



SERVICE & SALES, INC.

1853 East 3rd Street
Tempe, AZ 85281
(480) 968 - 9084 x20
(480) 966 - 6980 Fax
www.ssi-mfg.com

DATE: _____

COMPANY NAME: _____

ATTENTION: Quality Assurance Manager

To Our Valued Suppliers / Subcontractors:

As a current or potential Supplier / Subcontractor we ask that you complete the attached “**Request for Subcontractor’s Quality Audit Survey.**” within seven (7) days. Please complete this survey and return it to our facility with applicable attachments, as soon as possible, so we can include or continue to maintain your company on Service & Sales, Inc’s (SSI) approved vendor list. **SSI FAX# (480) 966-6980**

SECTION A - Vendor Information

All suppliers / subcontractors must complete both the “INFORMATION SECTION A” and also other sections below, as applicable:

SECTION B - Vendors requiring SSI Quality Audit (*not covered by sections C or D*)

Custom Subcontractor / New Manufacturer
Supplier / Non-Manufacturer / Dealer / Distributor
Special Processors

**SECTION C - Vendors monitored by other OEMs (*Original Equipment Manufacturers*)
(*currently under regular auditing by other major companies or auditing agencies*)**

Customer Subcontractor / New Manufacturer (**monitored**)
Supplier / Non-Manufacturer / Dealer / Distributor (**monitored**)
Special Processors (**monitored**)

SECTION D - Vendors Currently Under Audits by an ISO Registrar (ISO9001, AS9100, etc.)

Custom Subcontractor/New Manufacturer (**ISO**)
Supplier / Non-Manufacturer / Dealer / Distributor (**ISO**)
Special Processors (**ISO**)

We know that quality services like these require valuable time and effort, but our AS9100 Quality System requires Your System's Information as we look forward to a long and continued business relationship.

Please do not hesitate to contact Greg Lowe, our Chief Inspector, -or- Barry Breitenbucher at 480-968-9084 if there are any questions or you need assistance.

Sincerely,



Barry Breitenbucher
V.P. Quality Assurance

ENCLOSURES: **SSI's SUBCONTRACTOR / SUPPLIER AUDIT SURVEY**
 OTHER (*listed below*)

Service & Sales, Inc.

1853 East Third Street
Tempe, Arizona 85281-2991
phone: (480) 968-9084 x20
fax: (480) 966-6980 <<

AUDIT SURVEY - GENERAL INFORMATION - SECTION A

AUDIT TYPE:

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Quality Survey - Mail-In |
| <input type="checkbox"/> | Quality Survey - On-Site |
| <input type="checkbox"/> | Surveillance |
| <input type="checkbox"/> | Follow-Up |

SUBCONTRACTOR (or SUPPLIER) NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

EMPLOYEE DISTRIBUTION:

TOTAL PERSONNEL: _____ PRODUCTION: _____ QUALITY CONTROL: _____

FACILITY AREA (SQUARE FEET): _____ **YEARS IN BUSINESS:** _____

BUSINESS SIZE: [] SMALL BUSINESS [] SMALL DISADVANTAGED OWNED [] SMALL WOMAN OWNED [] FOREIGN OWNED

DUNS NUMBER: _____ **FEDERAL TAX ID#:** _____

TYPE OF BUSINESS:

- [] **OEM**
Original Equipment Manufacturer
- [] **CUSTOM MANUFACTURER**
Custom Manufacturing - Subcontractor
- [] **SUPPLIER**
Non-Manufacturer, Dealer, Distributor
- [] **FAA Repair Station**
Approved FAA Repair facility

PRINCIPLE PRODUCTS / SERVICES: (describe -or- attach a list of your capabilities, products, services, and/or special processes)

REFERENCE COMPANIES: (list names of other firms doing business with your company):

NOTE: IF APPROVED BY OTHER OEMs (or OTHER AUDITING AGENCIES), COMPLETE SECTION C

FAA APPROVED REPAIR STATIONS

FAA Repair Station Certificate Number: _____
(attach a copy of your FAA Repair Station Certificate)

FAA Approved Alcohol & Drug Screening Program Number: _____ (or copy of letter)

ARE YOU C.A.S.E. COMPLIANT? NO YES (attach copy of C.A.S.E. approval letter)

IS BEING AN APPROVED REPAIR STATION YOUR ONLY BUSINESS? NO YES
IF REPAIR IS YOUR ONLY BUSINESS SKIP SECTION B AT THIS TIME (UNLESS SPECIFICALLY REQUESTED)

NOTICE: As an approved subcontractor or supplier, your facility is subject to FAA Audits if requested.

