 3066 South Hoover Road

 Wichita, KS 67215-1219

Phone: 316-942-6984

Email: hrparts@hrpartsco.com

SUPPLIER QUALITY SURVEY

The information you provide on this survey is required for evaluation and establishment or renewal of your Company as an approved supplier to H&R Parts Co., Inc. **REQUIRED RESPONSE – WITHIN 7 DAYS OF RECEIPT.**

**\*\*\*RETURN TO EMAIL:** **hrparts@hrpartsco.com**

|  |  |
| --- | --- |
| **SURVEY TYPE** | [ ] **Self-Survey** [ ] **On-Site Audit-Date:** |
| **Company Name** |  |
| Main Address |  |
| City, State, Postal Code |  |
| MAIN PHONE# |  |
| MAIN FAX# |  |
| COMPANY WEBSITE |  |
| General Manager Name |  |
| Total # Employees (facility supplying to HRP) |  |
| # Production Employees (if applies) |  |
| # Quality Personnel |  |
| Total SqFt Manufacturing area (If applies) |  |
| # Years in Business / Incorporation date |  |
| Parent Company (if applies) |  |
| Head of Quality (NAME & TITLE) |  |
| PH & FAX# |  |
| EMAIL |  |
| Other Quality contact (NAME & TITLE) |  |
| PH & FAX# |  |
| EMAIL |  |
| Engineering / Planning contact (NAME & TITLE) |  |
| PH & FAX# |  |
| EMAIL |  |

**PLEASE LIST OR ATTACH MANUFACTURING CAPABILITIES (if applies)**

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**QUALITY SYSTEM INFORMATION**

|  |  |
| --- | --- |
| List Quality Standard your system is auditable to: |  |
| Is your Company 3rd party certified? / Date of expiration: |  |

**\*\*If (yes) to 3rd party certificate and is currently valid, provide a copy of the certification and send with PG 1-2 only.**

|  |  |
| --- | --- |
| **Completed by:** | **Date:** |
| **RESULT OF SURVEY (for H&R Parts USE ONLY)** |
| **APPROVAL DATE** |  | **CONDITIONAL** **APPROVAL DATE** |  | **REVOKE APPROVAL** |  |
| **CURRENT REVIEW DATE** |  | **NEXT SURVEY DUE DATE** |  |  |

**TYPE OF BUSINESS AND INSTRUCTIONS**

|  |  |  |
| --- | --- | --- |
| TYPE | DEFINITION | INSTRUCTIONS |
| ***CALIBRATION*** | Certifier of precision measurement tooling/gages. | Complete Section C |
| ***DISTRIBUTOR*** | Supplier/Certifier of products as they pass through no value added work. | Complete Section C |
| ***RAW MATERIAL PROVIDER*** | Supplier of aircraft materials from manufacturers with certificate of conformance. | Complete Section C |
| ***MANUFACTURER*** | Organization that uses machines, tools, labor to produce good for use or sale. | Complete Section A THRU C |
| ***SPECIAL PROCESS PROVIDERS*** | Provider of service/processes that generate outputs that cannot be measured, monitored, or verified until the results of products have been delivered.  | Complete Section A THRU C |
| ***MATERIAL TESTING*** | Organization that performs physical/chemical properties testing | Complete Section A THRU C |
| ***ALL OTHER TYPES*** |  | Complete Section A THRU C |

**(SECTION A) SPECIAL PROCESSES PERFORMED IN-HOUSE APPROVALS**

|  |  |  |  |
| --- | --- | --- | --- |
| PROCESS | SPECIFICATIONS | APPROVALS | EXPIRATION DATE (if applies) |
| Chemical Process |  |  |  |
|  |  |  |  |
| Coatings |  |  |  |
|  |  |  |  |
| Heat treating |  |  |  |
|  |  |  |  |
| Non-Destructive Test |  |  |  |
|  |  |  |  |
| Welding |  |  |  |
|  |  |  |  |
| OTHER |  |  |  |

\*\*\*May attach Company listing if all above information is included.

**(SECTION B) SPECIAL PROCESSES THAT ARE SUBCONTRACTED**

If special processes are subcontracted for H&R Part’s orders, please provide a description of your approval process for the subcontractors and list those processes and subcontractors that are approved for the processes at this time.

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| --- |
| **DESCRIPTION** |
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|  |
| **SPECIAL PROCESS** | **SUBCONTRACTORS** |
|  |  |
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|  |  |

**(SECTION C) QUALITY SYSTEM *(only required if not AS9100 or ISO certified)***

**QUALITY SYSTEM Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | Do you have a quality manual? List lated revision date: |  |  |  |
| **2** | Is your QA Manual readily available to employees? |  |  |  |
| **3** | Is there an organizational chart that clearly defines your organization? |  |  |  |

**TRAINING Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4** | Do you have a training program that ensures all personnel are qualified for the tasks they are assigned? |  |  |  |
| **5** | Do you maintain records of training certificate, on the job training, and formal classroom training? List record retention time: |  |  |  |

