

**SUPPLIER** 

SUPPLIER NAME:		DATE:
EMAIL:	PHONE:	FAX:
ADDRESS:	CITY/STATE:	ZIPCODE:

The attached questionnaire is to be completed and forwarded together with any additional information to:

## KLUNE INDUSTRIES INCORPORATED ATTN: PROCUREMENT QUALITY 1800 NORTH 300 WEST SPANISH FORK, UTAH 84660

The questionnaire is based on Military, NASA, and Klune Quality System requirements. Approval status shall be based upon an analysis of the completed questionnaire and, in some cases, an on site survey.

Quality system questions, if any, may be discussed by the supplier and Klune Industries, Inc. (KII) after the returned questionnaire is reviewed by KII Quality Assurance.

Prior to any contemplated on site survey, a mutually convenient schedule for the survey will be established.

Your cooperation and assistance will be greatly appreciated.

# IF YOU ARE NADCAP / AS9100 / ISO9001 APPROVED, PLEASE CHECK THIS BOX AND SUBMIT THIS PAGE *WITH A COPY OF YOUR CERTIFICATE.* DO NOT COMPLETE THE BALANCE OF THE SURVEY.

### FOR KLUNE INDUSTRIES INCORPORATED USE ONLY

REVIEW OF PRODUCT ALERTS - RESULTS:	
AUDIT APPROVAL BY:	DATE:
APPROVAL PERIODS - FROMTO	VENDOR CODE:
REMARKS:	

HOW I	LONG HAS YOUR COMPANY BEEN IN BUSINES	SS?		
1. UNDER PRESENT NAME?2. UNDER PRESENT MANAGEMENT				
3. UNDER PRESENT QA MANAGEMENT?4. UNDER PRESENT PRODUCTION MANAGEMENT				
QUEST	TIONNAIRE COMPLETED BY:			
NAME	TITLE	SIGNATURE		
<u>SECTI</u>	<u>ON A</u>		YES	NO
1.	DO YOU HAVE A COMPANY AND QUALITY DEPARTMENT	NT ORGANIZATIONAL CHART?		
2.	DO YOU HAVE A QUALITY MANUAL AND/OR PUBLISHE	ED DIRECTIVES?		
3.	DO YOU MAINTAIN A LIST OF MEASURING/TEST EQUIP	MENT?		
4.	DO YOU HAVE PUBLISHED WORKMANSHIP STANDARD	S?		
<u>SECTI</u>	<u>ON B</u>			
1.	RESPONSIBLE PARTY FOR:			
	QUALITY CONTROL	TITLE		
	REPORTS TO:	TITLE		
2.	RESPONSIBLE PARTY FOR:			
	MANUFACTURING	TITLE		
	REPORTS TO:	TITLE		
3.	TOTAL SQ. FT. MFG. AREA	TOTAL NUMBER OF P	ERSONNEL	
	NUMBER EMPLOYEES ASSIGNED QUALITY I	RESPONSIBILITIES		

\*\*\*All items marked as NO or N/A (Not Applicable) must be briefly justified in that all items within this survey are pertinent in determining supplier approval status. (Use an attached sheet if needed)\*\*\*

### SECTION C

- 1. IS YOUR COMPANY RECEPTIVE TO AN ONSITE SURVEY CONFIRMING AND ELABORATION ON THIS QUESTIONNAIRE? YES NO
- 2. IS YOUR COMPANY RECEPTIVE TO KII SOURCE INSPECTION AND/OR SURVEILLANCE? YES\_\_\_\_\_NO\_\_\_\_\_

NOTE: IF THE ANSWER TO 1 OR 2 IS NO, PLEASE EXPLAIN.

3. IS YOUR FACILITY UNDER GOVERNMENT QA COGNIZANCE?

a) YES\_\_\_\_\_NO\_\_\_\_

b) NAME OF GOVERNMENT AGENCY\_\_\_\_\_

c) IF UNDER GOVERNMENT SURVEILLANCE IS REPRESENTATIVE: RESIDENT\_\_\_\_\_\_NON-RESIDENT\_\_\_\_\_\_

4. WHAT PERCENTAGE OF YOUR WORK IS FOR THE GOVERNMENT? \_\_\_\_\_(approx)

5. PLEASE IDENTIFY BELOW THE SPECIFICATIONS YOU FEEL YOUR CURRENT PROCEDURES ARE BASED ON:

- 1. AS9100 \_\_\_\_\_
- 2. ISO 9001\_\_\_\_\_
- 3. OTHER (Identify)
- 6. WHAT ARE YOUR PRINCIPLE PRODUCTS?

