

SUPPLIER EVALUATION QUESTIONNAIRE

The purpose of this questionnaire is to ensure consistent evaluation of a supplier's capabilities and to determine the caliber of the Quality Program in place. Because of this, as a supplier or potential supplier to Teledyne Controls, your prompt response to the following questionnaire is critical.

Please answer as completely as possible. Where the question does not apply to your company, check-off the box identified N/A. Thank you for your cooperation.

**TELEDYNE CONTROLS
 SUPPLIER DEVELOPMENT**

Supplier Code: _____

1. GENERAL INFORMATION

Name of Company: _____	Telephone: _____
Street Address: _____	Fax: _____
Mailing Address: _____	City: _____
State: _____	Zip Code: _____

2. TYPE OF BUSINESS

- Manufacturer
 Assembly Shop
 Distributor
 Service
 Special Process
 Maintenance

3. If applicable, list the name of your parent company or any subsidiary below:

Parent: _____

Subsidiary: _____

Principal Owner

4. When was your company established: _____
year/month

5. Specify ALL locations that would manufacture or repair product procured by Teledyne: _____

6. Indicate the approximate square footage of each Office: _____ Warehouse: _____ Manufacturing: _____

7. What type of measuring units are used by your company: Metric Imperial Both

8. Total number of employees: _____

Administration: _____ Engineering: _____ Production: _____ QA/QC: _____

9. Key Management Positions: **(please attach a copy of your organization chart to this questionnaire)**

President/General Manager: _____

Vice President: _____

QA/QC Manager: _____

Engineering Manager: _____

Production: _____

10. Does your facility shut down for vacation: Yes No

If yes, please state normal vacation schedule: _____

11. List the principal products or services sold assembled or distributed by your company:

Product/Services: _____	% of Business
_____	_____

12. List major customers, including Government Agencies, for which your company has or is currently performing work:

_____ % Military

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_____ % Commercial

- 13.** Does your company have an established Quality Program? Yes No N/A
 If yes, which standard(s) does your program conform to:
- | | | | |
|--------------------------------------|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> AS9100C | <input type="checkbox"/> ISO 9001:2008 | <input type="checkbox"/> MIL-I-45208A | <input type="checkbox"/> FAR 145 |
| <input type="checkbox"/> AS9100B | <input type="checkbox"/> ISO 9003 | <input type="checkbox"/> MIL-Q9858A | <input type="checkbox"/> FAR 21 |
| <input type="checkbox"/> AS9120A | <input type="checkbox"/> ISO 9002 | <input type="checkbox"/> FAA-STD-016 | |
| <input type="checkbox"/> NADCAP List | <input type="checkbox"/> Other: _____ | | |
- 14.** How long has your Quality Program been established? _____ Years
- 15.** Has your Quality Program ever been audited and approved by any of your customers or an accredited registrar? Yes No N/A
 If yes, by whom? _____
- 16.** Do you have an FAA approved Drug & Alcohol Program at your facility? Yes No N/A
- 17.** Does your sub-tier suppliers' conducting safety sensitive work for the repair stations have an FAA approved Drug & Alcohol Program? Yes No N/A
- 18.** Please provide a copy of your current FAA and or EASA Repair Station Certificate, Ops Spec and evidence of an active Drug and Alcohol Program:
 Plan Number: _____ Comments: _____

19. COUNTERFEIT PART AVOIDANCE:

Does your company comply with the following standards to ensure counterfeit part avoidance?

- | | | |
|--|--|--|
| Standard: | | |
| AS6081 (Counterfeit Part Avoidance) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| AS5553 (Counterfeit Part Avoidance- Electronics) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| AS6174 (Counterfeit Part Avoidance- Materials) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ISO12931 (Authentication standards for brand owners, manufacturers, and packagers) | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Others: Specify: _____ | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- A. Does your organization have documented procedures/plans addressing the avoidance of counterfeit parts? Yes No
- B. Does your organization have documented procedures for the containment of suspect / confirmed counterfeit parts and customer notification? Yes No
- C. Does your organization provide counterfeit part avoidance training to employees? Yes No
- D. Does your organization procure Electrical, Electronics, and Electromechanical (EEE) parts, electronic parts, assemblies and equipment only through Original Equipment Manufacturers (OEMs) or an authorized distributor even if purchase from an unauthorized supplier achieves cost savings? Yes No
- E. Does your organization flow counterfeit part avoidance and other purchasing requirements through the supplier chains? Yes No
- F. Does your organization notify Customers when counterfeit parts are detected? Yes No
- G. Does your organization maintain a method of item traceability that ensures tracking of the supply chain back to the original manufacturer of all Electrical, Electronics, and Electromechanical (EEE) components and devices included in assemblies and subassemblies being delivered? Yes No
- H. Does your organization approve and retain part Certificates of Conformance (C of C) for all Electrical, Electronic, and Electromechanical (EEE) components and devices included in assemblies and subassemblies being delivered? Yes No
- I. Will Certificates of Conformance (C of C) for all Electrical, Electronic, and Electromechanical (EEE) components and devices be available upon Teledyne Controls request? Yes No
- J. Does your organization retain manufacturer's certifications per the record retention requirements directed within Teledyne Controls Purchase Orders? Yes No
- K. Does your organization utilize incoming inspection and test methods to assure the detection of potential counterfeit parts and materials? Yes No

