	**DESIGN AND DEVELOPMENT - *Complete only if design activities are performed***			
a.	Are there documented procedures to control and verify the design of your products?	☐	☐	☐
b.	Do prepared plans exist for each design and development activity?	☐	☐	☐
c.	Are the design and development activities conducted among the relevant groups that should have input to the design process?	☐	☐	☐
d.	Are design input requirements reviewed for adequacy with applicable standards, regulations, and statutory requirements?	☐	☐	☐
e.	Are design output activities documented, validated, and expressed in terms that can be verified against design input requirements?	☐	☐	☐
f.	Do representatives of all functions concerned identify, document, review, and approve all design changes before the change is implemented?	☐	☐	☐
g.	Does the design control system provide for customer or regulatory agency approval of changes when required	☐	☐	☐
7.	**PURCHASING**			
a.	Do you evaluate and select suppliers based on their ability to meet your quality requirements?	☐	☐	☐
b.	Are there procedures that describe how suppliers are selected and retained?	☐	☐	☐
c.	Is the quality performance of suppliers used to maintain a list of approved suppliers?	☐	☐	☐
d.	Is there a supplier corrective action system?	☐	☐	☐
e.	Do you have a function that reviews purchasing requirements to ensure that the material purchased meets customer requirements?	☐	☐	☐
f.	Do you flow down quality requirements to your suppliers?	☐	☐	☐
g.	Do you allow right of access by the organization, their customer and regulatory authorities to all facilities involved in the order and to all applicable records?	☐	☐	☐
h.	Have you established and implemented inspection or other activities necessary to insure that purchased product meets specified requirements?	☐	☐	☐
8.	**CONTROL OF SERVICE OPERATIONS**			
a.	Is there a documented system for performing, verifying and reporting servicing as required by contractual or regulatory requirements?	☐	☐	☐
9.	**IDENTIFICATION AND TRACEABILITY**			
a.	Are there procedures for identifying product from receipt through all stages of production?	☐	☐	☐
b.	Are all lots of product identified and traceable through receiving, processing, stock and delivery?	☐	☐	☐
10.	**CUSTOMER PROPERTY**			
a.	Are there procedures that define how customer-supplied products and equipment are controlled and maintained?	☐	☐	☐
11.	**CONTROL OF MONITORING AND MEASURING DEVICES**			
a.	Are all measuring and test equipment used on products, including employee-owned inspection equipment, calibrated on a regular basis?	☐	☐	☐
b.	Are the calibration / certification records traceable to NIST or recognized national or international standards?	☐	☐	☐
c.	Who performs your measuring and test equipment calibrations? _____			
d.	Is all measuring and test equipment identified with the calibration status?	☐	☐	☐
e.	Are records kept to indicate evidence of calibration for all measurement equipment used that could affect product quality?	☐	☐	☐
12.	**MEASUREMENT, ANALYSIS AND IMPROVEMENT**			
a.	Are there procedures for identifying and planning for processes that directly affect quality?	☐	☐	☐
b.	Are there work instructions for all production processes that affect quality and delivery?	☐	☐	☐

c.	Do you monitor these instructions to ensure that they are being followed?	☐	☐	☐
d.	Are internal system audits performed on a regularly scheduled basis?	☐	☐	☐
e.	Are these audits performed by individuals not directly involved in the tasks audited?	☐	☐	☐
f.	Are there methods that describe the test and inspection status of all products throughout all processes?	☐	☐	☐
g.	Are records identifying the status of product released for shipment maintained?	☐	☐	☐
h.	Are the required certifications maintained for special processes such as Painting, Welding or Anodize?	☐	☐	☐
13.	**INSPECTION DOCUMENTATION**			
a.	Are there documented procedures for inspection and testing of product for receiving, in-process and final acceptance?	☐	☐	☐
b.	Is incoming product subject to inspection prior to being released to processing or storage?	☐	☐	☐
c.	Are in-process and final inspections performed where necessary?	☐	☐	☐
d.	Are there procedures that define the methods used to perform inspection duties?	☐	☐	☐
14.	**CONTROL OF NONCONFORMING PRODUCT**			
a.	Is nonconforming product identified and segregated from conforming product to preclude inadvertent processing, storage or shipment?	☐	☐	☐
b.	Are records maintained for the disposition of nonconforming product?	☐	☐	☐
c.	Are repaired or reworked products re-inspected in accordance with the customer's requirements prior to shipment?	☐	☐	☐
15.	**IMPROVEMENT**			
a.	Does your organization foster an environment that emphasizes continual improvement?	☐	☐	☐
16.	**CORRECTIVE ACTION**			
a.	Is there a documented procedure defining the requirements for reviewing nonconformities?	☐	☐	☐
b.	Are the causes of nonconformance or noncompliance investigated and resolved?	☐	☐	☐
c.	Do you determine and implement actions taken during as a result of nonconformance?			
d.	Are the results of actions taken recorded?	☐	☐	☐

17.	**PREVENTIVE ACTION**			
a.	Is there a system for assigning responsibility for corrective actions to prevent recurrence?	☐	☐	☐
b.	Are processes, procedures, records and customer complaints reviewed and analyzed in order to improve your standards of quality?	☐	☐	☐
c.	Are preventive actions implemented that will prevent potential nonconformances or noncompliances?	☐	☐	☐
d.	Are procedures revised to reflect any changes brought about as a result of a corrective or preventive action? Is the effectiveness of corrective or preventive actions verified?	☐ ☐	☐ ☐	☐ ☐
e.	Is there a system for assigning responsibility for corrective actions to prevent recurrence?	☐	☐	☐
18.	**STATISTICAL TECHNIQUES**			
a.	Is sampling inspection and testing done to a documented statistical sampling plan with C=0?	☐	☐	☐

Self-Evaluation Survey Partcipants

I certify that above self-evaluation survey has ben accomplished in accordance with our Quality Assurance procedures ans is accurate and correct.

Signature:_____Date:_____

Print Name:_____Title:_____

Please explain any “NO” answers:

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Quality Assurance Notes and Comments:

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Rev	Description	Prepared By/Date:	Appr By/Date:	QMS Rep/Date:
NC	Initial Release			