

SUPPLIER QUALITY ENGINEERING
PRE-SURVEY QUESTIONNAIRE/CHECKLIST
FOR
POTENTIAL SUPPLIER

SUPPLIER _____ VQS NO _____
ADDRESS _____
CITY _____ PROVINCE/STATE _____
POSTAL/ZIP CODE _____ COUNTRY _____
TELEPHONE _____ FAX _____
WEB ADDRESS _____
CONTACT NAME _____ TITLE _____
E-MAIL _____
QUALITY CONTACT _____

L-3 COMMUNICATIONS ELECTRONIC SYSTEMS INC. SUPPLIER QUALITY ENGINEERING PLANS TO CONDUCT AN ASSESSMENT/EVALUATION AS A MINIMUM TO THE REQUIREMENTS OF:

- | | |
|--|--|
| <input type="checkbox"/> MIL-Q- 9858 | <input type="checkbox"/> MIL-I-45208 |
| <input type="checkbox"/> ISO 9001:1994 | <input type="checkbox"/> ISO 9002:1994 |
| <input type="checkbox"/> ISO 9003:1994 | <input type="checkbox"/> ISO 10012 |
| <input type="checkbox"/> ISO 9001:2000 | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> SPECIAL PROCESS | |

SPECIAL PROCESS (SPECIFY):

SECTION I - GENERAL INFORMATION

1. NUMBER OF EMPLOYEES _____ NUMBER OF QUALITY EMPLOYEES _____

2. LIST THE PERCENTAGE OF PRESENT TYPE OF MANUFACTURING/BUSINESS:

A. GOVERNMENT CONTROLLED _____ %

B. COMMERCIAL _____ %

3. NUMBER OF BUILDINGS _____

A. TYPE OF BUILDINGS: - (3 STOREY, BRICK ETC.)

4. FACILITIES:

A. MANUFACTURING _____ SQ. FT. (AIR CONDITIONED)

B. INSPECTION _____ SQ. FT. (AIR CONDITIONED)

C. OFFICE AREA _____ SQ. FT. (AIR CONDITIONED)

5. LIST 3 MAJOR CUSTOMERS:

A. _____

B. _____

C. _____

6. LIST L-3 COMMUNICATIONS FACILITIES SUPPLIED:

A. _____

B. _____

C. _____

7. LIST ANY CUSTOMER PARTNERSHIPS:

A. _____

B. _____

C. _____

SECTION I - GENERAL INFORMATION

8. CHECK THE BOX NEXT TO THE PRODUCT/PROCESS YOU SUPPLY OR PERFORM:

- | | |
|--|---|
| <input type="checkbox"/> CHEMICAL | <input type="checkbox"/> COMMERCIAL PLATING |
| <input type="checkbox"/> GENERAL MACHINING | <input type="checkbox"/> MIL-SPEC PLATING |
| <input type="checkbox"/> SCREW MACHINING | <input type="checkbox"/> SOLDERING |
| <input type="checkbox"/> GRINDING/HONING | <input type="checkbox"/> GRINDING/HONING |
| <input type="checkbox"/> SHEET METAL | <input type="checkbox"/> HEAT TREATING |
| <input type="checkbox"/> STAMPING | <input type="checkbox"/> BONDING/STANDARD |
| <input type="checkbox"/> CASTINGS | <input type="checkbox"/> BONDING WITH LEAK CHECKS |
| <input type="checkbox"/> FORGINGS | <input type="checkbox"/> E.D.M. |
| <input type="checkbox"/> SINTERINGS | <input type="checkbox"/> PRIMING/ PAINTING |
| <input type="checkbox"/> EXTRUSIONS | <input type="checkbox"/> GEAR FABRICATION |
| <input type="checkbox"/> MOULDINGS | <input type="checkbox"/> ENGRAVING/ETCHING |
| <input type="checkbox"/> WELDING/COMMERCIAL | <input type="checkbox"/> TOOLING/GAUGES |
| <input type="checkbox"/> WELDING/MIL-SPEC | <input type="checkbox"/> OPTICS |
| <input type="checkbox"/> PUNCH & DIE FABRICATION | <input type="checkbox"/> SPRINGS |
| <input type="checkbox"/> HYDRAULICS | <input type="checkbox"/> OPTICAL COATINGS |
| <input type="checkbox"/> PLASTIC FABRICATION | <input type="checkbox"/> TOOL & GAUGE DESIGN |
| <input type="checkbox"/> QUALITY CONSULTING | <input type="checkbox"/> MANUF. CONSULTING |
| <input type="checkbox"/> LASER MACHINING | <input type="checkbox"/> LASER ETCHING |
| <input type="checkbox"/> ELECTRICALCOMPONENTS | <input type="checkbox"/> PRECISION MACHINING |
| <input type="checkbox"/> ELEC/ELECTRONIC ASSY. | <input type="checkbox"/> R.F. COMPONENTS |
| <input type="checkbox"/> PCB'S | <input type="checkbox"/> CONNECTORS |
| <input type="checkbox"/> SEMICONDUCTOR DEVICES | <input type="checkbox"/> BEARINGS |
| <input type="checkbox"/> MAGNETS/MAGNETICS | <input type="checkbox"/> HARDWARE/MIL-SPEC |
| <input type="checkbox"/> WIRE/CABLE ASSY'S. | <input type="checkbox"/> ELECTRONIC CONSULTING |
| <input type="checkbox"/> BROACHING | <input type="checkbox"/> MICROWAVE |
| <input type="checkbox"/> BROACHING | |
| <input type="checkbox"/> HARDWARE/COMMERCIAL | |
| <input type="checkbox"/> NDT (SPECIFY) | |