ISO9000 or AS9000 SERIES (ISO9001, or AS9100, etc.)

ISO9001 AS9100 other: _____ **CERTIFIED?**
(Registrars Name: _____)

ISO/AS SERIES COMPLIANT? NO YES
(Attach a copy of the letter from the agency stating you are compliant with ISO 9001, or AS9100, etc.).

NOTE: IF CURRENTLY ISO and/or AS SERIES CERTIFIED, COMPLETE SECTION D below

CONTACTS:

Quality Assurance: _____

Title: _____

Inspector Name: _____

Title: _____

Material/Control Name: _____

Title: _____

SECTIONS COMPLETED:

(Please check the Sections Completed and Returned to SSI)

SECTION A - General Information - All Subcontractors and Suppliers must complete.

SECTION B - Requiring SSI's Quality Survey (not covered by sections C, D, or E).

SECTION C - Monitored by other OEMs (Original Equipment Manufacturers) or currently under regular auditing by other major companies or auditing agencies.

SECTION D - Currently Under Regular Audits by an ISO and/or AS Series Registrar.

COMPLETED BY:

I hereby declare the information and statements in this audit/survey are to the best of my knowledge true and accurate.

Name: _____
(please Print or Type)

Title: _____

Signature: _____
(Signature Required)

Date: _____

***** END of SECTION A *****

Please mail completed Audit Survey, Section A and other applicable Sections B, C, D or E, with requested attachments and direct inquires to the attention of:

Service & Sales, Inc.

Attn: QA Manager

1853 E. 3rd Street

Tempe, AZ 85281

Phone: 480-968-9084 x17

Fax: 480-966-6980 <<< FAX#

eMail: quality@ssi-mfg.com

SERVICE & SALES, INC.
AUDIT SURVEY

SUPPLIERS, MANUFACTURERS, or SPECIAL PROCESSORS - SECTION B

1. <u>QUALITY CONTROL SYSTEM</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
A. Is there an established quality control program?	_____	_____	_____
B. Does the quality assurance manual describe the complete quality program?	_____	_____	_____
C. Does a manual identify specific persons responsible for various quality functions and programs?			
(1) Quality Program	_____	_____	_____
(2) Inspection	_____	_____	_____
(3) Tool & Test Equipment Calibration	_____	_____	_____
(4) Technical Data Control	_____	_____	_____
(5) Shelf Life Program and Administration	_____	_____	_____
D. Does the manual identify back-up persons for these programs?	_____	_____	_____
E. Is the quality assurance manual current: (Please furnish copy)	_____	_____	_____
F. Is there a roster of:			
(1) Persons that are authorized to perform inspections	_____	_____	_____
(2) A list of inspections they are authorized to perform	_____	_____	_____
G. Is there a self audit program in place?	_____	_____	_____
H. Are self audits documented, including non-compliance corrective actions?	_____	_____	_____
I. Is there an internal audit program in place?	_____	_____	_____
2. <u>INSPECTION</u>			
A. Are inspections conducted by authorized personnel only?	_____	_____	_____
B. Does inspection have access to current specifications necessary to support an acceptable inspection process?	_____	_____	_____
C. Is sampling activity being performed in accordance with ASNI/ASQCZ-1.4 or other acceptable plans?	_____	_____	_____
D. Does inspection function have available all necessary tools, gages, and instruments to inspect the characteristics of the product?	_____	_____	_____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
E. If inspection stamps are used:			
(1) Is adequate control described in the quality manual and is the control being enforced?	_____	_____	_____
(2) Does each stamp have a unique number to identify each inspector?	_____	_____	_____
(3) Is the stamp number permanently retired when the inspector leaves the position?	_____	_____	_____

