



**AVIATRIX**

## QUALITY SYSTEM QUESTIONNAIRE

Date:

### Section 1

Legal Name of Company:  
dba, if different from above:

Address:

City:

State:

Zip:

Federal EIN:

Cage Code:

Duns Number:

Date Company Est:

State of Current Registration:

Entity Type:

Website:

Names of Any Individual or Entity owning greater than 50 %:

Quality Manager:

Phone:

Fax:

Email:

### 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    FAA Repair Station    OEM    ITAR Registered***

*Product line at this location*

*Primary customer base*

*Number of employees*

*Number of QA employees*

*If affiliate/subsidiary/division, please state parent company*

***QA SYSTEM    ISO9001***

***AS-9120***

***Other***

***If your Quality System is third-party registered, provide a copy of your certificate; skip section 3 and go to section 4.***

# QUALITY SYSTEM QUESTIONNAIRE

## Section 3

1. Do you have an independent quality organization?
2. Do you have a documented quality system?
3. Do you have a formal supplier evaluation process?
4. Do you monitor your supplier's performance?
5. Do you allow customers to perform quality audit's of your facility/processes?
6. Do you have a documented corrective action process?
7. Do you have a customer complaint process?
8. Do you have a documented nonconforming material control process?
9. Do you perform in-process inspection/verification?
10. Do you perform final inspection/testing prior to delivery?
11. Do you have secure parts/hardware storage areas?
12. Do you periodically calibrate test/measuring equipment?
13. Do you retain records of quality activities?
14. Do you perform internal audits?
15. Do you have an employee training program?
16. Do you use statistical techniques or inspection sampling?

## Section 4

**Survey Completed By:**

**Date:**

## Section 5

*AVIATRIX Personnel Use Only*

Accepted By:

Date:

Rejected By:

Date:

Comments: