



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. 23rd 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 18th 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. 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 _____

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.

Section A

	YES	NO
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. 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

	YES	NO
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 ? 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? If yes, does your company comply with AirBorn's Specialty Metal policy – see website?	<input type="checkbox"/> <input type="checkbox"/>	<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

1.0 Quality Program Management	YES	NO	N/A
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?
5. Are current, complete, and accurate records of quality activities on file and maintained?
6. Do internal and supplier corrective action system(s) exist?

2.0 Document Control

A. Drawing and Change Control

1. Are the latest applicable engineering drawings, specifications and instructions available at the time and place of inspection?
2. Are there written procedures describing change control?

3.0 Control of Purchases

A. Purchasing Data

1. Do you have a supplier rating system?
2. Do your purchasing documents contain a complete description of the supplies ordered and include all requirements for manufacturing inspection, testing, and packaging?

4.0 Manufacturing Controls

A. Material Control

1. Are all materials and supplies inspected upon receipt?

B. Production Processing and Fabrication

1. Are production operations or design and fabrication operations accomplished under controlled conditions?
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?

C. Completed Item Inspection and Testing

1. Are completed items given a final verification?
2. Is re-inspection and retest performed on all items or equipment which have been reworked, or modified after initial product testing?

D. Handling, Storage and Delivery

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 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. Non-conforming Material

1. Are discrepant materials promptly and adequately identified and separated from normal work operations?
2. Are there procedures for controlling non-conforming supplies?

- 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 _____

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AirBorn Use Only

To be completed by local site quality manager or quality engineer.

Supplier survey: Accepted Rejected

Supplier Type (Scope) Manufacturer / Distributor / Subcontractor: _____

Notes: _____

Risk Assessment: To be completed by local site quality manager or quality engineer.
 Note: Any High Risk Critical suppliers may be considered for on-site supplier audit.

Check One:

High Risk – Must have a minimum of two of the below for High Risk:

- 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 local site quality manager or quality engineer 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. Note ABN-F014 also weighs supplier risk.

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