SUPPLIER QUALITY SYSTEM SURVEY (SQSS)

COMPLETION OF THIS SURVEY IS REQUIRED FOR EVALUATION AND SUPPLIER SELECTION

Instructions: Supplier shall complete SECTIONS 1 & 2* along with applicable Addendum(s) of this questionnaire and return to FMH Purchasing.

__Note:__ Complete Only **SECTION 1** *(and also applicable Addendum(s)) if currently certified To ISO9001/AS9100/AC7004.*

SECTION 1 (pg 1-5) - GENERAL

COMPANY PROFILE:

Company Name	
Street Address	
City, State/Province,	
Country, Zip/Mailing Code	
Phone Number	
Fax	
Email Address	

ORGANIZATION	NAME	PHONE NUMBER	EMAIL ADDRESS
President/CEO			
General Manager			
Engineering Manager			
Production Manager			
Quality Manager			
Sales Manager			

Year Company Established		Bill To Address	
Year Publicly Held		if different from	
Year Privately Held		Ship To Address:	

Sales for Last 2 Years (in U.S. Dollars)	Year:	Amount:
	Year:	Amount:

FACILITIES:

# of Employees (Total)	Manufacturing	Engineering	Quality	Inspection	Administration

Plant Area- Sq. Ft. ➔	

Business Percentage			
Military/Aerospace ➔	Commercial ➔	Medical ➔	Other ➔

SUPPLIER QUALITY SYSTEM SURVEY (SQSS)

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Type of Business					
Distributor	Complete Addendum A	☐	Machine Shop	Complete Addendum B	☐
Sheet Metal Fabrication	Complete Addendum C	☐	Molding (Plastic/Rubber)	Complete Addendum D	☐
Castings or Forgings	Complete Addendum E	☐	Special Process	Complete Addendum F	☐

EQUIPMENT MAINTENANCE:

	YES	NO	N/A	COMMENTS
Is regularly scheduled maintenance performed on machinery?	☐	☐	☐	
Do you maintain a maintenance log?	☐	☐	☐	
Do you have a full time maintenance staff?	☐	☐	☐	
Do you maintain clean room(s)? Class 1,000 ☐ 5,000 ☐ 10,000 ☐ 100,000 ☐	☐	☐	☐	

PRIMARY CUSTOMERS:

NAME	TYPE (*Military, Commercial, Medical*)	% OF BUSINESS

IS THE QUALITY SYSTEM DOCUMENTED?: Yes ☐ No ☐   If Yes, please provide a copy of the current Quality Manual cover sheet.

IS THE QUALITY SYSTEM <u>COMPLIANT WITH</u> OR <u>CERTIFIED TO</u> ANY OF THE FOLLOWING STANDARDS:

	Compliant	Certified		Compliant	Certified		Compliant	Certified
AS 9100	☐	☐	**ISO 9000**	☐	☐	**NADCAP***	☐	☐
AC 7004(PRI)	☐	☐	**ISO 9001**	☐	☐	**OTHER***	☐	☐

*Define:	
CERTIFICATION BODY (CB):	
CERTIFICATE DATE:	
EXPIRATION:	

SUPPLIER QUALITY SYSTEM SURVEY (SQSS)

FMH | **AMETEK®**
AEROSPACE
AEROSPACE & DEFENSE
THERMAL MANAGEMENT SYSTEMS

COMPLETION OF THIS SURVEY IS REQUIRED FOR EVALUATION AND SUPPLIER SELECTION

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CORPORATION CLASSIFICATION:

SMALL	☐	VETERAN OWNED SMALL BUSINESS	☐
SMALL DISADVANTAGED	☐	SERVICE DISABLED VETERAN OWNED SMALL BUSINESS	☐
WOMEN OWNED	☐	NATIVE AMERICAN OWNED	☐
HUB ZONE SMALL BUSINESS CONCERN	☐		

BUSINESS SYSTEMS:

Please Mark (X) for all that apply

☐	CALIBRATION	Metrology Services / Process and Test Equip. Certification
☐	DISTRIBUTOR	Raw Materials / Mil / AN / SAE Spec. hardware, components
☐	FABRICATION-1	Machine Shop / Metal Fab. / Weld / Mech. Process applications.
☐	FABRICATION-2	Fabrication of Electronic Assemblies or Components
☐	MANUFACTURER	Manufacture (OEM) / Design & Manufacture.
☐	TESTING	Testing Facility (Environmental / Performance / Endurance)
☐	Other	
SIC Code(s) ➔		

	YES	NO
Will you allow FMH to conduct an on-site survey?	☐	☐
Will you allow FMH to conduct source inspection?	☐	☐
Will you allow Government source inspection (GSI)?	☐	☐
Are you able to provide evidence of compliance with Specialty Metals DFARS 252.225 – 7014?	☐	☐
ITAR compliant? (*22 CFR International Traffic in Arms Regulations Import / Export Requirements*)	☐	☐

PERSONNEL

PERSONNEL	YES	NO	N/A	COMMENTS
Will you be willing to provide a copy of your organizational chart?	☐	☐	☐	
Are records of training and / or educational qualifications of personnel kept?	☐	☐	☐	
Is more than one person trained to perform key jobs?	☐	☐	☐	
Do you perform annual eye exams for all personnel performing visual inspection by a medically qualified / trained person to Jaeger Type 1 or equivalent?	☐	☐	☐	

SUPPLIER QUALITY SYSTEM SURVEY (SQSS)

FMH AEROSPACE | **AMETEK®** AEROSPACE & DEFENSE THERMAL MANAGEMENT SYSTEMS

COMPLETION OF THIS SURVEY IS REQUIRED FOR EVALUATION AND SUPPLIER SELECTION

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CONTINUOUS IMPROVEMENT/LEAN	YES	NO	N/A	COMMENTS
Is there a documented Continuous Improvement/Lean program?	☐	☐	☐	
Does your company have a Six Sigma or equivalent management system?	☐	☐	☐	
Are scrap & rework trends measured and reported?	☐	☐	☐	
Are scrap and rework values analyzed to determine root causes of defects? How often?	☐	☐	☐	
Are Statistical Techniques used in the manufacturing process?	☐	☐	☐	
Are machine capability studies performed? (e.g., Cpk, Cp, etc.)	☐	☐	☐	
Are Risk Assessment tools used in the organization? If yes, where?	☐	☐	☐	
Are quality and delivery performance to customers measured?	☐	☐	☐	
Are 'Standardization' techniques employed?	☐	☐	☐	
Is a cellular manufacturing environment present?	☐	☐	☐	
Are Kanban's' used in the manufacturing areas?	☐	☐	☐	
Are flexible delivery dates accepted?	☐	☐	☐	
Are LTA's/Blanket Orders accepted?	☐	☐	☐	
Notes:				

Environmental Health & Safety	YES	NO	N/A	COMMENTS
Have you established, implemented and maintained an environmental management system?	☐	☐	☐	
Do you comply with the Toxic Substances Control Act and/or REACh?	☐	☐	☐	
Are you willing to supply a copy of your Code of Conduct/Ethics?	☐	☐		

Cyber Security (If in progress please provide status in the comments block)	YES	In Progress	NO	COMMENTS
Do you comply with the requirements of FAR 52.204-21 - "Basic Safeguarding of Covered Contractor Information Systems" ?	☐	☐	☐	
Do you comply with the requirements of NIST 800-171 - "Protecting Controlled Unclassified Information (CUI) in Non-Federal Systems & Organizations" ?	☐	☐	☐	
Do you comply with DFARS 252.204-7012 - "Safeguarding Covered Defence Information and Cyber Incident Reporting" ?	☐	☐	☐	

SUPPLIER QUALITY
SYSTEM SURVEY (SQSS)

COMPLETION OF THIS SURVEY IS REQUIRED FOR EVALUATION AND SUPPLIER SELECTION

Instructions: Supplier shall complete SECTIONS 1 & 2* along with applicable Addendum(s) of this questionnaire and return to FMH Purchasing.