SPECIALTY:

SECTION II – SPECIAL PROCESSES

PERFORMED BY VENDOR

PROCESS	SPECIFICATION	GOVT.APP.	REMARKS

SUB-CONTRACTED BY VENDOR

PROCESS	SPECIFICATION	GOVT.APP.	REMARKS

SECTION III – SUPPLIER ACKNOWLEDGEMENT

- 1). PLEASE PROVIDE 3 CREDIT REFERENCES:
A. _____
B. _____
C. _____
- 2). PLEASE ATTACH INFORMATION REGARDING THE CAPACITY OF YOUR OPERATION, INCLUDING YOUR TURN AROUND CAPABILITY (IE. RECEIPT OF ORDER TO DELIVERY WINDOW), CONTRACT/ DESIGN REVIEW, AND ON TIME DELIVERY RECORDS.
- 3). HOW DO YOU CONTROL YOUR SUBCONTRACTORS?
- 4). WHAT IS YOUR QUALITY SYSTEM BASED ON?
PLEASE GIVE THE NAMES OF 2 COMPANIES WHO HAS ACCEPTED IT.
A. _____
B. _____
- 5). DO YOU HAVE AN ENVIRONMENTAL SYSTEM (IE ISO 14000)? YES NO .
- 6). DO YOU HAVE A SET BUSINESS PLAN FOR THE NEXT FEW YEARS? YES NO .
- 7). WHAT IS YOUR SALES/YR FOR THE LAST THREE YEARS?
1. _____ 2. _____ 3. _____
- 8). IS YOUR COMPANY UNIONIZED? YES NO .
- 9). PLEASE PROVIDE INFORMATION REGARDING YOUR EMPLOYEE TRAINING PROGRAM.

SECTION III – SUPPLIER ACKNOWLEDGEMENT

- 10). DO YOU USE STATISTICAL PROCESS CONTROL? YES NO
IF YES, PLEASE OUTLINE WHERE IT IS UTILIZED IN YOUR OPERATION:
- 11). WHAT WORKMANSHIP STANDARDS DO YOU USE?
- 12). DO YOU HAVE DESIGN CAPABILITY? YES NO
IF YES WHAT IS YOUR CAD SOFTWARE BASED ON?
- 13). WILL YOUR ENGINEERING STAFF PARTICIPATE IN DESIGN REVIEW DISCUSSIONS WITH L-3 COMMUNICATIONS STAFF? YES NO .
- 14). ARE YOU WILLING TO HOLD INVENTORY FOR LSC TO ALLOW JUST IN TIME DELIVERY? YES NO .
- 15). ARE YOU WILLING TO COMPLY WITH SPECIAL PACKAGING / DELIVERY INSTRUCTIONS (IE. BAR CODING, ESD PACKNG, NITROGEN PACKAGING, ETC.) ? YES NO .
- 16). ARE YOU WILLING TO PROVIDE VALUE ADDED SERVICES (I.E. SOLDER DIPPING, ASSEMBLY SERVICES)? YES NO
IF YES PLEASE LIST SERVICES YOU OFFER.
- 17). PLEASE SUBMIT INFORMATION REGARDING YOUR LINE STATUS.
(FOR DISTRIBUTORS ONLY)

SECTION III – SUPPLIER ACKNOWLEDGEMENT

AFTER A REVIEW OF THE SUPPLIED INFO BY A SUPPLIER QUALITY ENGINEER, YOU WILL BE CONTACTED TO EITHER:

1. ARRANGE A TIME AND DATE TO CONDUCT AN ON-SITE AUDIT OF YOUR FACILITY

OR

2. DISCUSS ITEMS THAT REQUIRE CHANGE AND/OR IMPROVEMENT BEFORE AN ON-SITE AUDIT CAN BE CONDUCTED.

PLEASE PROVIDE ADDITIONAL INFORMATION BELOW THAT YOU THINK WILL HELP WITH THE REVIEW PROCESS:

Q.A. MANAGER _____

DATE _____

SECTION IV – L-3 COMMUNICATIONS ELECTRONIC SYSTEMS INC. USE ONLY

1. SUPPLIER EVALUATION REQUESTED BY:

NAME _____

PROGRAM _____

2. WAS THIS FACILITY PREVIOUSLY SURVEYED? YES NO .

IF YES, PLEASE COMMENT:

3. IS THIS SUPPLIER A CANDIDATE FOR AN ON-SITE AUDIT? YES NO .

IF NO, PLEASE COMMENT:

4. IF AN ON-SITE AUDIT WILL NOT BE CONDUCTED, PLEASE COMMENT:

ASSESSOR/QE _____

SIGNATURE _____

APPROVAL _____

DATE _____

DATE _____