



SUPPLIER/SUBCONTRACTOR QUALITY SELF-SURVEY QUESTIONNAIRE

Failure to fully complete this Evaluation will delay the approval process which may impact any current or future IMP Aerospace business.

A. COMPANY INFORMATION

Company Name:	Mailing Address:
Telephone Number:	Fax Number:
E-mail:	Website:
Contact (name & position):	Parent Company:
President:	Quality Representative:

Have you ever been disqualified / disbarred as a supplier in the aviation industry? Yes No
If yes, provide details

B. MANAGEMENT & FACILITY

Total Employees:	Production:	Quality Control:	Engineering:	Other:
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Which of the following descriptions apply to your Organization?

Manufacturer	Distributor	Assembly Shop	OEM or OCM authorized Service Centre
Subcontractor/Service	Other, please specify:		

Please list your major customers:	QMS Approved (YES/NO)	
	Yes	No
	Yes	No
	Yes	No
Do you have any Military Contracts?	Yes	No

C. PRODUCT(S) / SERVICES

Please describe the type of product(s) and/or service(s) your Company provides (attachments or web address is acceptable):

D. INDUSTRIAL AND TECHNOLOGICAL BENEFITS (ITB) and CANADIAN CONTENT VALUE (CCV) APPLICABLE (Note: See attachment CCV document for additional information)

ITB Point of Contact (Name & position):		Phone Number:	E-mail:
Small or medium Business (<250 employees)		Yes	No
Company Ownership (Optional)		Woman Owned	Minority Owned
Area	Atlantic Region	Southern Ontario	Northern Ontario
	Western Region	Quebec	Other
Total CCV [%]:	Labour + Materials = Total CCV:		

E. GENERAL

YES | NO | NA

1	Does your company have a Counterfeit Parts Control Plan in accordance with SAE AS5553?			
2	Does your company sell parts acquired or salvaged from crashed helicopters or airplanes?			
3	Does your company buy and sell used or reconditioned parts?			
4	If you have responded Yes to questions 2 or 3, do you advise customers prior to delivery?			
5	Does your company retain purchasing, contract, material inspection etc. documents for products/services provided for at least of 10 years ?			
6	Does your company maintain records for all parts and services that are available and traceable to the original source of supply (OEM/OCM), as applicable?			
7	Do you operate and maintain an Approved Vendors List?			
8	Are electronic signatures used on documentation; including release paperwork, Certificates of Conformance, Work Traveler, Forms etc.? If yes, please attach the procedure or a brief description of the procedure.			

E. DOCUMENTATION Which of the following Certification documentation can you supply with the part / service?		YES	NO	NA
9	Transport Canada Authorized Release Certificate (Form 24-0078/Form 1)			
10	FAA Airworthiness Tag (Form 8130-3 or 8130-4)			
11	EASA (JAA) Authorized Release (Form-1)			
12	US DOD Material Inspection and Receiving Report (Form DD250)			
13	DND Certificate of Inspection or Release (Form CF1280)			
14	Off Aircraft Un-serviceability Record (Form CF543)			
15	OEM Certificate of Inspection and/or Release			
16	Certificate of Compliance from Supplier/Distributor			
17	Certificate of Compliance for Mil Spec Products Does documentation include traceability to Mil-Specifications for Qualified Products List (QPL) products, Test Reports and manufacturer (source).			
18	A Packing Slip for Commercial Parts which includes accompanying documentation identifying manufacturer and lot or batch number, statement of conformance to Purchase Order, as applicable?			
19	Test Reports detailing metallurgical properties, testing values, outputs, etc.			
20	Test Reports or confirmation electronic parts are not counterfeit? Reference SAE AS5553 Counterfeit Electronic Parts, Avoidance, Detection, Mitigation and Disposition.			
21	Other (Please describe and provide samples):			

F. CERTIFICATION(S) / ACCREDITATION(S) / APPROVAL(S) HELD

* Please attach copies of certificates/accreditations.

Please also attach copies of certificates/accreditations/letters of approval held by your company that you feel may be of interest to IMP.

