



SUPPLIER QUALITY EVALUATION FORM

This report is intended to provide HB Aerospace with data relative to the capabilities of the supplier. Please complete this questionnaire in sufficient detail to permit us to evaluate your company's capabilities and controls.

Company Name: _____

Government Cage Code: _____ **Duns & Bradstreet #:** _____

Address: _____

E-Mail Address to forward orders: _____

Telephone: _____ **Fax:** _____

Remit to Address: _____
(If different than above)

Type of Business: Manufacturer Distributor Manufacturer/ Distributor
(Check one)

Size of Your Facility?

Square Feet: _____

Employees: Quality _____ Engineering _____
 Operations _____ Administration _____

Check appropriate items	Small Business Women Owned	Large Business Handicapped	Small/Disadvantaged Labor Surplus
Disadvantaged Group (Check If Applicable)	American Indian Black American Spanish American	American Eskimo American Oriental American Aleut	Native Hawaiian Asian Pacific American Other – approved by SBA

General Information:

Principal Service/Product: _____

Head of Quality System (Name and Title): _____

Quality Contact for Quality and Rejection Issues:

Name & Title: _____

Does your company maintain product liability insurance that covers the products you sell, and for the work and services you perform, and are you able to provide HB Aerospace with a certificate or other evidence of such insurance if requested? Yes _____ No _____



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Quality System:

Is there a current Quality Manual? Yes ____ No ____ Revision ____ Date ____

Your Quality Program is derived from which of the following:

Mil-Q-9859 ____ Mil-I-45208 ____ FAR 21 ____ FAR 145 ____ ISO 9000 ____ Other ____

Has your company ever obtained PMA for parts you manufacture? Yes ____ No ____ N/A ____

Does your company supply to the US Government? Yes ____ No ____

Can your company provide source inspection? Yes ____ No ____

Are Certificates of Conformance provided with all shipments? Yes ____ No ____

Records of traceability are kept for ____ years, and (will be provided/are available for review) when requested.
(Please Circle)

Will shipping cost be paid by the supplier for warranty returns? Yes ____ No ____

Are you approved by any of the following: Lockheed ____ Boeing ____ McDonald ____ C.A.S.E. ____
(Please provide copies of approvals) NADCAP ____ J.A.A./F.A.A. ____ Other ____

Is your Quality System accredited to ISO-9000 or similar? Yes ____ No ____

If YES, You may skip the Supplier Self Evaluation Form (HBAQ-03), and please send a copy of your certificate along with this survey to the fax number indicated below.

If NO, please complete this entire survey.

SURVEY COMPLETED BY: _____
(Signature)

Name /Title: _____ Date: _____

Email your completed survey to: quality@hbaerospace.com

This section to be completed by HB Aerospace

Evaluation Basis:

Supplier Evaluation Form ____ Certified QMS ____ Supplier Cert of Analysis ____

Simple Inspection ____ Supplier Visit / Audit ____ Supplier Test Order ____

Approved: ____ Conditional: ____ Not Approved: ____ Disapproved: ____

Signature: _____ Date: _____

Notes: _____



Supplier Self Evaluation Form

Certification/Traceability		Yes	No	N/A
1.	Does your Certification of Conformance (C of C) with each shipment contain the following:			
a.	Manufacture Certification of Conformance			
b.	Part Number			
c.	Condition of Part			
d.	Revision Level (if requested)			
e.	Name of Manufacturer			
f.	Lot and Batch Number			
g.	Cure Dates			
h.	HB Aerospace P.O. Number			
i.	Authorized Signature			
Procurement		Yes	No	N/A
2.	Is there a formal documented process that is the basis of the procurement system?			
3.	Is a current list of approved suppliers on file?			
4.	Is there a documented process used to approve a supplier?			
5.	Is there a process by which new supplier Quality Systems are approved?			
6.	Are purchases made only from approved sources?			
7.	Will your purchase orders specify specific customer and/or other special requirements?			
Receiving Inspection		Yes	No	N/A
8.	Will Receiving Inspection check incoming shipments to the purchase order requirements?			
9.	Are inspected items identified and segregated from items awaiting inspection?			
10.	Are all parts clearly identified to show inspection status?			
Material Control		Yes	No	N/A
11.	Are non-conforming products properly segregated?			
12.	Is there a method for disposing of non-conforming material?			
13.	Are life limited products controlled with data kept on file?			
14.	Life limited materials are shipped with _____ % life remaining.			
15.	Is lot identity maintained for all applicable parts?			
16.	Is lot/batch segregation maintained with recall capabilities by lot/batch?			
17.	Is final inspection performed?			
18.	Are test and measurement equipment calibrated at documented intervals?			
Data and Document Control		Yes	No	N/A
19.	Is technical data controlled and disbursed from a central location?			
20.	Is proper documentation regarding interchangeability part numbers from manufacturers supplied with all alternate part numbers?			
21.	Is a system in-place to assure that all drawings and technical data are maintained at current revision levels?			
Quality Process		Yes	No	N/A
22.	Is there a member of management knowledgeable in military and commercial aircraft exercising quality decisions?			
23.	Are written QA procedures maintained current and available to those affected?			
24.	Are documented self audits of the Quality System performed on a scheduled basis with the results reviewed by senior management?			
25.	Do you have a corrective action program in place?			
26.	Are re-audits performed to ensure effective corrective action?			
27.	Does your Quality program achieve the desired results?			
Additional Information: _____				

Completed By:		Title:		Date: