

Charter / Project ID

2024-0007



Control No.

16111

REVISION TARGET (check ONE)

Submittal Signatures Required: E= Type Design Engineering, P= Production Support Engineering, Q= Quality, C= Customer Service, T= Tech Pubs

Grid of checkboxes for revision targets: Engineering Drawing, Production Drawing, Specification Doc, Controlled Vendor Info, Cert./Tech. Reports, Corporate Policy/Form/Doc, Engineering Policy/Form/Doc, Production Policy/Form/Doc, Quality Policy/Form/Doc, Other Policy/Form/Doc, QPSP Document, Production Flight Test Manual, Customer Facing Document, Test Article Definition. Includes CAD File: Yes/No.

APPROVAL PATH

Release Only/R&D [], Internal Approval [x], Supplier Data [], ACO/E34.0 [], MIDO/Q31.0 []

DOCUMENT INFORMATION

Number of Technical Description Pages: 3, Substantiation Pages: 0

Table with columns: Document No., Document Title, Rev Was, Rev Is, RDD Model. Values: QF31.97, Supplier Questionnaire - Laboratory, 00, 01, N/A

RELATED DOCUMENTS

The following documents are related to this QRN, and must be considered for any and all implementation efforts. If QRN documents are listed that represent initial-release type design documents, approval of the change package will add these documents to the MDL.

Table with 12 columns: Type, Control No., Type, Control No., Type, Control No., Type, Control No., Type, Control No., Type, Control No.

COMMENTS

Revise form and create interactive pdf.

By initialing this paper I am stating that the information contained herein has completed ALL appropriate reviews, and I am verifying that it is valid on the date and at the revision level indicated.

Table with columns: Engineering, Production, Quality, Customer Service, Tech Pubs, Supply Chain, Printed Name, Submitted By. Includes digital signature of Christa Reese.

CRB Required: Yes [], No [x] Information below this line to be completed by RSA or CRB Only.

By initialing this paper I am stating that the information contained herein has completed appropriate review and I am verifying that I am aware of its content.

These CRB initials are optional and indicate review and/or awareness only.

Table with 8 columns: CRB, Date, CRB, Date, CRB, Date, CRB, Date.

KODIAK 100

KODIAK 200

Form for KODIAK 100 and 200 with fields: Effectivity/Disposition Code (G4), Update POs/JTs, Release CIT (Pre Approval), Approval CIT (Standard).

Complete one (if required): Serial Component, Production S/N, or Block ID


Complete one (if required): Serial Component, Production S/N, or Block ID

Table with columns: Serial Component, Production S/N, Block ID for both KODIAK 100 and 200.

Table with columns: Tech Pubs Coordination, POH, AMM, WDM, IPC, SRM, FSI(s), Technical Content Affects...

By signing this paper I am stating that the information contained herein is suitable for release by Quest Aircraft Company.

Release Signature: Joseph Flood, Digitally signed by Joseph Flood, Release Date: 05/08/2024

BY: MS DATE: 01/20/2012	 Kodiak Aircraft Company Supplier Questionnaire Laboratory	PAGE: 1 of 3
CHKD: CAR DATE: 05/02/2024		REPORT NO.: QF 31.97
RVSD: CNY DATE: 05/08/2024		REVISION: 01

SUBJECT: Instruction—Supplier Quality Questionnaire

Please furnish the information requested below to enable Kodiak Aircraft Company to confirm your company’s ability to supply goods or services to our specifications. Your prompt completion of this questionnaire will keep your company on our Approved Supplier List without interruption.

Complete and return all required pages of this survey to Kodiak Aircraft within 10 business days. If you have any questions, contact the Kodiak Aircraft Quality Auditor via email or by phone at (208) 263-1111.

1. General Information

Company Name:	
Address:	
City, State, Zip Code:	Country:
Phone:	Fax:
Division or Subsidiary of:	
Principal Products and/or Services:	
Years in Business:	Available Capacity:

2. Key/Quality Contact Information

Quality Dept. Head			
Name:		Email:	
Position:		Phone:	
Secondary Contact Dept. Head			
Name:		Email:	
Position:		Phone:	

3. References/Quality System Approvals

REFERENCES: Tell us how to contact other companies to which you are currently supplying products, articles, and/or services			
Reference 1:		Phone:	
Contact Name:		Email:	
Reference 2:		Phone:	
Contact Name:		Email:	
Reference 3:		Phone:	
Contact Name:		Email:	

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PRIOR APPROVALS			
Prior Approval 1		Phone	
Contact Name		Email	
Prior Approval 2		Phone	
Contact Name		Email	
Prior Approval 3		Phone	
Contact Name		Email	

4. Quality System Standard

Indicate any FAA approvals held by your organization:					
Repair Station: <input type="checkbox"/>	PC: <input type="checkbox"/>	TC: <input type="checkbox"/>	STC: <input type="checkbox"/>	TSO: <input type="checkbox"/>	PMA: <input type="checkbox"/>

Indicate any third-party certification held by your organization and provide copies of certifications:			
ISO 9001: <input type="checkbox"/>	AS9100: <input type="checkbox"/>	AS9120: <input type="checkbox"/>	Other: <input type="text"/>

Indicate special processes performed by your organization and provide copies of any certifications:					
Chem Film: <input type="checkbox"/>	Cad Plate: <input type="checkbox"/>	NDT: <input type="checkbox"/>	Heat Treat: <input type="checkbox"/>	Anodize: <input type="checkbox"/>	Welding: <input type="checkbox"/>
Other: <input type="text"/>					

VERIFICATION CAPABILITY: Tell us about your verification processes, primary processes performed, etc.

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

BY: MS DATE: 01/20/2012	 Kodiak Aircraft Company Supplier Questionnaire Laboratory	PAGE: 3 of 3
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PERSONNEL CHANGES: Tell us about significant personnel changes over the past 12 months (if any)

5. General Questions

	Yes	No	N/A
Can you supply Kodiak with a copy of your written Quality Procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you supply Kodiak with copies of inspection records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Comments

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

7. Signature/Date

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 Kodiak 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 Kodiak Aircraft. Further, you are certifying that all information submitted is correct and true to the best of your knowledge.

Submitter's Name	Submitter's Title	Date: