

QUALITY ASSURANCE FORM

Revision Date: 07/03/13

QAF No.: 05-01

Rev: E

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KAMAN AEROSPACE GROUP  
FUZING and PRECISION PRODUCTS

217 SMITH STREET  
MIDDLETOWN, CT 06457

6655 E. Colonial Drive Suite A  
Orlando, FL 32807-5200

PROCUREMENT DEPARTMENT

## Supplier Evaluation Questionnaire

COMPANY NAME

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# QUALITY ASSURANCE FORM

Revision Date: 07/03/13

QAF No.: 05-01

Rev: E

## TABLE OF CONTENTS

<u>Section</u>	<u>Description</u>
1.0	General Information
2.0	Management Team
3.0	Quality Assurance
4.0	Kaman Aerospace Use Only

**NOTE: If you (supplier) are ISO 9001, AS-9100 or ISO/TS16949 certified or equivalent, then you (supplier) only need to complete sections 1.0, & 2.0, of the mail-in questionnaire and return it with a copy of your current ISO-9001, AS-9100, ISO/TS-16949 or equivalent certification to Kaman Purchasing.**

**If you (supplier) are not certified, all sections of this questionnaire shall be completed.**

## 1.0 GENERAL INFORMATION

### INSTRUCTIONS TO SUPPLIER FOR COMPLETION OF QUESTIONNAIRE

1. It is requested that the Manager of your Quality, Department or a member of your Senior Management Staff complete this questionnaire.
2. Please enter your company's name and address at which the work for KAMAN will be performed. Enter the name and title of the employee responsible for performance of Quality or Inspection and the name and title of the employee to whom the head of Quality/Inspection reports. (If you have an organization chart, please attach a copy to this questionnaire.) In the space for type of item or service to be provided to KAMAN, please indicate specifics (i.e., machined part, stamped part, molded part, raw material, heat treatment, plating, passivation, etc.). Please complete balances of information requested and, upon completion of balance of questionnaire, please sign, date and indicate your title.
3. ***DISTRIBUTIONS: As sections apply to your operations, check the spaces as applicable.***
  - A. YES, if the question pertains to your operation and is being performed;
  - B. NO, if the question does not pertain to your operation or is not being performed, or;
  - C. N/A, if the question does not apply to your operation.

***Where specific information is requested, please enter the applicable information in the space provided. Questions requiring amplification, additional space, and explanation of NO answers should be answered on a separate page with reference to the question number. Separate pages shall be attached to this questionnaire prior to submittal to KAMAN.***

5. Upon completion of this questionnaire, please email to buyer or forward it to Kaman Precision Products, Fuzing and Precision Products, Procurement Department at the address below:

217 Smith Street  
Middletown, CT 06457

NOTE: In the event that further information is required, Kaman's Quality Assurance will contact you to obtain such information or will make arrangements for a visit to your facility.

## QUALITY ASSURANCE FORM

Revision Date: 07/03/13

QAF No.: 05-01

Rev: E

Company Address			
Postal (or Zip) Code			
Main Telephone Number xxx-xxx-xxxx			
Main Fax Number			
Web Site Address			
E-Mail Address			
DUNS			
NAICS Code			
Annual Sale Volume (Approx)			
Parent Company Name			
Parent Company Address			
Floor Space (sq. ft.) at this location			
Business size			
Labor			
Summarize your key products, processes, technology & services			
If relevant, specify most commonly used materials	<b>Material</b>		
	Steel	<input type="checkbox"/>	
	Aluminum Alloy	<input type="checkbox"/>	
	Titanium	<input type="checkbox"/>	
	Other - Specify:	<input type="checkbox"/>	
	Other - Specify:	<input type="checkbox"/>	

# QUALITY ASSURANCE FORM

Revision Date: 07/03/13

QAF No.: 05-01

Rev: E

## 2.0 MANAGEMENT TEAM

Function	Name	Position	Telephone No.	E-Mail Address
President/Chairman				
VP/General Manager				
Finance				
Marketing & Sales				
Operations				
Engineering				
Quality Assurance				
Procurement Manager				
Material Planning/ Production Control				

\* Please provide copy of relevant organization chart(s)

QUALITY ASSURANCE FORM

Revision Date: 07/03/13

QAF No.: 05-01

Rev: E

3.0 QUALITY ASSURANCE

SUPPLIER QUALITY/INSPECTION SYSTEM QUESTIONNAIRE

SUPPLIER CATEGORY:

QUALITY SYSTEM: ISO- AS9100 MIL-Q-9858A  MIL-I-45208A  OTHER:

GENERAL INFORMATION RELATIVE TO SUPPLIER

INDIVIDUAL RESPONSIBLE FOR SUPPLIER'S QUALITY/INSPECTION EFFORT:

NAME: TITLE:

REPORTS TO: TITLE:

TYPE OF ITEM OR SERVICE TO BE PROVIDED TO KAMAN FUZING, & PRECISION PRODUCTS SYSTEMS:

SUPPLIER - KAMAN PRECISION PRODUCTS./ FUZING, MEASURING & MEMORY COORDINATION:

DO YOU HAVE ANY OBJECTION TO KAMAN SOURCE INSPECTRION/SURVEY/AUDITS?