Note: Complete Only **SECTION 1** *(and also applicable Addendum(s)) if currently certified To ISO9001/AS9100/AC7004.*

SECTION1–COMPLETEDBY:

Email Address of Quality Contact Representative: _____

Quality Contact Phone/Ext.: _____   Fax: _____

Printed Name of Preparer: _____   Date: _____

Signature: _____   Title: _____

COMPLETION OF THIS SURVEY IS REQUIRED FOR EVALUATION AND SUPPLIER SELECTION

Instructions: Supplier shall complete SECTIONS 1 & 2* along with applicable Addendum(s) of this questionnaire and return to FMH Purchasing.

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SECTION 2 pg(5-8) – MANAGEMENT SYSTEM

PRODUCT REALIZATION	YES	NO	N/A	COMMENTS
Name and Title of FMH Supplier Agent:				
Contact Information (e.g., Phone No. and Email):				
Contract Review: Do personnel handling customer orders have job descriptions, checklists or other formalized instructions pertaining to the entry and processing of sales orders?	☐	☐	☐	
Are Purchase Order / Contract receipts formally acknowledged?	☐	☐	☐	
Are amendments to Purchase Orders reviewed?	☐	☐	☐	
How does the supplier control amendments to customer purchase orders? Describe/Note applicable procedure in space provided. ➔				
Are all Contracts reviewed by Quality Assurance?	☐	☐	☐	
DOCUMENTATION CONTROL				
Are controls established to assure that only the latest applicable drawings, specifications and instructions are used for fabrication and inspection?	☐	☐	☐	
Are adequate controls in place to ensure that applicable drawings and change notices are current and controlled?	☐	☐	☐	
Does a master list of drawings and specifications exist including customer furnished drawings?	☐	☐	☐	
Is there a procedure to address control of manufacturing software (e.g., NC programs)?	☐	☐	☐	
Do you have a procedure that addresses processing of deviations & waivers?	☐	☐	☐	
Do you have a system for the control of customer drawings/ specifications?	☐	☐	☐	
Is there an established Change Review Board?	☐	☐	☐	
Do you have an established ECO / ECR process?	☐	☐	☐	
ENGINEERING				
Is there an engineering change control system?	☐	☐	☐	
Is there a system to incorporate customer specifications into manufacturing work instructions, standards and specifications?	☐	☐	☐	
Is there a system to incorporate customer changes into manufacturing work instructions, standards and specifications?	☐	☐	☐	
Can your system support Key Characteristics & SPC requirements defined on FMH engineering documents in your manufacturing work instructions?	☐	☐	☐	

SUPPLIER QUALITY SYSTEM SURVEY (SQSS)

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PRODUCT REALIZATION (cont'd.)

	YES	NO	N/A	COMMENTS
ENGINEERING (cont'd.)				
Do you have a document recall system?	☐	☐	☐	
Do you use computer aided manufacturing (CAD / CAM) software to develop manufacturing work instructions and NC programming?	☐	☐	☐	
What types of engineering/manufacturing software packages do you use or have the ability to work with? (indicate all that apply) AutoCAD ☐ Autodesk Inventor ☐ CADKEY ☐ Cadra ☐ Catia ☐ Delcam ☐ Esprit ☐ Mastercam ☐ ProE ☐ SolidWorks ☐ Turbo Cad ☐ Vectorworks ☐ Unigraphics ☐ Other ☐ _____				
MATERIAL/MANUFACTURING CONTROL & INSPECTION				
Do you have a material traceability system?	☐	☐	☐	
Do you verify physical and chemical properties of purchased materials?	☐	☐	☐	
Can you retain quality records for 10 years or longer if specified by the customer?	☐	☐	☐	
Does your system provide notification to the customer for non-conformances that have been shipped from your factory?	☐	☐	☐	
Does Quality Assurance perform final acceptance inspection?	☐	☐	☐	
Are records of in process inspections and / or tests maintained and available?	☐	☐	☐	
Does your system assure all manufacturing work instructions and specifications are current?	☐	☐	☐	
Do work instructions for operators and assemblers have revision history?	☐	☐	☐	
Do you have a system to validate manufacturing methods and work instructions prior to release?	☐	☐	☐	
Does Quality review/approve work instructions?	☐	☐	☐	
Is product identification/traceability maintained throughout the manufacturing processes?	☐	☐	☐	
Is formal material planning utilized? If so, describe below:	☐	☐	☐	
Describe: 				
Is there a system to maintain tool / fixture drawings?	☐	☐	☐	
Is there a system in place for numbering tools and fixturing?	☐	☐	☐	
SUPPLIER CONTROL & MANAGEMENT				
Is there a formal selection process for suppliers?	☐	☐	☐	
Is there an approved suppliers list?	☐	☐	☐	
Do you have a supplier rating / monitoring system?	☐	☐	☐	