3. MEASURING AND TESTING EQUIPMENT

A. Is the calibration program detailed in the quality manual?	_____	_____	_____
B. Is there an effective calibration program, including a recall system, in effect?	_____	_____	_____
C. Are all precision tools/instruments, including personal tools, included in the calibration program?	_____	_____	_____
D. Do they bear evidence of calibration?	_____	_____	_____
E. Are precision tools and instruments stored in a manner that will prevent damage or effect calibration?	_____	_____	_____
F. Are the standards calibrated against instruments traceable to the national institute of standards and technology?	_____	_____	_____
G. Is there a current certification for each standard?	_____	_____	_____
H. Is all employee-owned equipment controlled to the same degree as company owned?	_____	_____	_____

4. TECHNICAL DATA

A. Is there a documented system for obtaining technical data and maintaining it up to date?	_____	_____	_____
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NOTE: Technical data includes any documents used to determine that the part complies with OEM requirements. Examples are, but not limited to drawings, manuals, specifications, parts, catalogs and cross reference manuals.

B. Is the appropriate current technical data readily available to personnel that need it?	_____	_____	_____
C. Is there a system to prohibit hand entries or correction to technical data?	_____	_____	_____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
5. <u>RECORDS</u>			
A. Are adequate test and inspection records furnished with each order of parts?	_____	_____	_____
B. Are certifications and test reports being filed as required?	_____	_____	_____
C. Does the supplier's purchase records/sales orders chain of custody lead to a production approval holder (PMA, TSO, PC, TC STC Holder) or manufacturer of standard parts?	_____	_____	_____
D. Is serial number traceability maintained when applicable?	_____	_____	_____
E. Are export certificates of airworthiness obtained for all foreign manufactured parts?	_____	_____	_____
F. Are records protected against damage, alteration, deterioration and loss?	_____	_____	_____
6. <u>SHELF LIFE PROGRAM</u>			
A. Is there a documented shelf life program?	_____	_____	_____
B. Is there a list of shelf life limited material and parts and their limits?	_____	_____	_____
C. Can the shelf life limited and status be readily identified on applicable material, parts and assemblies?	_____	_____	_____
7. <u>TRAINING</u>			
A. Are personnel properly trained for the functions they are to perform?	_____	_____	_____
B. Are training records maintained on all applicable personnel?	_____	_____	_____
C. Is inspection authorization criteria identified in the distributor's manual?	_____	_____	_____
8. <u>PROCUREMENT</u>			
A. Is purchased material routed to receiving inspection?	_____	_____	_____
B. Is control maintained over procurement sources?	_____	_____	_____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
8. <u>PROCUREMENTS - CONT'</u>			
C. Is there a list of suppliers from whom you procure part/materials/ services?	_____	_____	_____
D. Is there a system to approve suppliers?	_____	_____	_____
E. Is there a system to monitor rejects?	_____	_____	_____
9. <u>MATERIAL CONTROL</u>			
A. Are parts/Materials properly stored?	_____	_____	_____
B. Is material protected from damage, deterioration, loss or substitution?	_____	_____	_____
C. Is there evidence of proper action taken on non-conforming materials and are records retained?	_____	_____	_____
D. Is there a system for material review and rejection?	_____	_____	_____
E. Has a secured area been set aside for storage of non-conforming or questionable material?	_____	_____	_____
F. Do you maintain traceability and total batch/lot segregation and are records kept on the distribution of those parts?	_____	_____	_____
G. Is there a system to identify parts source?	_____	_____	_____
H. Do you follow acceptable packaging and preservation procedures when not specified by your customer?	_____	_____	_____
I. Do you use ATA 300 packaging or customer's specified packaging when appropriate?	_____	_____	_____
J. Are parts/materials properly identified?	_____	_____	_____
K. Are parts which are susceptible to electrostatic discharge damage properly packaged handled and stored?	_____	_____	_____
10. <u>HOUSING FACILITIES</u>			
A. Is ventilation, lighting, temperature, and humidity control adequate?	_____	_____	_____
B. Are good housekeeping practices being maintained?	_____	_____	_____