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IF YOUR COMPANY HAS A 3RD PARTY QUALITY MANAGEMENT SYSTEM CERTIFICATION FROM A NATIONALLY ACCREDITED BODY (SUBMIT COPY OF CERTIFICATION), YOU DO NOT NEED TO COMPLETE QUESTIONS 20-97 BELOW. YOUR SIGNATURE IS REQUIRED ON PAGE 5 (ELECTRONIC SIGNATURE PERMISSIBLE).

20. Which of the following standards is your company compliant with:

- | | | | |
|--|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> MIL-STD-45662 | <input type="checkbox"/> MIL-S-19491 | <input type="checkbox"/> MIL-STD-790E | <input type="checkbox"/> AS6174 |
| <input type="checkbox"/> MIL-STD-1686 | <input type="checkbox"/> MIL-STD-1285 | <input type="checkbox"/> MIL-E-17555 | <input type="checkbox"/> ISO10012 |
| <input type="checkbox"/> MIL-STD-785 | <input type="checkbox"/> MIL-STD-701 | <input type="checkbox"/> MIL-STD-2000 | <input type="checkbox"/> IPC-A-600 |
| <input type="checkbox"/> IPC-610 | <input type="checkbox"/> MIL-P-50884 | <input type="checkbox"/> MIL-P-55110 | <input type="checkbox"/> IPC-A-610 |
| <input type="checkbox"/> MIL-STD-105 | <input type="checkbox"/> MIL-STD-1535 | <input type="checkbox"/> AS5553 | <input type="checkbox"/> IPC-A-WHMA-620 |
| <input type="checkbox"/> ANSI/ASQC Z1.4 & Z1.9 | <input type="checkbox"/> MIL-M-55565 | <input type="checkbox"/> RS-471 | <input type="checkbox"/> J-STD-001 |
| <input type="checkbox"/> MIL-STD-1520 | <input type="checkbox"/> MIL-STD-454 | <input type="checkbox"/> NAS412 | <input type="checkbox"/> J-STD-033 |

21. Do any of your major customers perform source inspection at your company? Yes No N/A

22. How many inspectors does your company employ? _____

23. Does your organization have a Quality Program Manual? Yes No N/A

If yes, what is the date of issue and current revision level? Date: _____ Revision Level: _____

(Please send copy of your Quality Manual with this questionnaire)

24. Does your Quality Program Manual have written procedures for the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Contract Review | <input type="checkbox"/> Document Control | <input type="checkbox"/> Product Identification & Traceability |
| <input type="checkbox"/> Purchaser Supplied Product | <input type="checkbox"/> Process Control | <input type="checkbox"/> Inspection, Measuring & Test Equipment |
| <input type="checkbox"/> Inspection & Testing | <input type="checkbox"/> Statistical Techniques | <input type="checkbox"/> Training |
| <input type="checkbox"/> Inspection & Test Status | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Corrective Action |
| <input type="checkbox"/> Quality Records | <input type="checkbox"/> Quality Audits | |
| <input type="checkbox"/> Handling, Storage, Packaging & Delivery | <input type="checkbox"/> Control of Nonconforming Product | |

25. Does your company maintain a program to capture quality costs, such as prevention, detection and failure? Yes No N/A

26. Does your company review all contracts (including purchase orders)? Yes No N/A

27. Are documents such as drawings, specifications, procedures and QA forms controlled? Yes No N/A

28. Are company policies and procedures periodically reviewed and revised? Yes No N/A

29. Are records of changes documented and maintained? Yes No N/A

30. Are customer document changes processed in a controlled manner? Yes No N/A

31. Does QA/QC approve company suppliers/subcontractors? Yes No N/A

32. Is a list maintained of approved suppliers/subcontractors? Yes No N/A

33. Are company purchase orders reviewed by QA/QC prior to release? Yes No N/A

34. Are QA requirements (Quality Clauses) included within the purchase order? Yes No N/A

35. Are only approved suppliers/subcontractors used? Yes No N/A

36. When applicable, are source inspections performed at supplier/subcontractor facilities? Yes No N/A

37. When applicable, are certifications and/or test reports requested to accompany shipments from suppliers/subcontractors? Yes No N/A

