



## Supplier Quality Survey

In an effort to assure the maximum quality level of our products/fabricated equipment, and meet the growing requirements imposed by our customers, we are asking that your company complete the enclosed audit form and return it within ten (10) days.

Failure to complete and return the form or providing a supplier response packet may result in a delay of approval of status.

**Note: All spaces must be complete or indicated as N/A where applicable**

Please return to:

AirBorn  
P.O. Box 519  
4321 AirBorn Drive  
Addison, Texas 75001-0519

Attention: Purchasing  
Phone: 972-931-3200  
FAX: 972-931-9305

AirBorn  
3500 AirBorn Circle  
Georgetown, Texas 78626

Attention: Purchasing  
Phone: 512-863-5585  
FAX: 512-863-8259

AirBorn  
4533 FM 312 North  
Winnsboro, Texas 75494

Attention: Purchasing  
Phone: 903-629-7821  
FAX: 903-629-3443

AirBorn  
11048 N. 23<sup>rd</sup> Drive  
Suite 102  
Phoenix, AZ 85029

Attention: Purchasing  
Phone: 602-331-6047  
FAX: 602-331-6071

AirBorn  
2700 Mechanic Street  
Lake City, PA 16423

Attention: Purchasing  
Phone: 814-774-5658  
FAX: 814-774-2245

AirBorn  
15820 18<sup>th</sup> Street NE  
Little Falls, MN 56345

Attention: Purchasing  
Phone: 320-632-9231  
FAX: 320-632-9232

AirBorn Electronics, Inc.  
2230 Picton Parkway  
Akron, Ohio 44312

Attention: Purchasing  
Phone: 330-245-2630  
FAX: 330-245-2631

AirBorn Electronics, Inc.  
355 Constitution Dr,  
Taunton, MA 02780

Attention: Purchasing  
Phone: 508-844-5900  
FAX: 508-802-9034

***Additionally, please find AirBorn Terms & Conditions, Quality Program/Inspection System Requirements, AirBorn General Procurement Policy and AirBorn Standard of Business Conduct on the AirBorn website [www.airborn.com](http://www.airborn.com). This set of requirements is applicable to all subsequent purchase orders.***

Note: Government contracts require periodic review of AirBorn files to ensure that AirBorn has correctly recorded supplier's self-certification of business size, as well as our supplier's Small Disadvantaged Business Enterprise classification if applicable. Should assistance be needed in determining supplier status in any of the categories listed below, please call U.S. Government Small Business Administration Office serving your area. Please check one or more that applies to your business.

- SB = Small Business
- SDB = Small Disadvantaged Business
- VO = Veteran Owned Small Business
- WO = Woman Owned
- HUBZ = Hub Zone
- LB = Large Business
- SDVO = Service Disabled Veteran Owned Small Business

Please provide current information for the person AirBorn should contact when quoting or placing orders.

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Ph# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

C Company Name \_\_\_\_\_ CAGE Code \_\_\_\_\_

Product or Service \_\_\_\_\_

How long has your company been in business? \_\_\_\_\_

At present location? \_\_\_\_\_ Under present name \_\_\_\_\_

Under present company management? \_\_\_\_\_

Checklist completed by \_\_\_\_\_ Title \_\_\_\_\_

For the following questions, "Yes" means "Yes", or available on "request", "NO" means "not available", and N/A means "not applicable". Answering "NO" to questions is not necessarily a means for rejection by AirBorn. Please answer all questions.

<b><u>Section A</u></b>	<b>YES</b>	<b>NO</b>
1. Are you a Distributor? If yes, complete 1a. and 1b. and continue. If not a Distributor, go to #2.	<input type="checkbox"/>	<input type="checkbox"/>
1a. Is this firm an independent distributor or a Manufacturer's affiliate/subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
2b. If an affiliate/subsidiary, state name/address of parent company. _____ _____ _____		
2. Are you a Calibration Supplier? If yes, are the site processes certified to the latest revision of ISO 17025? Please provide a copy of the organization's certification to AirBorn with completed survey.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

3. Are you an equipment fabricator? YES  NO   
 If yes, answer 3a through 3i and continue. If not an equipment fabricator, go to Section B.

3a. Equipment resources: \_\_\_\_\_

3b. Industry experience: \_\_\_\_\_

3c. Employee experience: \_\_\_\_\_

3d. Industry served: \_\_\_\_\_

3e. Software customization capability: \_\_\_\_\_

3f. Technical support (before and after purchase): \_\_\_\_\_

3g. Documentation capability: \_\_\_\_\_

3h. Replacement part capability: \_\_\_\_\_

3i. Company Capabilities. Check all that apply:

- A. Mechanical design
- B. Mechanical assembly
- C. Electrical design
- D. Electrical assembly
- E. Programming
- F. Field servicing
- G. Field training

**Section B**

1. Quality Manager / Director / VP Name: \_\_\_\_\_

Ph# \_\_\_\_\_ Email \_\_\_\_\_

Reports to \_\_\_\_\_ Title \_\_\_\_\_

**Section C**

**YES** **NO**

1. Is your company receptive to an on-site survey?

2. Is your company receptive to source inspection and/or surveillance?

3. Is your facility under government QA Oversight?

Name of government agency \_\_\_\_\_ Resident:  Non-resident:

**Section D**

For additional information regarding this section, please visit the AirBorn website at [www.airborn.com](http://www.airborn.com). There you will find the AirBorn requirements documents and web links needed.