YES NO N/A

11. GENERAL

A. Are you seeking ISO , AS, and/or NADCAP registration? _____

If yes, to what standard? _____

B. Records are maintained and stored for a period of _____ years.

C. Calibration program conforms to what standard (example:
ISO 10012-1, etc)? _____

***** END of SECTION B *****

SERVICE & SALES, INC.
AUDIT SURVEY

**SUPPLIERS, MANUFACTURERS, or SPECIAL PROCESSORS MONITORED
BY OTHER OEMs or OTHER AUDIT AGENCIES - SECTION C**

This SECTION C is to be completed **only** if your company is **currently monitored by other OEMs** (Original Equipment Manufacturers), **or other auditing agencies** under their quality system requirements. Service & Sales Inc. “may” accept their monitoring as listed below, or request a mail-in (or on-site audit) to obtain information about your quality system. Please only list audit agencies or major OEMs established in their industry and have quality requirements equal to ISO9001, or AS9100 (example: if you are a current approved subcontractor / supplier to **Allied Signal Companies, Boeing, or NADCAP**, etc.).

Note: If you are ISO or AS Series Certified you may skip this section and complete SECTION D instead.

APPROVAL BY OTHER OEM COMPANIES

(you must provide at least one company that you are an approved vendor and **regularly audits your quality system**. Additional companies can be provided by copying this page and assigning a different company reference number for each)

YOUR COMPANY REFERENCE NUMBER: _____

Name: _____

Address: _____

YOUR COMPANY IS CLASSIFIED BY THIS COMPANY AS: (please check all that apply)

- Manufacturer / Subcontractor**
- Supplier Only (Distributor / Dealer / Raw Material, etc. Supplier / Non-Manufacturer)**
- Special Controlled Processor**

IS YOUR COMPANY CURRENTLY AN APPROVED VENDOR FOR THIS COMPANY?

- NO** **YES**

PLEASE ATTACH PROOF OF APPROVAL TO THIS SECTION C:

Examples of proof that another company, OEM, or auditing agency are:

*current **vendor approval list** showing your company name*

*current “**Quality Rating Report**” by the company containing your company name*

letter** or other document stating your company **is an approved vendor

*copy of a **recent purchase order** (of course the price blanked out)*

NO PROOF IS ATTACHED **YES PROOF IS ATTACHED**

***** END of SECTION C *****

SERVICE & SALES, INC.
AUDIT SURVEY

**SUPPLIERS, MANUFACTURERS, or SPECIAL PROCESSORS
ISO9001, AS9100, and/or NADCAP CERTIFIED - SECTION D**

This SECTION D is to be completed **only** if your company is **currently certified by an ISO Registrar**. *Service & Sales Inc. will accept a copy of your certification to obtain information about your quality system.*

APPROVAL BY ISO REGISTRAR:

CERTIFIED UNDER:

ISO9001

AS9100

Other ISO or AS Series Standard *(please describe here)*

NADCAP Series Standard *(please describe your NADCAP process approval here)*

PLEASE ATTACH PROOF OF ISO APPROVAL TO THIS SECTION D:

(please attach a copy of your current ISO Certificate)

“NO” PROOF IS “NOT” ATTACHED

“YES” PROOF IS ATTACHED

***** END of SECTION D *****

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Survey / Audit Approval Report

FOR SERVICE & SALES USE ONLY

SSI Vendor Code: _____

Vendor Name: _____

Summary:

	Approved Vendor	Add to SSI Approved Vendor List
	Not Approved	Capable with improvement
	Not Approved	Major effort required

IMPORTANT NOTE: The approved "SCOPE" of SUBCONTRACTOR'S or SUPPLIER'S APPROVAL is to be listed in the SSI Customer Vendor Database (CVD).

Summary Notes:

Surveyed by: _____ **Date:** _____

QC Approved by: _____ **Date:** _____

Entered into SSI's Vendor Database by: _____

*** END ***