38. Does your company ever receive customer supplied materials? Yes No N/A

39. Are procedures in place for the storage and maintenance of customer supplied material? Yes No N/A

40. Is customer supplied material identified and segregated? Yes No N/A

41. Are shop orders, travelers, work instructions, etc. used during manufacturing? Yes No N/A

42. Does your company maintain a system for material and part identification? Yes No N/A

43. When applicable, does your company maintain raw material and component traceability? Yes No N/A

List all special processes performed by your company such as welding, plating, sandblasting, painting, soldering, etc.

44. Does your company maintain records of personnel training/certification for special processes? Yes No N/A

45. Are written procedures available and used by processing and inspection personnel? Yes No N/A

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|---|------------------------------|-----------------------------|------------------------------|
| 46. Does your company monitor special processes performed by subcontractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 47. Are all incoming parts, raw materials and assemblies inspected? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 48. Is rejected material tagged, segregated and bonded? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 49. Does your company perform in-process inspection? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 50. Are final acceptance inspection and tests performed on completed items prior to submittal to customer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 51. Are first article inspections performed? If yes, please specify: <input type="checkbox"/> Company Form <input type="checkbox"/> AS9102A | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 52. Is acceptance and rejection criteria documented for all types of inspections? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 53. Are written workmanship standards maintained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 54. Does your company maintain a system for periodic calibration of inspection, test, measuring and manufacturing equipment? If yes, what standard does this system conform to: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 55. Does your company perform their own calibration in-house? If yes, please list below each inspection device calibrated in-house and the specification used to calibrate that specific inspection device: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | | | |
| 56. Is calibration performed on a scheduled basis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 57. Are written procedures used for calibrating equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 58. Are calibration standards traceable to nationally recognized standards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 59. Is equipment identified as to due date for next calibration? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 60. Are calibration frequencies established for each type of equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 61. Is there a system to calibration recall? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 62. Does the calibration system include employee's personal tools? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 63. Is subcontracted calibration performed by qualified sources? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 64. Is a system maintained for identifying inspection status throughout all operations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 65. Are identification tags, stickers, etc. used to indicate inspection status?
If yes, specify: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 66. Are inspection stamps used? If no, do you maintain an Initial log? Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 67. Are nonconforming items identified and segregated? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 68. Who disposes nonconforming items? _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 69. Are dispositions documented? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 70. Are records maintained of all non-conformances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 71. Is material dispositioned for rework or repair subject to re-inspection? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 72. Are repetitive nonconformance's identified and analyzed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 73. Is there a formal corrective action program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 74. Who initiates corrective action? _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 75. Does your company have a Material Review Board? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 76. Are MRB dispositions fully documented and signed by authorized members? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 77. Is there a system for processing customer rejects? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 78. Does your company have a formal failure analysis program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 79. What are your packaging capabilities? <input type="checkbox"/> Military <input type="checkbox"/> Commercial <input type="checkbox"/> Other: Specify: _____ | | | |
| 80. Is there a system of control for storing products having a defined shelf life? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 81. Are audits conducted and documented of storage areas at established intervals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 82. Does your company have maintenance and repair program for equipment that affects product conformity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 83. Are inspections performed during packaging and prior to shipping? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 84. Does your organization maintain all inspection records generated?
If yes, how long are these records retained on file? _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 85. Are quality records analyzed by management to assess quality program effectiveness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 86. Does your organization maintain a quality audit program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Internal:

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- | | | | | |
|--|-----------|------------------------------|-----------------------------|------------------------------|
| | External: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 87. Is an annual audit schedule maintained? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 88. Are all quality audits documented? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 89. Does your company have a Total Quality Management/Quality Improvement Program? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 90. Does your company employ SQC and/or SPC techniques? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 91. Is inspection performed by sampling? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| If yes, what sampling standards used: _____ | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 92. Are ESDS parts handled at your facility? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 93. Is ESD protective clothing used? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 94. Are all ESDS parts handled at ESD work stations? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 95. Are ionizers used? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 96. Do written procedures exist for the storage, handling and packaging of ESDS parts? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 97. Are good housekeeping practices followed? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

The above statements are certified to be true:

Name	Title	Date
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