IF YES, PLEASE INDICATE LIMITATIONS: \_\_\_\_\_

QUESTIONNAIRE COMPLETED BY: (SIGNATURE): \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

All information provided by supplier will be confidential and maintained on file at Kaman Aerospace Corporation, Fuzing & Precision Products, unless otherwise requested by Supplier.

# QUALITY ASSURANCE FORM

Revision Date: 07/03/13

QAF No.: 05-01

Rev: E

## SUPPLIER QUALITY/INSPECTION SYSTEM QUESTIONNAIRE

### QUALITY/INSPECTION ORGANIZATION AND PROGRAM

Does your company have a quality (inspection) organization responsible for execution of a Quality Assurance Program?

Is your quality/inspection system documented?

Is your quality/inspection system approved by your company management?

Do other Customers currently approve your Quality System?

### PROCUREMENT CONTROL

Do your procurement documents issued to your suppliers contain complete technical description and applicable quality requirements?

Do qualified personnel review your procurement documents to assure that appropriate descriptions and requirements are incorporated?

Do you procure items and services only from Customer approved sources?

Do you maintain an Approved Supplier List?

Do you review your supplier quality history and maintain supplier ratings?

Do you have obsolete Material Controls (Please attach a copy)

### CONTROL OF PURCHASED MATERIAL, EQUIPMENT & SERVICES

Are materials and services procured by you accepted based on certified test reports or certifications that demonstrate the conformance of materials and services in accordance with the technical requirements stated in the purchase order?

Are you DFARS specialty metal Compliant?

Do you have a FOD prevention Plan?

Do you have Counterfeit Product Controls (please attach a copy)

Are purchased materials and services traceable by a control number to associated documentation?

Do Receiving Inspection records indicate disposition of incoming material after inspection?

Do you maintain receiving inspection records, in-process Inspection records, and final inspection records?

Is disposition material identified as to proper status by identification marking or tagging that is clear and legible and applied so as to not affect material function?

# QUALITY ASSURANCE FORM

Revision Date: 07/03/13

QAF No.: 05-01

Rev: E

## CONTROL OF SPECIAL PROCESSES

Please indicate any processes that your company performs.

Anodic Coating/Plating

ESD Controls

Rubber Formulation

Brazing

Glass Bead Preening

Shot Preening

Castings

Heat Treatment

Soldering

Chemical Films

Hot Forming

Bonding

Chemical Milling

Metal Spraying

Welding

Cleaning/Degreasing

Paint/Prime

X-Ray

Dry Film Lubricants

Plastics

Forging

FPI/MPI

Potting

Other \_\_\_\_\_

For those special processes performed by your company, are gages, instruments, and other devices used in control subject to calibration?

Are certification and/or special training required?

If YES, Are records on file?

Are personnel and equipment, as applicable, approved and certified?

## CONTROL OF MEASURING & TEST EQUIPMENT

Do you have a program for calibration of measuring and test equipment and special process equipment at prescribed intervals or prior to each use?

If YES, please specify controlling specification

If NO, please specify who performs calibration

Is calibration performed against certified standards having known valid relationship to nationally recognized standards?

Is calibration program documented?

Are records of calibration maintained?

# QUALITY ASSURANCE FORM

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---

## INSPECT & TEST

Is inspection performed at planned checkpoints in accordance with written instructions?

Does inspection verify that accepted and correct materials are used in performance of work?

Do written inspection instructions specify the parameters to be inspected or tested, the equipment to be used, the sequence of operations, the sampling plans to be used, and the acceptance criteria to be used?

Is there a system for indication of inspection status and, if stamps are used, are they properly issued and controlled?

## INSPECTION RECORDS

Are all inspections and tests documented and traceable to materials and services?

Do you have a system for the preparation and maintenance of inspection and test records?

## CONTROL OF NON-CONFORMING MATERIAL

Do you have a system for identification and segregation of material found to be non-conforming?

Is there a system for review of materials or services that deviate from drawing or specification requirements?

Does Inspection perform re-inspection after rework or repair?

Do you notify the customer on non-conforming material and obtain approval for repair?

## CORRECTIVE ACTION

When non-conforming material is found, do you have a system for identification of cause, identification or responsibility, and corrective Action?

Do you have a system for follow-up of corrective action to determine that cause has been eliminated?

Do you promptly respond to customer corrective action requests sent to you notifying you of non-conforming material found by the customer?



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FOR KAMAN QUALITY ASSURANCE USE ONLY

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SUPPLIER: \_\_\_\_\_ SUPPLIER NUMBER: \_\_\_\_\_

Status:  
Type of service:

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REVIEWED BY SQE: \_\_\_\_\_ DATE: \_\_\_\_\_