### 7. LIST SOME OF YOUR MAJOR CUSTOMERS.

8. COMMENTS/REMARKS:

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#### SECTION D

#### 1.0 QUALITY PROGRAM MANAGEMENT

A.	ORGA	ANIZATION	YES	NO	N/A
	1.	Do you have a quality control system which is implemented with supporting documentation? e.g., a Quality Manual, Inspection/Test Procedures, etc.			
	2.	Are quality functions and activities identified?			
	3.	Do personnel performing quality functions have sufficiently well defined responsibility, authority and organizational freedom to: (Both the following must be answered "yes" to enter "yes" for 3).			
		a. Identify and evaluate quality problems?YESNOb. Initiate, recommend or provide solutions?YESNO			
	4.	Do you conduct audits of personnel, procedures and operations which implement the quality program?			
B.	INITI	AL QUALITY PLANNING			
	1.	Are contract reviewed to identify and make timely provisions for special or unusual requirements?			
C.	WOR	K INSTRUCTIONS			
	1.	Are detailed instructions used for all operations which affect quality?			
	2.	Are instructions reviewed by quality for: (All three of the following must be answered "yes" to enter "yes" for 2).			
		a. Accuracy?YESNOb. Completeness?YESNOc. Worker compliance?YESNO			
D.	RECO	DRDS			
	1.	Are current, complete and accurate records of quality activities on file and maintained?			
	2.	Do inspection and test records indicate the: (All four of the following must be answered "yes" to enter "yes" for 2).			
		a. Nature and number of observations made?YESNOb. Number and types of deficiencies found?YESNOc. Quantities approved and rejected?YESNOd. Nature of corrective action?YESNO			

\*\*\*All items marked as NO or N/A (Not Applicable) must be briefly justified in that all items within this survey are pertinent in determining supplier approval status. (Use an attached sheet if needed)\*\*\*

D.	RECORDS (cont	)	YES	NO	N/A
	3.	Do you feel that management's actions reflect the use of your quality records, data, and analysis?		. <u> </u>	
E.	CORRECTIVE A	ACTION			
	1.	Does corrective action extent to purchased parts?			
	2.	Is product examination conducted on scrap and rework to determine the extent and cause of defects?		. <u> </u>	
	3.	Is the effectiveness of corrective action reviewed?			
	4.	Are analysis made to identify trends toward product deficiencies?			
F.	COSTS RELATE	ED TO QUALITY			
	1.	Is quality cost data collected and used as a management tool to			
	2	prevent or correct unfavorable trends and minimize total expenditures?			
	2.	Does management know and understand how the cost of scrap and rework compares to the cost of preventing scrap and rework?			
2.0	FACILITIES AN	ND STANDARDS			
A.		O CHANGE CONTROL			
	1.	Are the latest applicable engineering drawings, specification and instructions available at the time and place of inspection?		- <u> </u>	
	2.	Are there written procedures describing change control?			
	3.	Do your records show the effectivity of change incorporation?			
	4.	Do your procedures ensure the current levels, completeness and engineering adequacy in your drawings?			
	5.	Do you have a procedure for verifying the conversion of customer requirements into your internal instructions?			
	6.	Are obsolete drawings removed from operating areas?		- <u> </u>	
	7.	Are there procedures for processing change proposals that require government and/or customer approval?			
	8.	Is there sufficient documentation to produce articles in conformance with design and engineering requirements?			

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B.	MEAS	SURING AND TEST EQUIPMENT	YES	NO	N/A
	1.	Is your specialized test equipment that is used for acceptance purposes in calibration?			
	2.	Are the necessary gages and test equipment available?			·
	3.	Is the test and measuring equipment properly maintained?			·
	4.	Does your calibration system comply with the requirements of ISO-10012 and/or ANSI-Z540?			·
	5.	Are your measurement standards certified and traceable to NIST?			·
	6.	Does your M&TE control system prevent the use of inaccurate equipment?			·
	7.	Do you require your subcontractors to have a system which ensures the accuracy of their test and measuring equipment?			
	7.	Is your measuring and test equipment used for acceptance purposes identified to indicate the date of last calibration, by whom, and date when next calibration is due?			
	9.	Are approved test procedures and/or equipment technical manuals used for the calibration of test equipment?			
C.	PROE	DUCTION TOOLING USED AS A MEDIA OF INSPECTION			
	1.	Is all tooling, used as inspection equipment, proven for accuracy prior to use?			·
	2.	Is such tooling re-inspected at established intervals and is the inspection as frequent as needed to ensure adequacy?			
D.	ADV	ANCED METROLOGY REQUIREMENTS			
	1.	Are requests for proposals and/or contracts reviewed by Quality Assurance personnel to identify unusual precision measurement requirements?			
	2.	Do your procedures ensure timely identification and review of any precision measurement needs that exceed the known "State of the Art"?			·

