



HTL/Kin-Tech Division

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SUB-CONTRACTORS **QUALITY ASSURANCE SYSTEM QUESTIONNAIRE**

Company Information

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company Products and/or Services: _____

Facility Area in Square Feet: _____ Total Personnel: _____

Quality Personnel: _____ Manufacturing Personnel: _____

Indicate Socio-Economic Business Status

Small _____ Large _____ Disadvantaged _____ Woman Owned Small _____

Minority Owned Small _____ Labor Surplus Area _____

DUNS No. _____

(This information is required)

Quality Assurance System

1. Do you have a Quality Assurance Manual? Yes_____ No_____
2. What Quality Assurance/Quality Control specification does your Quality Assurance System operate in accordance with?

MIL-Q-9858 Yes_____ No_____

MIL-I-45208 Yes_____ No_____

ISO _____ Yes_____ No_____

Other (Specify)_____

If ISO approved, please send a copy of your current certification. Also, please attach any third party accreditation or program approvals (i.e. Boeing DI-9000).

YES NO N/A

- | | | | |
|-------|-------|-------|--|
| _____ | _____ | _____ | 1. Do adequate written procedures exist to cover: |
| _____ | _____ | _____ | a) Receipt of material? |
| _____ | _____ | _____ | b) In-process control? |
| _____ | _____ | _____ | c) Final test and acceptance? |
| _____ | _____ | _____ | d) Shipping? |
| _____ | _____ | _____ | e) Control of drawing and specification changes? |
| _____ | _____ | _____ | f) Calibration control? |
| | | | MIL-STD-45662 Yes_____ No_____ |
| | | | Other (Specify)_____ |
| _____ | _____ | _____ | g) Stamp and signature control? |
| _____ | _____ | _____ | h) Records? |
| _____ | _____ | _____ | 2. Is there a current organization chart of the company management structure? If yes, please attach. |
| _____ | _____ | _____ | 3. Does the supplier have available records of certified personnel reflecting skills, years of experience and expiration date? |

- | YES | NO | N/A | |
|-------|-------|-------|---|
| _____ | _____ | _____ | 4. Does the supplier have available records of calibrated equipment reflecting range of capability and certification expiration date? |
| _____ | _____ | _____ | 5. Are detailed sequential processing plans (i.e. Shop Routers) available and implemented? |
| _____ | _____ | _____ | 6. Are the processing plans properly authorized and controlled? |
| _____ | _____ | _____ | 7. Are product tests or inspections performed to frequencies prescribed by the applicable specifications? |
| _____ | _____ | _____ | 8. Are test specimens and test reports available for examination? |
| _____ | _____ | _____ | 9. Do qualified personnel sign test data? |
| _____ | _____ | _____ | 10. Are items properly cleaned prior to and after the specific process function? |
| _____ | _____ | _____ | 11. Are items handled in a manner to prevent damage prior to, during, and after the specific process function? |
| _____ | _____ | _____ | 12. Are parts properly identified when required? |
| _____ | _____ | _____ | 13. Do processed articles reflect good workmanship? |
| _____ | _____ | _____ | 14. Do sampling procedures meet the requirements of the applicable specifications? Please state the sampling methods and procedures used. _____ |
| _____ | _____ | _____ | 15. Does the supplier practice Statistical Process Control (SPC)? |
| _____ | _____ | _____ | 15a. Does the supplier's quality procedure comply to the requirements of the Pacific Scientific Statistical Process Control Procedure QP-200.
(Required for Ship-to-Stock suppliers only.) |
| _____ | _____ | _____ | 16. Are written quality procedures adequately followed? |
| _____ | _____ | _____ | 17. Is a periodic maintenance program in effect on facilities and equipment? |
| _____ | _____ | _____ | 18. Does the supplier practice good housekeeping? |



HTL/KIN-TECH DIVISION

DATE _____

TAX ID LETTER

SUPPLIER

SUPPLIER NO _____

DEAR SUPPLIER:

THE FEDERAL INCOME TAX LAW REQUIRES A FILING OF FORM 1099 FOR CERTAIN PAYMENTS FOR SERVICES RENDERED BY NON-CORPORATIONS. BACK-UP WITHHOLDING IS REQUIRED ON PAYMENTS TO TAXPAYERS WHO FAIL TO FURNISH A CORRECT TAXPAYER IDENTIFICATION NUMBER WHEN REQUIRED TO DO SO.

WE WOULD APPRECIATE YOUR ASSISTANCE IN COMPLYING WITH THE FEDERAL REGULATIONS. PLEASE COMPLETE THE FOLLOWING INFORMATION AS SOON AS POSSIBLE.

SINCERELY,

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION FURNISHED ON THIS FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

CORPORATION FEDERAL TAX ID: _____ **DUNS NO:** _____

PARTNERSHIP FEDERAL TAX ID: _____

SOLE PROPRIETOR FED TAX ID: _____ **OR**

SOLE PROPRIETOR SOC SEC ID: _____

SOLE OWNER'S NAME: _____

BUSINESS NAME AS FILED ON FORM 1040: _____

AUTHORIZED SIGNATURE, TITLE

DATE