



SUPPLIER QUALITY EVALUATION FORM F-740-003 Rev C

This evaluation is intended to provide HB Aerospace with data relative to the capabilities of the supplier. Please complete this questionnaire in sufficient detail to permit us to evaluate your company's capabilities and controls.

Company Legal Name or Record: _____

Government Cage Code: _____ **Duns & Bradstreet #:** _____

Address: _____

E-Mail Address to forward orders: _____

Telephone: _____ **Fax:** _____

Remit to Address: _____
(If different than above)

Type of Business: Manufacturer Distributor Manufacturer/ Distributor
(Check one)

General Information:

Principal Products: _____

Principle Processes: _____

Primary Services offered: _____

Head of Quality Organization and Responsible for Quality System (Name and Title):
Name: _____

Title: _____

Email: _____ Phone: _____

Primary Quality Contact for Quality and Rejection Issues:

Name: _____

Title: _____

Email: _____ Phone: _____

Does your company maintain product liability insurance that covers the products you sell, and for the work and services you perform, and are you able to provide HB Aerospace with a certificate or other evidence of such insurance if requested? Yes _____ No _____



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Quality System:

Is there a current Quality Manual? Yes ___ No ___ Revision _____ Date _____

Your Quality Program is derived from which of the following:

TSI6949 ___ ISO13485 ___ AS9120 ___ AS9100 ___ ISO9001 ___ NADCAP _____

Has your company ever obtained PMA for parts you manufacture? Yes ___ No ___ N/A ___

Does your company supply to the US Government? Yes ___ No ___

Are Certificates of Conformance provided with all shipments? Yes ___ No ___

Records of traceability are kept for ___ years, and will be provided/are available for review when requested.
(Please Circle)

Will Shipment cost be paid by the supplier for warranty returns? Yes ___ No ___

Is your Quality System accredited by a Third Party? Yes _____ No _____

If yes, Please identify Third Party accrediting organization: _____

If YES, You may skip HB Aerospace Supplier Self Evaluation Form F-740-009, and send a copy of your third party certificate along with this survey to the e-mail or fax number indicated below.

If NO, please complete this entire survey.

SURVEY COMPLETED BY: _____
(Signature)

Name /Title: _____ Date: _____

Send completed questionnaire forms to: joseph.hammer@hbaerospace.com or fax: 480-988-0694

This section to be completed by HB Aerospace

Evaluation Basis:

Supplier Evaluation Form ___ Certified QMS ___ Supplier Cert of Analysis ___

Simple Inspection ___ Supplier Visit / Audit ___ Supplier Test Order ___

Approved: ___ Conditional: ___ Not Approved: ___ Disapproved: ___

Signature: _____ Date: _____

Notes: _____