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PRODUCT REALIZATION *(cont'd.)*

	YES	NO	N/A	COMMENTS
SUPPLIER CONTROL & MANAGEMENT *(cont'd.)*				
Do you have a supplier audit system?	☐	☐	☐	
Is there a corrective action system for supplier non-conforming material?	☐	☐	☐	
Are customer requirements flowed down to suppliers?	☐	☐	☐	
Do you verify physical or chemical properties of purchased materials?	☐	☐	☐	
Do you require 1st Article inspection from your suppliers?	☐	☐	☐	
Is Receiving Inspection performed on incoming material?	☐	☐	☐	
Is the inspection and testing system documented and available for review?	☐	☐	☐	
SUPPLIER CONTROL AND MANAGEMENT *(cont'd.)*				
Do inspection/test instructions provide accept/reject criteria?	☐	☐	☐	
Are records of these inspections maintained and kept on file?	☐	☐	☐	
Please define current sampling plan. MIL-STD ☐ ANSI ☐ C = zero ☐ Other ☐ Define:	☐	☐	☐	
QUALITY				
Has Quality Manual been provided to FMH?	☐	☐	☐	Revision:
Do you have an internal audit program?	☐	☐	☐	
Is there a Contract Review process?	☐	☐	☐	
NON-CONFORMING MATERIAL				
Is there a documented system addressing Non-Conforming Material?	☐	☐	☐	
Is non-conforming material identified and segregated from production material?	☐	☐	☐	
Are methods of identification, segregation, control and disposition of non-conforming material documented and followed?	☐	☐	☐	
Do supplier's procedures and practices comply with specific requirements for submittal of non-conformances for customer material review board consideration? (MRB Authority)	☐	☐	☐	
Is there a defined dispositional authority for non-conforming material? (e.g., Material Review Board).	☐	☐	☐	
CORRECTIVE / PREVENTATIVE ACTION				
Is there a Corrective and Preventative Action System? Explain or show documentation.	☐	☐	☐	
Does the corrective action program extend to all areas of activity within the suppliers organization (design, purchasing, manufacturing, etc.)?	☐	☐	☐	
Is a method of tracking corrective action requests for timeliness of response in effect?	☐	☐	☐	

SUPPLIER QUALITY SYSTEM SURVEY (SQSS)

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PRODUCT REALIZATION (cont'd.)

	YES	NO	N/A	COMMENTS
CORRECTIVE / PREVENTATIVE ACTION (cont'd.)				
Does the corrective action program address and provide response to customer / user complaints, data or returns?	☐	☐	☐	
Are corrective action requests formally documented?	☐	☐	☐	
Is corrective action taken to prevent recurrence?	☐	☐	☐	
CALIBRATION				
Are there documented procedures to control, calibrate and maintain inspection, measuring and test equipment?	☐	☐	☐	
Is there a gauge recall system in place?	☐	☐	☐	
Are certificates of calibration on file and current?	☐	☐	☐	
Is measuring and test equipment identified to reflect the date calibrated and date due?	☐	☐	☐	
Does the supplier have a written description of the calibration system?	☐	☐	☐	
Does the calibration system provide for notification of out of tolerance condition?	☐	☐	☐	
Do certificates or test reports for measurement standards exist?	☐	☐	☐	
Are calibration intervals established and maintained?	☐	☐	☐	
Is the system for calibration of measuring and test equipment compliant with ISO10012 or ANSI / NCSL Z540?	☐	☐	☐	
SOFTWARE QUALITY CONTROL				
Is software used in manufacturing, design, or inspection of product?	☐	☐	☐	
Are there documented procedures for implementing software quality?	☐	☐	☐	
Are there procedures for change control of software and do they comply with industry standards?	☐	☐	☐	
Are copies of software files stored at a secure off-site location?	☐	☐	☐	
STOCKROOM				
Is there a process for controlling age sensitive material?	☐	☐	☐	
Are first in / first out (FIFO) practices utilized?	☐	☐	☐	
Is all material clearly identified?	☐	☐	☐	

