



SUPPLIER QUESTIONNAIRE - DISTRIBUTOR

Please complete ELECTRONICALLY; save and return file via email to supplychain@questaircraft.com

Please furnish the information requested below to enable Quest to confirm your company's ability to supply product and/or services to our specifications. Please answer all questions that apply to your company; if a question does not apply, please indicate this with "N/A". Do not leave questions unanswered. Use the comment field to clarify answers as needed; include electronic attachments of any supporting documentation in your response email. If you have any questions, please call (208) 263-1111 and ask for Procurement Quality Assurance.

SUPPLIER INFORMATION *Tell us how to contact you*

Company Name	<input type="text"/>	Quality Contact	<input type="text"/>
Facility Address	<input type="text"/>	Title	<input type="text"/>
City, State, ZIP	<input type="text"/>	Phone	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>

REFERENCES *Tell us how to contact other companies to which you are currently supplying product and/or services*

Reference 1	<input type="text"/>	Phone	<input type="text"/>
Contact Name	<input type="text"/>	Email	<input type="text"/>
Reference 2	<input type="text"/>	Phone	<input type="text"/>
Contact Name	<input type="text"/>	Email	<input type="text"/>
Reference 3	<input type="text"/>	Phone	<input type="text"/>
Contact Name	<input type="text"/>	Email	<input type="text"/>

PRIOR APPROVALS *Tell us how to contact other companies which have approved your current Quality System (if any)*

Prior Approval 1	<input type="text"/>	Phone	<input type="text"/>
Contact Name	<input type="text"/>	Email	<input type="text"/>
Prior Approval 2	<input type="text"/>	Phone	<input type="text"/>
Contact Name	<input type="text"/>	Email	<input type="text"/>
Prior Approval 3	<input type="text"/>	Phone	<input type="text"/>
Contact Name	<input type="text"/>	Email	<input type="text"/>

For this section, please enter as much detail as you desire. You are not limited to the size of the box; the text will "auto-scroll" to provide more room as needed

CAPITAL INVESTMENTS *Tell us about any significant investments in new equipment in the last 3 years (if any)*

AVAILABLE CAPACITY *Tell us at what percentage of maximum capacity you are currently running*

OTHER INFORMATION *Tell us about any other information you feel would be relevant and/or helpful*

SUGGESTIONS *Tell us about any ways we can improve this survey*

ELECTRONIC SIGNATURE *Tell us who is completing this survey*

As a supplier to an aircraft manufacturer subject to FAA regulations, it is understood that a supplier's facilities, quality system, and related equipment are subject to audit by agents of Quest Aircraft and/or the FAA. By completing and returning this survey you are agreeing to cooperate with any such audit or inspection without additional charges to Quest Aircraft. Further, you are certifying that all information submitted is correct and true to the best of your knowledge.

Submitter's Name	<input type="text"/>	Submitter's Title	<input type="text"/>
------------------	----------------------	-------------------	----------------------

For this section, please enter as much detail as you desire. You are not limited to the size of the box; the text will "auto-scroll" to provide more room as needed

DISTRIBUTION CAPABILITY Tell us about your special and/or value-added processes, primary products distributed, etc.

SPECIAL QUALIFICATIONS Tell us about your qualifications for special and/or value-added processing (if any)

INSPECTION CAPABILITY Tell us about your equipment, number of inspectors, sampling plan, calibration and process controls, etc.

RECORD RETENTION Tell us about your record retention capabilities, retention time period, methods of storage, access restrictions, etc.

STANDARDS CONFORMITY Tell us about what standards your Quality System meets (14CFR 21, AS9100, ISO 9001, ISO 17025, etc.)

PERSONNEL CHANGES Tell us about significant personnel changes over the past 12 months (if any)

Please answer all questions that apply to your company; if a question does not apply, please indicate this with "N/A". Do not leave questions unanswered.
Use the comment field to clarify answers as needed; include electronic attachments of any supporting documentation in your response email.

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 1. Are your Quality organization's authority and responsibilities clearly defined in writing? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 2. Does your Quality organization have clear authority to withhold items that not met acceptable quality standards? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 3. Does your Quality organization have direct access to appropriate levels of your company's management to efficiently and effectively resolve/correct any quality-related problems and/or conflicts? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 4. Does your company have and maintain a written Quality Manual? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 5. Can you supply Quest with a copy of your written Quality Procedures? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 6. Does your Quality organization have a system for evaluation and approval of potential suppliers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 7. Does your Quality organization have and maintain an Approved Supplier List? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 8. Does your Quality system require that your suppliers have and employ adequate Quality programs? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 9. Does your company have a system for disseminating applicable technical and quality requirements to suppliers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 10. Do your purchase orders specify documentation requirements (when applicable)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 11. Does your Quality organization have and maintain a receiving inspection system? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 12. Do your receiving inspectors have ready access to appropriate drawings, engineering orders, specifications, vendor catalogs, purchase orders, and other similar reference materials? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 13. Does your company have and employ a positive means of identifying all raw stock? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 14. Does your company have and employ a system for age-control of items with shelf-life limitations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 15. Does your Quality organization maintain procedures that require periodic inspection and/or recalibration of all measuring devices, gauges, and other similar inspection/test equipment? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 16. Does your company have written procedures for the handling of nonconforming materials? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 17. Can you supply Quest with copies of raw material certifications (chemical and physical property test reports)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 18. Can you supply Quest with copies of traceability records back to primary manufacturers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 19. Can you supply Quest with copies of inspection records? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

COMMENTS Tell us more information about any of the questions above (if needed)