**TECHNICAL DATA AND DOCUMENT CONTROL Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6** | Is technical data such as OEM data, drawings, and process specifications readily available to operators? |  |  |  |
| **7** | Do you maintain a system for controlling drawings, specifications, etc.? |  |  |  |
| **8** | Does the system notify applicable personnel when revisions occur? |  |  |  |
| **9** | Is your document control system checked at intervals to ensure compliant? |  |  |  |

**CONTRACT REVIEW Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10** | Do you maintain a system/process to ensure contract/purchase order requirements are identified and can be met prior to acceptance? |  |  |  |
| **11** | Is there a procedure that confirms contract revisions are communicated throughout? |  |  |  |

**PURCHASING Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **12** | Does the Quality personnel have access to Customer purchase orders? |  |  |  |
| **13** | Do purchase orders clearly flow and define requirements to include quality requirements, drawing, specifications, revision levels? |  |  |  |
| **14** | Do you maintain a process for monitoring vendor performance? |  |  |  |
| **15** | Do you maintain a system for vendor corrective action? |  |  |  |
| **16** | Are you PO revision levels controlled? |  |  |  |

**PRODUCT IDENTIFICATION / TRACEABILITY Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **17** | Are material and product identification maintained from receipt through delivery? |  |  |  |
| **18** | Is the inspection status of products identified during processing? |  |  |  |

**PROCESS CONTROL Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **19** | Do internal work instructions provide detailed, sequential steps including inspection points? |  |  |  |
| **20** | Is there a system in place to prevent unauthorized changes? |  |  |  |
| **21** | Does all personnel performing work identify via stamp and/or signature and date? |  |  |  |
| **22** | Do work instructions and data indicate the drawing and or spec revision levels? |  |  |  |

**TOOLING CONTROL Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **23** | Is tooling properly identified, stored, and controlled to prevent damage/misuse? |  |  |  |
| **24** | Are inspection tools periodically inspected and status of them documented? |  |  |  |
| **25** | Are any calibration intervals more than 12 months? |  |  |  |
| **26** | Do you maintain records of tooling ownership? |  |  |  |

**STAMP CONTROL Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **27** | Is there an inspection stamp control system in place? |  |  |  |
| **28** | Is there a documented procedure to control stamp usage and assignment? |  |  |  |

**RECEIVING INSPECTION Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **29** | Does a process exist for inspection of purchased parts and materials vs PO rqmnts? |  |  |  |
| **30** | Are raw materials periodically tested to validate certificates of conformance and/or certificates of analysis? |  |  |  |
| **31** | Are acceptance criteria defined for all inspections and tests performed if required? |  |  |  |
| **32** | If an acceptance sampling plan is used, list the standard:  |  |  |  |

**CONTROL OF NONCONFORMING PRODUCT AND CORRECTIVE ACTION Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **33** | Is a process in place to maintain nonconforming material is properly identified, segregated, and record kept of the dispositions? |  |  |  |
| **34** | Are items that receive rework or repair re-inspected to the original criteria? |  |  |  |
| **35** | Is a process in place for corrective action and identifying the root cause? |  |  |  |

**MATERIAL HANDLING AND STORAGE Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **36** | Are materials stored to protect from damage, loss, deterioration, and unauthorized release? |  |  |  |
| **37** | Is there a process used to control limited life materials? |  |  |  |
| **38** | Are controls maintained that minimize risk of damage/deterioration during packaging, production, and transport or shipping?  |  |  |  |

**CALIBRATION Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **39** | Is a system in place to verify all measuring tools and equipment used for product acceptance are calibrated in intervals? |  |  |  |
| **40** | Are calibration standards traceable to acceptable national standards? (NIST or equiv) |  |  |  |
| **41** | Are calibration records kept on file? List retention time: |  |  |  |
| **42** | Is a system in place for identifying measuring devices found out of tolerance and ability to trace products the device was used on? |  |  |  |
| **43** | Are each precision measuring device identified with a unique trace number? |  |  |  |
| **44** | Are personnel trained to verify all measuring and test equipment have current calibration status prior to use? |  |  |  |
| **45** | Is the calibration system audited at intervals to ensure compliance of the system? |  |  |  |

**FACILITIES AND SAFETY Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **46** | Is the facility sufficient to protect parts from damage or loss caused by weather, theft, or other deterioration or damage? |  |  |  |
| **47** | Are fire extinguishers in serviceable condition and periodically inspected? |  |  |  |
| **48** | Are first aid kits and eyewash stations clearing identified and easily accessible? |  |  |  |
| **49** | Is the facility kept clean and organized, relative to your industry? |  |  |  |

**RECORDS Y N NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **50** | Are inspection records including traceability maintained? |  |  |  |
| **51** | List retention time for (work orders, travelers, traceability documents, certification of conformances, etc) |  |

This survey must be filled out completely prior to return. You may attach additional quality assurance documentation if applicable. As an approved supplier to H&R Parts, named below, confirms that all answers are true and correct. It is also understood that this survey does not displace the possibility of an in-house audit occurrence.

**NAME&TITLE: DATE:**

**Return via: Email:** **hrparts@hrpartsco.com**

**Fax: 316-942-6984**

**Mail: 3066 South Hoover Rd, Wichita, KS 67215 – Attn: Quality Dept.**

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