SECTION 2 – COMPLETED BY:

Email Address of Quality Contact Representative: _____

Quality Contact Phone/Ext.: _____   Fax: _____

Printed Name of Preparer: _____   Date: _____

Signature: _____   Title: _____

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SECTION 3 – FMH REVIEW

FMH Aerospace Use Only				
Audit Type:	On-Site ☐		Mail-In ☐	
Review Status:	Approved ☐	Conditionally Approved ☐	Disapproved ☐	
Reviewer Comments:				
FMH Quality Representative:		Title:		Date:

Item	Attribute	Low Risk = 1	High Risk = 5	Value*
	Supplier Risk Assessment Matrix			
1.	Ability and ease of detecting a failure of the product within supplier's system	Easy to detect	Difficult to detect	
2.	Critical part	Not critical	Very critical	
3.	Quality of supplier survey	Fully Completed	Incomplete	
4.	Experience with similar parts/processes	Experienced	No Experience	
5.	3rd Party Approved	Approved	Not Approved/ Compliant	
6.	Lean & Waste Reduction	Established Practices	No Practices	
***Note**: Assign numbers (between 1-5 for each attribute) considering degree of risk, ranging within the noted boundaries.*			**Score ➔**	

Scoring:

A supplier with a score in the range of 22-26 will require an on-site audit

A supplier with a score in the range of 14-21 could require a on-site depending on which attributes are risky (i.e. difficult to detect and a very critical part would require a on-site)

A supplier with a score in the range of 6-13 typically will not require a on-site

ADDENDUM A - <u>Distributors</u>

Material Type

Electronic ☐   Spec Hardware (COTS) ☐   Packaging ☐   Seals/Elastomers ☐   Wire/Cable ☐   Springs ☐

Other ☐ _____

QPL Listed: Yes ☐ No ☐

If Yes, List QPL Number: _____

Controls for Counterfeit Parts and Components   Yes ☐ No ☐

Has your organization developed and implemented a documented counterfeit detection process (for Electrical & Non-electrical items) that is similar to, and meets the intent of, SAE AS5553? FMH is concerned that companies who procure materials, parts, or components ensure that it does not receive counterfeit parts into inventory, use them in manufacturing or inadvertently sell them to, or use on FMH product.

ADDENDUM B - <u>Machine Shop</u>

Raw Material Experience

Aluminum ☐   Brass ☐   Steel ☐   Cold Rolled ☐   Stainless Steel ☐   Other ☐ _____

Specify Material Type/Alloy/Temper: _____

_____

	YES	NO
Does the Supplier receive Raw Material Certification?	☐	☐
Does the Supplier receive Raw Material Test Analysis?	☐	☐

Additional Processes performed On-Site (OS) or Sub-Contracted (SC):

	OS	SC		OS	SC		OS	SC		OS	SC
Abrasive Blasting	☐	☐	Anodizing	☐	☐	Cad Plating	☐	☐	Chrome Plating	☐	☐
Black Oxide	☐	☐	NDI - Penetrant	☐	☐	Electroless Nickel	☐	☐	Heat Treating	☐	☐
Chem Film	☐	☐	Painting	☐	☐	Passivation	☐	☐	Powder Coating	☐	☐
NDI - Radiographic	☐	☐	EDM (Wire)	☐	☐	Vapor Degrease	☐	☐	Dri-Film Lube	☐	☐

Number of Operators: _____   Number of Certified Operators: _____   Number of Inspectors: _____

CNC Turning:

Machine Material Capacity	Number of Machines	Current Work Load (%)	Avg. Production Rate (pcs./hour)
Tiny (<1/4" diameter)			
Small (1/4" – 1 ½" diameter)			
Medium (> 1 ½" – 4" diameter)			
Large (> 4" diameter)			

Enter Number of Machines with Noted Capabilities/Features:

Powered Tailstock ☐ _____   Tool Sensor ☐ _____   Live Tooling ☐ _____   Tool Pre-Setting ☐ _____