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### 3.0 CONTROL OF PURCHASES

A.	RESPON	ISIBILITY	YES	NO	N/A
	1.	Is the criteria for supplier selection based on past record of performance?			
	2.	Are quality surveys performed?			
	3.	Is source inspection utilized as a means of ensuring product quality?			
	4.	Can you show objective evidence that all parts and material are purchased from original manufacturers, authorized distributors and/or approved subcontractors? (Attach sheets if needed)			
	5.	Do you have a supplier quality rating system?			
B.	PURCHA	ASING DATA			
	1.	Do your purchasing documents contain a complete description of the supplies ordered, including by statement, a reference of all requirements for manufacturing, inspection, testing and packaging?			
	2.	Do you maintain control of any design changes which may be required of your subcontractors?			
	3.	Do you screen all your purchase orders for inclusion of applicable requirements?			
	4.	Do you require your suppliers to implement a quality effort?			
4.0	MANUF	ACTURING CONTROLS			
A.	MATER	IAL CONTROL			
	1.	Are all materials and/or supplies inspected upon receipt to assure technical conformity?			
	2.	Are raw materials inspected for conformance to the applicable physical, chemical and technical requirements using laboratory analysis?			
	3.	Do you require your supply sources to exercise an equivalent control of raw material?			
	4.	Do you have controls to prevent the use of nonconforming raw materials?			

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B.	PROD	DUCTION PROCESSING AND FABRICATION	YES	NO	N/A	
	1.	Are production operations accomplished under controlled conditions?				_
	2.	Have criteria for approval and rejection been provided for product inspections and for monitoring of methods, equipment and personnel?				
	3.	Do you control the processing environment to the degree necessary of certification, inspection, authorization and monitoring for specialized and complex processing?				
	4.	Is adequate criteria provided for significant accept or reject decisions?				-
	5.	Do you maintain a system for certification of processes such as soldering, welding, NDT, etc.?				
C.	COMI	PLETED ITEM INSPECTION AND TESTING				
	1.	Are completed items given a final inspection and/or test?				-
	2.	Does the final test adequately simulate product capability?				-
	3.	Is re-inspection and retest performed on all items which have been reworked, repaired or modified after initial product testing? Is this documented?				-
D.	HANI	DLING, STORAGE AND DELIVERY				
	1.	Are there adequate work and inspection instructions for the handling, storage and delivery of material?				
	2.	Are items with a limited shelf life controlled and identified?				-
	3.	Are all items which can deteriorate or corrode properly cleaned and preserved prior to storage?			<u></u>	_
	4.	Does all material to be stored show evidence of inspection?				-
	5.	Do you have a system for control of static sensitive devices?				-
E.	NONC	CONFORMING MATERIAL				
	1.	Is discrepant material promptly and adequately identified and separated from normal work operations?				
	2.	Are adequate holding areas available and used for nonconforming material?				-
	3.	Are written procedures used for rework, repair and disposition of nonconforming material?				
	4.	Are there written procedures for controlling nonconforming material and supplies?				-

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F.	INDI	CATIONS OF INSPECTION STATUS	YES	NO	N/A
	1.	Are inspection stamps or other control devices used and controlled and are they distinctly different from Government and/or Customer inspection identification?			
	2.	Is the identification and inspection status of each article maintained from the time of receipt of the material until delivery to the customer?			
G.	STAT	ISTICAL PROCESS CONTROL			
	1.	Do personnel have instructions for performing sampling inspection?			
	2.	If sampling is authorized by the buyer and used, will sampling plans meet the requirements of Military Standards such as MIL-STD-105, MIL-STD-414 or ANSIASQC Z 1.4?			
	3.	Is your sampling inspection adjusted on a basis of inspection/test results?			
H.	FORE	EIGN OBJECT DEBRIS (FOD) PROGRAM.			
	1.	Is there a documented procedure to ensure work is accomplished in a manner, to prevent foreign objects or material in deliverable items?			
	2.	Does your documented procedure maintain material handling, parts protection, work area housekeeping, tool accountability, hardware accountability, parts and materials in a manner sufficient to preclude the risk of FOD incidents?			
5.0	NOT	ES AND COMMENTS:			

SURVEYOR SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_