1. Does your company have a CMRT (Conflict Minerals Reporting Template) showing compliance to the Conflict Minerals requirements of Section 1502 of the Dodd-Frank Wall Street Reform and Consumer Protection Act? If so, please provide. YES  NO

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 2. Is your Company compliant with EU Reach in accordance with the European Community Regulation EC 1907/2006?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are your products RoHS compliant in accordance with European Directive 2002/95/EC of the European Parliament and of the Council of 27 January 2003 on the restriction of the use of certain hazardous substances in electrical and electronic equipment?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your Company a U.S. Person as defined in ITAR §120.15 ?<br>If YES, please answer questions 5 through 8:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your Company registered with the Directorate of Defense Trade Controls (DDTC) under ITAR §122.1 for the manufacture or export of defense articles under ITAR §120.6 (hardware and/or technical data including software) or furnishing defense services under ITAR §120.9? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your Company have safeguards that are designed to restrict Foreign Persons under ITAR § 120.16 and the EAR, both physically and electronically, from access to Technical Data provided by AirBorn, Inc. and products manufactured for AirBorn, Inc.?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your company do business, in any way, with any of the countries identified by the Directorate of Defense Trade Controls (DDTC) under ITAR §126.1?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your company employ Foreign Persons as defined in ITAR §120.16?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your company supply Specialty Metals?<br>If yes, does your company comply with AirBorn's Specialty Metal policy – see website?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you agree to AirBorn's Global Anti-Bribery/Anti-Corruption Policy – see website?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you agree to AirBorn's Affirmative Action Policy – see website?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Section E** – Financial Stability

1. The Supplier's Dun & Bradstreet (D&B) number (if applicable) must be submitted with this survey response for evaluation if supplier is an inventory supplier (providing material that is used in and becomes part of AirBorn product).  
D & B # \_\_\_\_\_

**Section F**

If third party certified, a copy of your certificate can be submitted in lieu of completing Section F. Please provide a copy of your certificate along with this completed survey. (AS / ISO / TS)

**DO NOT COMPLETE SECTION F IF ISO/AS/TS CERTIFIED**

- | <b>1.0 Quality Program Management</b>  | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you have a quality assurance system which is implemented with supporting documentation (e.g., a quality manual, inspection/test procedures, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you conduct audits of personnel, procedures and operations which implement the quality program?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are contracts reviewed to identify and make timely provisions for special or  |                          |                          |                          |

	unusual requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Are detailed instructions used for all operations which affect quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Are current, complete, and accurate records of quality activities on file and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Do internal and supplier corrective action system(s) exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.0</b>	<b>Document Control</b>			
	A. <u>Drawing and Change Control</u>			
	1. Are the latest applicable engineering drawings, specifications and instructions available at the time and place of inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Are there written procedures describing change control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.0</b>	<b>Control of Purchases</b>			
	A. <u>Purchasing Data</u>			
	1. Do you have a supplier rating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Do your purchasing documents contain a complete description of the supplies ordered and include all requirements for manufacturing inspection, testing, and packaging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.0</b>	<b>Manufacturing Controls</b>			
	A. <u>Material Control</u>			
	1. Are all materials and supplies inspected upon receipt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. <u>Production Processing and Fabrication</u>			
	1. Are production operations or design and fabrication operations accomplished under controlled conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Have criteria for approval and rejection been provided for product inspections or equipment operation and acceptance and and monitoring of methods, equipment, and personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. <u>Completed Item Inspection and Testing</u>			
	1. Are completed items given a final verification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Is re-inspection and retest performed on all items or equipment which have been reworked, or modified after initial product testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. <u>Handling, Storage and Delivery</u>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	1. Are there adequate work and inspection instructions for the handling, storage and delivery of material or equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Are limited shelf life items controlled and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Does all material to be stored show evidence of inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Are ESD sensitive materials controlled and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. <u>Non-conforming Material</u>			
	1. Are discrepant materials promptly and adequately identified and separated from normal work operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Are there procedures for controlling non-conforming supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- F. Indication of Inspection Status
1. Are inspection stamps or other control devices used and controlled?
- G. Statistical Process Control
1. Do personnel have instructions for performing sampling inspection?
2. Do you know the degree of protection afforded by your sampling methods and techniques?
- H. Measuring and Test Equipment
1. Is your measuring and test equipment (and any production tooling) used for acceptance purposes identified to indicate the date of last calibration and the next due date?

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

C

### AirBorn Use Only

Supplier survey: Accepted  Rejected

Supplier Type (Scope) Manufacturer / Distributor / Subcontractor: \_\_\_\_\_

Notes:

**Risk Assessment:** To be completed by internal site quality representative (manager or engineer).

Note: Any High Risk Critical suppliers may be considered for on-site supplier audit.

Circle One:

High Risk – Must have at least two of three below:

- No certification (ISO / AS / TS) etc.
- Customer required supplier with NO AirBorn history
- Has known poor performance based on AirBorn history (scorecard or quality metrics).

Low Risk - Existing certification (ISO / AS / TS) or has known good performance based on AirBorn history (scorecard or quality metrics).

Assessment Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Approval by the Site Quality Manager or Procurement Team Representative may be documented on this form using an electronic stamp, signature, or by responding to an e-mail. If approval is separate from this form then retain the approval with this record. Approval of this supplier in the ERP System should not occur prior to approval of this form.