CNC Milling:

Machine Type	Number of Machines	Current Work Load (%)	Avg. Production Rate (pcs./hour)
Manual (Knee Mill)			
Small Milling Center			
Medium Milling Center			
Large Milling Center (Pallet)			

Enter Number of Machines with Noted Capabilities/Features:

>3 Axis ☐ _____   Surface Contouring ☐ _____   Live Tooling ☐ _____   Tool Pre-Setting ☐ _____

Additional Equipment/Capability: _____

ADDENDUM C - <u>Sheet Metal Fabrication</u>

Raw Material Experience

Aluminum ☐   Brass ☐   Steel ☐   Cold Rolled ☐   Stainless Steel ☐   Other ☐ _____

Specify Material Type/Alloy/Temper: _____

_____

_____

	YES	**NO**
Does the Supplier receive Raw Material Certification?..	☐	☐
Does the Supplier receive Raw Material Test Analysis?	☐	☐

Additional Processes performed On-Site (OS) or Sub-Contracted (SC):

	OS	SC		OS	SC		OS	SC		OS	SC
Abrasive Blasting	☐	☐	Anodizing	☐	☐	Cad Plating	☐	☐	Chrome Plating	☐	☐
Black Oxide	☐	☐	NDI – Penetrant	☐	☐	Electroless Nickel	☐	☐	Heat Treating	☐	☐
Chem Film	☐	☐	Painting	☐	☐	Passivation	☐	☐	Powder Coating	☐	☐
NDI - Radiographic	☐	☐	Time Saver	☐	☐	Vapor Degrease	☐	☐	Deburring	☐	☐
Welding – GTAW	☐	☐	Brazing	☐	☐	Laser Cutting	☐	☐	Brake Forming	☐	☐
Welding - Resistance	☐	☐	Tool Making	☐	☐	Water Jet Cutting	☐	☐			

Number of Operators: _____   Number of Certified Operators: _____   Number of Inspectors: _____

Press/Machine Type:

Press Size	Number of Machines	Material Capacity (length, width, thickness)	Avg. Production Rate (pcs./hour)
Small (< 10 Ton)			
Medium (10 – 100 Ton)			
Large (> 100 Ton)			

Enter Number of Machines with Noted Capabilities/Features:

Single Stage ☐ _____   Multi-Stage ☐ _____   Four-Slide ☐ _____   Progressive ☐ _____

Additional Equipment/Capability: _____

ADDENDUM D - <u>Molding Rubber / Plastics</u>

Raw Material Experience

Nitrile (Buna N) ☐   EPR/EPDM ☐   Silicone ☐   Fluorosilicone ☐   Neoprene ☐   Fluorocarbon ☐

Other ☐ _____

	YES	NO
Does the Supplier receive Raw Material Certification?..	☐	☐
Does the Supplier receive Raw Material Test Analysis?	☐	☐

Additional Processes performed On-Site (OS) or Sub-Contracted (SC):

	OS	SC		OS	SC		OS	SC		OS	SC
Abrasive Blasting	☐	☐	Anodizing	☐	☐	Dri-Film/ Micro Seal	☐	☐	Teflon Coating	☐	☐
Grinding	☐	☐	NDI – Penetrant	☐	☐	Passivation	☐	☐	Tool Making	☐	☐
Chem Film	☐	☐	NDI - Radiographic	☐	☐	Vapor Degrease	☐	☐	Deburring	☐	☐
Material Testing	☐	☐	Material Aging	☐	☐	Bonding (Vulcanizing)	☐	☐			

Number of Operators: _____   Number of Certified Operators: _____   Number of Inspectors: _____

Press/Machine Type:

Molding Types	Number of Machines	Tooling Capacity (length, width, thickness)	Avg. Production Rate (pcs./hour)
Compression			
Transfer			
Liquid Injection			

Enter Number of Machines capable of using the following tooling/molds:

Single Cavity ☐ _____   Multi-Cavity ☐ _____

Additional Equipment/Capability: _____

ADDENDUM E - <u>Castings / Forgings</u>

Raw Material Experience

<u>Al. Alloy</u> ☐ Grade (mark all that apply): 2024 ☐   6061 ☐   7075 ☐   Other ☐ _____

