



**• ENGINEERING • MANUFACTURING**  
 AIRCRAFT CONTROL PULLEYS / BUS BARS / CUSTOM MOLDING / PRECISION  
 MACHINING TERMINAL BLOCKS / AN, MS, NAS HARDWARE

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### Quality System Questionnaire

**Section 1**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Quality Organization:	Name	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section 2**

*Please complete the following questionnaire as accurately as possible. We are in the process of approving you as a potential supplier of products or services and need the information to make our final decision. Your response is needed within 30 days. THANK YOU.*

*Check the appropriate blocks:*

- Manufacturer       Distributor       Special Process Facility

Major Products: \_\_\_\_\_

Primary Customer base:  Aerospace       Commercial

Number of Employees: \_\_\_\_\_ Number of QA personnel: \_\_\_\_\_

Size of Facility: \_\_\_\_\_ (sq. ft.) Mfg Space: \_\_\_\_\_ (sq. ft.)

If affiliate/subsidiary/division, please state parent company: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3**

**QA SYSTEM :**     AS9100     ISO9001     MIL-I-45208     D6-82479(BOEING)  
 OTHER: \_\_\_\_\_

*If quality system is certified please provide a copy of your certificate:  
 Skip section 4 go to section 5.*

## Quality System Questionnaire

<i>Section 4</i>			
	1). Do you have an independent quality organization?	Y	N
	2). Do you have a documented quality system?	Y	N
	3). Do you have a formal supplier evaluation process?	Y	N
	4). Do you monitor your supplier's performance?	Y	N
	5). Do you allow customers to perform quality audit's of your facility/processes?	Y	N
	6). Do you have a documented corrective action process?	Y	N
	7). Do you have a customer complaint Process?	Y	N
	8). Do you have a documented nonconforming material control process?	Y	N
	9). Do you perform in-process inspection/verification?	Y	N
	10). Do you perform final inspection/testing prior to delivery?	Y	N
	11). Do you have secure parts/hardware storage areas?	Y	N
	12). Do you periodically calibrate test/measuring equipment?	Y	N
	13). Do you retain records of quality activities? If yes how long: _____	Y	N
	14). Do you perform internal audits?	Y	N
	15). Do you have an employee training program?	Y	N
	16). Do you use techniques or inspection sampling?	Y	N
	17). Do you have a quality manual that is periodically reviewed and updated? Current rev. level: _____ Date: _____	Y	N

<i>Section 5</i>	
Survey completed by: _____ E-mail: _____	
Title: _____ Phone Number: _____ Date: _____	

<i>Section 6</i>	<b>ARVAN PERSONNEL USE ONLY</b>
Accepted By: _____ Date: _____	
Rejected By: _____ Date: _____	
Comments: _____ _____	