22	Transport Canada*	Number:	Date:
23	Federal Aviation Administration(FAA) *	Number:	Date:
24	European Aviation Safety Agency (EASA) *	Number:	Date:
25	ISO 9001*	Number:	EXP. Date:
26	AS9100*	Number:	EXP. Date:
27	ISO 14001*	Number:	EXP. Date:
28	Canadian Controlled Goods Program (CCGP) *	Number:	EXP. Date:
29	International Traffic in Arms Regulations (ITAR) *	Number:	EXP. Date:
30	Military Organization*	Number:	Date:
31	Other (Specify): *	Number:	Date:
32	Is your company an approved / authorized manufacturer (e.g. PMA) or distributor? *	Number:	Date:

G. QUALITY MANAGEMENT SYSTEM		YES	NO	NA
If you answer Questions 25 or 26 above and you are attaching a copy of the current certificate please proceed to the next section, else please complete the following:				
33	Does your company have a documented Quality Management System?			
34	Does your company have an internal audit and surveillance program?			
35	Does your company have a method of checking or controlling the quality of subcontract work and if necessary corrective action(s)?			
36	Do you flow down customer related requirements and ensure compliance?			
37	Are all materials and supplies subject to receiving inspection or verification?			
38	Does your company have a system or process to control technical data such as drawings, specifications, publications, standards etc.?			
39	Do you have procedures for control, identification, segregation and disposition of non-conforming material?			
40	Is there a corrective action process intended to prevent recurrence of non-conformances?			
41	Is there a documented and enforced policy to control items with shelf life, as applicable?			
42	Does your company have procedures for tracking, care, control and calibration of measuring and test equipment?			
43	Is measuring and test equipment certified & traceable to a National or International recognized standard?			
H. MAINTENANCE SUPPORT ARRANGEMENT		YES	NO	NA
If you answer Questions 22, 23 or 24 above and you are attaching a copy of the current certificate please proceed to the next section, else please complete the following:				
44	Does your company have applicable supporting documentation (e.g. Maintenance Policy Manual, describing the control technical publications, technical data pack, drawings, maintenance process etc.)?			
45	Are the Facilities and equipment capable to support the scope and depth of work requested?			
46	Are specialized maintenance and/or special processes defined, monitored and controlled?			
47	Does all equipment, including support, measuring devices, test equipment and test stands, etc. used, meet the specifications in the applicable maintenance manual?			
48	Does your company designate release of maintenance or product authority to an individual or individuals? If yes, please identify position(s):			
49	Does your company have the technical data required to support the scope and depth of work requested by IMP?			
50	Are Work Orders/Work Travelers generated in electronic format? Please provide a sample copy of Work Orders/Travelers that describes work maintenance process and if applicable, critical juncture, FOD check, independent inspection and component change.			

51	Does your company control and document maintenance authorizations granted within your organization?			
52	Does your company have a Training Qualification & Authorization (TQA) program? If yes, is it sufficient for the scope and depth of service performed?			
53	Are employee qualification and / or training records maintained on file for at least of 5 years after the employee leaves the company?			

I. SUPPLIER ETHICS

Ethics Statement:

IMP Aerospace values relationships that are grounded in a shared commitment to performing in accordance with the highest standards of professional business conduct and encourages all suppliers to implement an effective ethics program, including adopting a written code of conduct. In performance of any Contract, both parties are expected to conduct themselves in a manner consistent with the principles expressed in the Defense Industry Initiative Model Supplier Code of Conduct available at : <http://www.dii.org/resources/dii-model-supplier-code-conduct>.

Ensuring that your employees are aware of:

Yes No

1	their contribution to product or service conformity		
2	their contribution to product safety		
3	the importance of ethical behaviour		

J. ADDITIONAL INFORMATION AND COMMENTS

Please add any additional comments or information that you believe will assist this vendor assessment (Attach additional pages or documents as necessary).

I certify that all answers and statements given are true and accurately represent the company.

Signature:	Print Name:	
Title/Position:	Tel:	Date:

Completion Checklist:

- Has each question been answered?
- Have you included copies of certificates / accreditations / letters of approval held by your company (Section F)?
- Have you attached a brief description of procedure (if necessary) Q8?
- Have you completed Q48 identifying the position or individual(s) (if necessary)?
- Have you attached copies of Work Orders as necessary (Q50)?
- Have you signed, dated, etc. the survey?