<u>CRES</u> ☐ Type (mark all that apply): Martensitic ☐   Austenitic ☐   Other ☐ _____

<u>Alloy Steel</u> ☐ Grade (mark all that apply): 4160 ☐   4340 ☐   Other ☐ _____

<u>Inconel</u> ☐ Grade (mark all that apply): Inconel ☐   Other ☐ _____

Casting Types

Investment ☐ Sand ☐ Other ☐ _____

Forging Types

Hand ☐ Die ☐ Other ☐ _____

Comments: _____

_____

	YES	NO
Does the Supplier receive/provide Raw Material Certification?..	☐	☐
Does the Supplier receive/provide Raw Material Test Analysis?	☐	☐

Additional Processes performed On-Site (OS) or Sub-Contracted (SC):

	OS	SC		OS	SC		OS	SC		OS	SC
Abrasive Blasting	☐	☐	Heat Treatment	☐	☐	Dri-Film/Micro Seal	☐	☐	Teflon Coating	☐	☐
Grinding	☐	☐	NDI – Penetrant	☐	☐	Passivation	☐	☐	Tool Making	☐	☐
Chem Film	☐	☐	NDI - Radiographic	☐	☐	Vapor Degrease	☐	☐	Deburring	☐	☐
Material Testing	☐	☐	Material Aging	☐	☐	Hardness Testing	☐	☐			

Number of Operators: _____   Number of Certified Operators: _____   Number of Inspectors: _____

Press/Machine Type:

Press Size	Number of Machines	Material Capacity (length, width, thickness)	Avg. Production Rate (pcs./hour)
Small (< 10 Ton)			
Medium (10 – 100 Ton)			
Large (> 100 Ton)			

Additional Equipment/Capability: _____

ADDENDUM E - <u>Castings / Forgings</u> *(cont'd.)*

Furnace Type:

Size	Number of Machines	Material Capacity *(length, width, thickness/ number of parts)*	Avg. Production Rate (pcs./hour)
Small			
Medium			
Large			

Additional Equipment/Capability: _____

ADDENDUM F - <u>Special Process</u>

Raw Material Experience

Aluminum Alloys ☐   Copper Alloys ☐   Stainless Steels (CRES) ☐   Alloy Steels ☐
Nickel Alloys ☐   Titanium Alloys ☐

Specify Material Type/Alloy/Temper: _____

_____

_____

	YES	NO
Does the Supplier receive/provide Raw Material Certification?......................................	☐	☐
Does the Supplier receive/provide Raw Material Test Analysis?	☐	☐

Additional Processes performed On-Site (OS) or Sub-Contracted (SC):

	OS	SC		OS	SC		OS	SC		OS	SC
Abrasive Blasting	☐	☐	Anodizing	☐	☐	Cad Plating	☐	☐	Chrome Plating	☐	☐
Black Oxide	☐	☐	NDI – Penetrant	☐	☐	Electroless Nickel	☐	☐	Heat Treating	☐	☐
Chem. Conversion	☐	☐	Painting	☐	☐	Passivation	☐	☐	Powder Coating	☐	☐
NDI - Radiographic	☐	☐	Dip Brazing	☐	☐	Vapor Degrease	☐	☐	Deburring	☐	☐
Welding – GTAW	☐	☐	Brazing	☐	☐	Laser Cutting	☐	☐	Brake Forming	☐	☐
Welding - Resistance	☐	☐	Tool Making	☐	☐	Water Jet Cutting	☐	☐	IVD (Ion Vapor)	☐	☐
Laser Cutting	☐	☐	EDM (Wire)	☐	☐	EDM (Plunge)	☐	☐	Other _____	☐	☐

Number of Operators: _____   Number of Certified Operators: _____   Number of Inspectors: _____

Process Equipment:

Equipment Type	Number of Machines	Tooling Capacity *(length, width, thickness, number of parts)*	Avg. Production Rate **(pcs./hour)**
Plating Tanks			
Processing Tanks			
Rinse Tanks			
Paint/Spray Booths			
Ovens/Furnaces			

Additional Equipment/Capability: _____