



• ENGINEERING • MANUFACTURING
 AIRCRAFT CONTROL PULLEYS / BUS BARS / CUSTOM MOLDING / PRECISION
 MACHINING TERMINAL BLOCKS / AN, MS, NAS HARDWARE

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Quality System Questionnaire

Section 1

Company Name: _____
 Address: _____

Quality Organization:	Name	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone: _____ Fax: _____

Website: _____ E-mail: _____

Section 2

Please complete the following questionnaire as accurately as possible. We are in the process of approving you as a potential supplier of products or services and need the information to make our final decision. Your response is needed within 30 days. THANK YOU.

Check the appropriate blocks:

Manufacturer Distributor Special Process Facility

Major Products: _____

Primary Customer base: Aerospace Commercial

Number of Employees: _____ Number of QA personnel: _____

Size of Facility: _____ (sq. ft.) Mfg Space: _____ (sq. ft.)

If affiliate/subsidiary/division, please state parent company: _____

Comments: _____

Section 3

QA SYSTEM : AS9100 ISO9001 FAA Part 21 D6-82479(BOEING)

OTHER: _____

As applicable Quality Manual Current rev. level: _____ Date: _____

If quality system is certified please provide a copy of your certificate: Skip section 4 complete sections 5 & 6 as applicable (Section 5 Tool makers section 6 regulatory compliance)

Quality System Questionnaire

Section 4				
	1). Do you have an independent quality organization?	Y	N	
	2). Do you have a documented quality system?	Y	N	
	3). Do you have a formal supplier evaluation process?	Y	N	
	4). Do you monitor your supplier's performance?	Y	N	
	5). Do you allow customers to perform quality audit's of your facility/processes?	Y	N	
	6). Do you have a documented corrective action process?	Y	N	
	7). Do you have a customer complaint Process?	Y	N	
	8). Do you have a documented nonconforming material control process?	Y	N	
	9). Do you perform in-process inspection/verification?	Y	N	
	10). Do you perform final inspection/testing prior to delivery?	Y	N	
	11). Do you have secure parts/hardware storage areas?	Y	N	
	12). Do you periodically calibrate test/measuring equipment?	Y	N	
	13). Do you retain records of quality activities? If yes how long: _____	Y	N	
	14). Do you perform internal audits?	Y	N	
	15). Do you have an employee training program?	Y	N	
	16). Do you use techniques or inspection sampling?	Y	N	
	17). Do you have a FOD Control program – “Foreign Object Control Program	Y	N	
Section 5	Tooling Manufacturers			
	18). Do you comply with government, regulatory and customer requirements for tooling manufacture.	Y	N	NA
	19). Can you comply with Boeing Document D950-11059-1(if you do not have access please request from Arvan Quality).	Y	N	NA
	20). Are you DPD/MBD compliant to the Boeing D6-51991 specification.	Y	N	NA

<i>Section 6</i>	Regulatory Requirements	
<p>21). Do you comply with European Union Directive 76/769/EEC and 2002/95/EC (RoHS – Restriction of Hazardous Substances)</p> <p>22). Do you comply to the directions provided in Executive Order (EO) 13224.</p> <p>23). Do you comply to Counterfeit Parts Prevention/Avoidance and Control Plan using Industry Standard AS5553</p> <p>24). Do you comply to Conflict Minerals “The Dodd-Frank Wall Street and Consumer Act”</p> <p>25). Do you comply to REACH: Registration, Evaluation and Authorization of Chemicals (REACH)</p> <p>26). Do you comply to Compliance to DFARS 252.225-7000 clauses. a. Especially noting DFAR clause 252.225-7014 “Preference for Domestic Specialty Metals” and b. DFAR clause 252.225-7016 “Restriction On Acquisition of Ball and Roller Bearings”.</p>		<p>Y N NA</p> <p>Y N NA</p> <p>Y N NA</p> <p>Y N NA</p> <p>Y N NA</p> <p>Y N NA</p> <p>Y N NA</p>
<i>Section 7</i>		
<p>Survey completed by: _____ E-mail: _____</p>		
<p>Title: _____ Phone Number: _____ Date: _____</p>		
<i>Section 8</i>	ARVAN PERSONNEL USE ONLY	
<p>Accepted By: _____ Date: _____</p>		
<p>Rejected By: _____ Date: _____</p>		
<p>Comments: _____</p>		