



44A Southgate Blvd.  
New Castle, DE 19720

QF7.4-1

Supplier Questionnaire Form

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## Supplier Questionnaire Form

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### BASIC COMPANY INFORMATION

TYPE OF COMPANY: (PLEASE CHECK ALL THAT APPLY)

- Manufacturer       FAA Repair Station       Surplus Parts Sales  
 OEM                      # \_\_\_\_\_       Distributor

Number of Employees \_\_\_\_\_ Number QA Employees \_\_\_\_\_

Organizational Head \_\_\_\_\_

Quality Control Head \_\_\_\_\_

Quality Control System (Provide Copy of Certificate)

- ISO 9001:2000       AS9100       Other \_\_\_\_\_  
 ISO 9001:2008       MIL-I-45208

### GENERAL QUESTIONS

- |     |  |     |    |
|-----|--|-----|----|
| 1)  | Does your company have a warranty/return policy?<br>If so please explain or attach copy:<br>_____      | Yes | No |
| 2)  | Does your company certification or packing list show the condition and traceability of material parts? | Yes | No |
| 3)  | Are written procedures in use for the Quality Control of purchased parts, materials, and services?     | Yes | No |
| 4)  | Does receiving inspect incoming shipments to the requirements of the Purchase Order?                   | Yes | No |
| 5)  | Do you have a formal supplier evaluation process?  | Yes | No |
| 6)  | Are Traceability and Inspection records maintained?<br>If so, how long? _____ years.                   | Yes | No |
| 7)  | Is final inspection and/or test performed either by, or under the surveillance of Quality Control?     | Yes | No |
| 8)  | Are products properly protected and handled to prevent damage?   | Yes | No |
| 9)  | If you are a manufacture do you periodically calibrate test/measuring equipment?                       | Yes | No |
| 10) | Are procedures in place to assure that damaged or unacceptable parts and materials are not issued?     | Yes | No |

Prepared By	Nasim Sadr-Fala	Issue Number	05
Approved By	Sohrab Naghshineh	Issue Date	April 2010



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**I hereby certify to the best of my knowledge, the information supplied herein is accurate, complete and current. I am an authorized representative to sign this certification.**

**Completed By:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**FOR DIMO INTERNAL USE ONLY**

**Approved:**            **Yes**            **No**

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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