

13626 Talc Street
 Santa Fe Springs, CA 90670
 Phone: 562-407-3200
 Fax: 562-407-3202
 Email: ptb@ptbinc.com

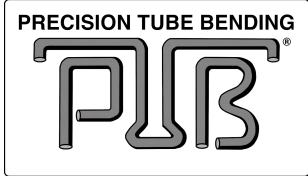
SUPPLIER SURVEY

Supplier		Attention:
Address		Initial/Pre-award Survey <input type="checkbox"/>
City, ST Zip.		Follow-up Survey <input type="checkbox"/>
Phone No.		Supplier Number

Process or Product			
Quality Assurance Manager	E-mail Address	Mgr. Reports to (Name & Title)	
Years in Business	Government Work (%)	Commercial (%)	
Number of buildings? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More <input type="checkbox"/>	Size (SQ FT)	In good repair? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is manpower adequate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of shifts	Union? Union? If Yes, Which Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total number of personnel	Production	Inspection	Ratio
Quality Assurance Program:	<input type="checkbox"/> Compliant	<input type="checkbox"/> Registered	<input type="checkbox"/> ISO-9001:2015 <input type="checkbox"/> AS9100D
Calibration Program complies with:	ANSI/NCSL Z540-1 Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other	
1) Note Any Customer or NADCAP Approval	2) Note Any Customer or NADCAP Approval	3) FAA Repair Station Number?	
Is Quality Manual written? (Boeing Reqmt) Yes <input type="checkbox"/> No <input type="checkbox"/>	FAI = AS9102 Format Yes <input type="checkbox"/> No <input type="checkbox"/>	Acceptance Stamp (AAM) Controls in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are work instructions documented? Yes <input type="checkbox"/> No <input type="checkbox"/>	PO Notes flowed down to Traveler? Yes <input type="checkbox"/> No <input type="checkbox"/>	FOD / Handling Damage Prevention? Yes <input type="checkbox"/> No <input type="checkbox"/>	

ARE THE FOLLOWING FUNCTIONS ADDRESSED IN THE QSM?			
Leadership Yes <input type="checkbox"/> No <input type="checkbox"/>	Competence Yes <input type="checkbox"/> No <input type="checkbox"/>	Configuration Management Yes <input type="checkbox"/> No <input type="checkbox"/>	Measurement & Inspection Yes <input type="checkbox"/> No <input type="checkbox"/>
Planning – Risk Assessment Yes <input type="checkbox"/> No <input type="checkbox"/>	Awareness / Ethics Yes <input type="checkbox"/> No <input type="checkbox"/>	Counterfeit Parts / Prod Safety Yes <input type="checkbox"/> No <input type="checkbox"/>	Customer Satisfaction Yes <input type="checkbox"/> No <input type="checkbox"/>
Support – Monitoring & Meas. Yes <input type="checkbox"/> No <input type="checkbox"/>	Communication Yes <input type="checkbox"/> No <input type="checkbox"/>	Control of External Providers Yes <input type="checkbox"/> No <input type="checkbox"/>	Internal Audits Yes <input type="checkbox"/> No <input type="checkbox"/>
Calibration Yes <input type="checkbox"/> No <input type="checkbox"/>	Documented Information Yes <input type="checkbox"/> No <input type="checkbox"/>	Control of Equipm't & Software Yes <input type="checkbox"/> No <input type="checkbox"/>	Nonconformity & RCCA Yes <input type="checkbox"/> No <input type="checkbox"/>
Organizational Knowledge Yes <input type="checkbox"/> No <input type="checkbox"/>	Operational Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	Identification & Traceability Yes <input type="checkbox"/> No <input type="checkbox"/>	FOD, Handling & Delivery Yes <input type="checkbox"/> No <input type="checkbox"/>

DOES INSPECTION COVERAGE INCLUDE?



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SUPPLIER SURVEY

Receiving	First Piece	In-Process	Final Assy & Test	Packing & Shipping	Sampling Plan
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Survey Completed by: (Please Sign and Print name)			FOR PRECISION TUBE BENDING USE ONLY		
Please RETURN Completed SUPPLIER SURVEY and Substantiating Documentation to Address Shown Above, within two weeks of September 11, 2017 Attn: Supplier Quality Engineer			Quality Survey Rating		<input type="checkbox"/> Approved
			Quality Performance		<input type="checkbox"/> Conditional
			Delivery Performance		<input type="checkbox"/> Not Approved
			Overall Rating		
			Approval Signature		Date