

SUPPLIER SURVEY AND QUESTIONNAIRE

NATIONAL PATENT ANALYTICAL SYSTEMS, INC. ("NPAS")

In accordance with ISO 9001:2015 standards Rev 5/9/17

NPAS operates pursuant to an ISO 9001:2015 compliant Quality Management System ("QMS"). As part of this QMS, NPAS takes steps to ensure that our valued suppliers have a quality system in place to ensure the consistent delivery of high quality products, and that they adhere to the standards they have in place. For this reason, we ask that you complete the Short Form Survey, and as applicable, the Long Form survey so that we can fairly assess the system by which you provide quality products to your customers. This completed survey is required of all NPAS suppliers, and we appreciate you taking the time to provide it.

Instructions for use:

Short Form Survey:

Completion required by all suppliers. Requests general information for the NPAS Vendor database. Please complete and return this form to requester via email as soon as possible in order to be added to or updated in our database.

Long Form Questionnaire:

Completion required by suppliers not currently AS9100 or ISO 9001 certified. Survey will be utilized by NPAS Purchasing and Quality Departments to assess supplier compatibility with NPAS.

SUPPLIER SURVEY SHORT FORM QUESTIONS

Assessment Type: New Supplier Update/Revalidation

Supplier's Company Name: _____

CAGE Code: _____

Subsidiary of or AKA: _____

Address: _____

Primary Contact Name: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Payment Terms: _____

Fed Tax ID #: _____ (please provide W9)

Annual Sales (USD): \$ _____

Privately Owned	<input type="checkbox"/> YES <input type="checkbox"/> NO	Public Corporation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Minority Owned	<input type="checkbox"/> YES <input type="checkbox"/> NO	SDV Owned	<input type="checkbox"/> YES <input type="checkbox"/> NO
Small Business	<input type="checkbox"/> YES <input type="checkbox"/> NO	Women Owned Small Business	<input type="checkbox"/> YES <input type="checkbox"/> NO

Supplier's Services, Facilities & Equipment: What Types of services are provided? (Check all that apply & explain if necessary) - Manufacturer Distributor Service

of Employees: _____ Plant Size _____

SIC Number: _____

Years in Business _____ # of Locations _____

of shifts _____

Describe Equipment or Attach List:

If you have a promotional brochure, please attach or provide by email to info@npasair.com.

What is your primary area of expertise? _____

What % of your business is related to the aerospace industry? _____ %

QUALITY SYSTEM – IF CERTIFIED, PLEASE ATTACH COPY OF CERTIFICATION

<u>Certification</u>	<u>Expiration Date</u>
ISO 9001	_____
AS9100	_____
AS 9120	_____
NADCAP	_____
Other	_____

If **Not** certified, please answer the following:

- YES NO AS9100 Compliant?
- YES NO Quality Plan?
- YES NO Quality Policy?
- YES NO Risk Management Program?
- YES NO Document Retention Policy?
- YES NO Provide Certificate of Conformance/Compliance?
- YES NO Counterfeit Materials Avoidance Policy?
- YES NO Conflict Minerals Policy?
- YES NO If not, do you purchase any raw materials from conflict nations or sources as limited by the U.S. Government?

Will you allow NPAS representatives to visit/audit your manufacturing site periodically? YES NO

KEY CONTACTS

Name

E-Mail

Phone#

President/GM: _____

Quality Control Manager: _____

Accounts Receivable: _____

Whom are the staff supporting the NPAS orders? _____

YES NO Are these individuals accessible to NPAS associates?

Name/title of person completing form and certifying its accuracy:

Name

Title

Signature Date

SUPPLIER SURVEY LONG FORM QUESTIONS

<u>QUALITY ASSURANCE SYSTEM GENERAL</u>		YES	NO	N/A
1.	Do you have a written quality manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	If so, is there a process for approving changes to the manual? Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If not, do you have a documented quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have a risk assessment/risk management program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have a robust internal continuous improvement process and is it flowed down to sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a current disaster preparedness plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have a defined environmental, health, and safety program in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you use an Enterprise Resource Planning (ERP) Software to track revision numbers for parts you would supply to NPAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IF not, If not, how is NPAS assured that you will not use an incorrect revision number for the part?			
9.	Do you have a process to ensure safety in the performance of production by all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have a written process to control all chemical hazards, to prevent them from contaminating product, or otherwise creating a hazard to the customer or employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you have a system to account for, properly and safely store and handle customer supplied raw materials or products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>DOCUMENTATION AND RETAINING DOCUMENTS</u>		YES	NO	N/A
12.	Are records of conformity to requirements and effective implementation of the quality management system maintained and readily available when requested by the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	How long are those records maintained? _____			
14.	Does your company consider the following to be controlled documents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Bills of Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Product Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Manufacturing Standards (Soldering, Electro Static Discharge, Safety Protocol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Assembly procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/> Work instructions and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Testing protocol and specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does your company track all revisions of the documents referenced in item 14?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	If so, does your company have a process to validate and approve such changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you have a process to ensure that obsolete revisions are not used? If so, please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>INSPECTION AND NON-CONFORMING PRODUCT</u>		YES	NO	N/A
18.	Do you have an incoming inspection process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you have a process in place for inspection of product:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> During manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Following manufacturing and prior to shipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Returned materials what were non-conforming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Is your quality inspector different from the person who produces the product being inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Do you maintain all testing records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	If so, how long are such records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Do you have a tool calibration policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	If so, are calibration records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Do you permit employees to use their own equipment or tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	If so, by what process do you ensure those tools and equipment are calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Does your policy ensure that only calibrated testing instruments are used in inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Do you have a process for proper segregation and handling of non-conforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Is non-conforming product adequately labeled as such, and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Do you conduct sampling during production to gauge whether or not the product will meet specifications or to find irregularities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Do you maintain records in connection with non-conforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Do you evaluate performance with respect to non-conforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>OPERATIONS AND PRODUCTION CONTROL</u>		YES	NO	N/A
33.	Do you have documented Work Instructions required to be used when manufacturing product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	If so, how do you ensure they are used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35.	Do you have procedures & work instructions that define methods of packaging products for shipment to its customers that ensures damage will not occur during normal delivery process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Do you have documented procedures that provide instructions on how components, assemblies and raw materials are to be handled and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Do you assure contamination free, clean products throughout its manufacturing process (FOD program)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Do you have a formal maintenance program for its manufacturing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Do you have a formal maintenance program for customer-owned tooling/fixtures in your possession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Do you have a defined training program that assesses training needs, provides training, and evaluates training effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Do you have adequate equipment, space and organization for production and administrative personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Do you apply serial numbers or other markings to your product for the purpose of traceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Do you maintain lot control and integrity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ENGINEERING REVIEW AND CHANGES</u>		YES	NO	N/A
44.	Do you have a process in place to ensure proper approval of engineering changes, such as changes to a design, drawing or bill of materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Are engineering changes validated prior to implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Are engineering changes subjected to inspection prior to implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	What engineering disciplines do you have available on staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	Are engineering changes subjected to appropriate and adequate testing prior to implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	Are engineering drawings, bills of materials, and testing protocol treated as controlled documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	If so, what process is in place to ensure that the proper revision of such documents is used in production, testing or other manufacturing steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>CUSTOMER RELATIONS AND PERFORMANCE</u>		YES	NO	N/A
51.	Do you have a process for reviewing the specifications provided by the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	Do you manage customer due dates and are these dates communicated throughout the organization including sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	Do you have a documented contract review process for reviewing its customers' contracts prior to acceptance to ensure it can meet the contract requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	Do you have a procedure for reviewing customer Purchase Orders prior to acceptance in order to ensure you will meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	the product specifications?			
55.	Do you have standard terms and conditions for Orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	Do you deviate from the Purchase Order, and if so, do you have a process for notifying the customer and securing the customer's approval? If so, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	Do you have a process for continuous improvement in manufacturing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	Do you have a process to ensure proper training for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59.	Are employees trained on the Quality System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.	Do employees receive training in accordance with industry standards for the work they perform? If so, please explain the training program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>VENDOR APPROVAL AND EVALUATION</u>		YES	NO	N/A
61.	Does your company insure you received from your vendor precisely that which was called for, and in accordance with the specifications provided on your Purchase Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62.	Do you utilize and maintain an updated Approved Supplier List?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63.	Do you have a process in place to evaluate a supplier prior to acceptance on the Approved Supplier List?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64.	Do you require that major sub-tier suppliers have a robust process for evaluating incoming materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65.	Do you audit sub-tier quality and delivery performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66.	Do you ever purchase raw materials from outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.	Are applicable customer requirements flowed down to the sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>AUDIT</u>		YES	NO	N/A
68.	Does your company conduct internal quality audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69.	How long does your company maintain such audit records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.	Do you conduct an overall evaluation of your quality system for effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71.	Do you review the manual periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MISCELLANEOUS</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72.	Do you have a written documented procedure in place for the parts you propose to supply to NPAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73.	Do you purchase services or conduct any processing outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74.	Can you respond favorably to emergency requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75.	Do you provide a written acknowledgement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>