



**SUPPLIER QUALITY EVALUATION FORM F-840-003 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-840-009, 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](mailto: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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_