

SUB-CONTRACTOR/MANUFACTURER QUALITY SURVEY

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE NO: _____ FAX NO: _____

EMAIL: _____

NAME OF QUALITY MANAGER: _____

NAME OF GENERAL MANAGER: _____

TOTAL NUMBER OF EMPLOYEES: _____

PRODUCTION: _____

QUALITY: _____

THE QUALITY SYSTEM IS APPROVED TO:

AS-9100 _____, ISO-9000 _____, 1-9000 _____, D6-82479 _____, NADCAP _____,

OTHER _____

IF YES, PLEASE PROVIDE COPIES OF CERTIFICATIONS

IS YOUR COMPANY ITAR COMPLIANT? YES _____ NO _____

IS YOUR COMPANY COMPLIANT WITH THE "CONFLICT FREE SMELTER (CFS)" PROGRAM IN ACCORDANCE WITH THE DODD FRANK ACT OF 2010? YES _____ NO _____ N/A _____

LIST OF CUSTOMERS THAT HAVE APPROVED THE QUALITY MANUAL:

LIST ANY SPECIAL PROCESSES PERFORMED BY THIS FACILITY:

1. IS THE QUALITY MANUAL APPROVED BY MANAGEMENT AND ARE SIGNATURES OF MANAGEMENT APPROVALS AFFIXED? YES _____ NO _____

2. DOES THE QUALITY DEPARTMENT HAVE THE AUTHORITY AND STATURE TO RESOLVE PROBLEMS EFFECTIVELY? YES _____ NO _____

3. ARE CONTRACTS AND PURCHASE ORDERS REVIEWED BY THE QUALITY DEPARTMENT TO ENSURE COMPLIANCE TO CUSTOMER REQUIREMENTS? YES _____ NO _____

4. DO YOU HAVE SPC CAPABILITY? YES _____ NO _____

5. ARE YOU CURRENTLY USING SPC? YES _____ NO _____

6. AREAS COVERED BY THE SUPPLIER'S QUALITY MANUAL AND PROCEDURES:

____ ORGANIZATION AND DUTIES

____ PROCESSOR APPROVAL

____ PROCUREMENT

____ RECEIVING INSPECTION

____ INSPECTION RECORD CONTROL

____ FIRST ARTICLE INSPECTION

____ MANUFACTURING AND PLANNING

____ FINAL INSPECTION

____ MATERIAL CONTROL

____ NON-CONFORMING MATERIAL

____ STORAGE AND STOCK CONTROL

____ MATERIAL REVIEW BOARD

____ CORRECTIVE ACTION PROCEDURES

7. THE CALIBRATION SYSTEM IS BASED UPON THE FOLLOWING SPECIFICATIONS:

____ ISO/IEC-17025-2005 ____ ANSI/ASQC Z540.1, ____ ISO10012-1, OTHER ____ (DESCRIBE):

8. CALIBRATION OF MEASURING AND TEST EQUIPMENT IS PERFORMED BY:

A. OUTSIDE GAGE LAB: _____

B. IN PLANT QUALITY DEPARTMENT: _____

C. OTHER (DESCRIBE): _____

9. DOES YOUR COMPANY HAVE DIGITAL DATA AND MBD CAPABILITY? YES _____ NO _____
IF YES, PLEASE COMPLETE DATA TRANSFER FORMAT/QUESTIONNAIRE AND PROVIDE EMPLOYEE TRAINING RECORDS ON MBD

10. DO YOU HAVE ANY DPD/MBD APPROVALS? IF SO, LIST _____
IF YES, PLEASE PROVIDE DPD PLAN

11. DOES YOUR ORGANIZATION USE A DCC CMM? YES _____ NO _____
IF YES, PLEASE PROVIDE EQUIPMENT CERTIFICATION AND TRAINING RECORDS

12. HAS THE CMM SOFTWARE BEEN TESTED FOR ACCURACY? YES _____ NO _____
IF YES, PLEASE PROVIDE SOFTWARE AND ARTIFACT CERTIFICATION

SUPPLIER SELF AUDIT QUESTIONNAIRE COMPLETED BY: _____

TITLE: _____ DATE: _____

(TO BE COMPLETED BY KMI, INC)

___APPROVED ___MBD APPROVED ___APPROVED PENDING CORRECTIVE ACTION

___LIMITED APPROVAL ___NOT APPROVED

REVIEWED BY: _____

TITLE: _____ DATE: _____

B. DATATRANSFERFORMAT/QUESTIONNAIRE

To receive digital media from KMI, Inc please complete this form and return by Email or Fax. Updates must be reported to KMI, Inc regarding Supplier CATIA S/W, format and media type, electronic capabilities (SNET, PDM, STEP), etc. Please retain and use this form report, and or change the following Supplier information for digital exchanges:

DATE: _____ PHONE: _____ FAX: _____

COMPANY NAME: _____ SUPPLIER CODE: _____

SUPPLIER CONTACT: _____

COMPLETED BY: _____

1. What CAD/CAM systems and application software packages are you currently using in your CAD/CAM operations?

COMPUTER -CPU-	OPERATING SYSTEM/VERSION	FUNCTION	APPLICATION SOFTWARE/VERSION	REVISION LEVEL

2. What format and media type do you require for dataset transfer?

Preferred: _____

Alternate: _____

3. Do you have IGES capability? Yes___ No___ Version_____

Return this completed form to:
KMI, Inc
Attention: Quality Assurance Dept.
101 Industrial Dr.
Mulvane, KS 67110

Email: quality@kmiusa.com
Fax: 316-777-9007
Phone: 316-777-0146