

## Capability Survey Questionnaire

Please E-Mail, Fax or Mail back to:

ATTN: Quality Assurance Manager  
TULMAR Manufacturing INC.  
101 Tulloch Drive  
Ogdensburg, NY 13669

### VENDOR ORGANIZATION INFORMATION

Supplier's Name: _____	CAGE Code Number: _____
Date Company Founded: _____	Web Page: _____
Billing Address: _____ _____ _____	Shipping Address: _____ _____ _____
Contact: _____	Contact: _____
Ph: _____	Ph: _____
Fax: _____	Fax: _____

President/Owner:	Ph:	Fax:	Email:
Customer Service Representative:	Ph:	Fax:	Email:
Sales Representative:	Ph:	Fax:	Email:
Quality Manager:	Ph:	Fax:	Email:
Other:	Ph:	Fax:	Email:

Number of employees : Mgmt : \_\_\_\_\_ Admin : \_\_\_\_\_ Engrs \_\_\_\_\_  
Quality : \_\_\_\_\_ Production : \_\_\_\_\_ Others \_\_\_\_\_ Total : \_\_\_\_\_

Type of Business :  Manufacturer (O.E.M.)  Sub-Contractor  Distributor  
 Repair & Overhaul Facility  Other: \_\_\_\_\_

Approvals, (please enclose certificates) :

Manufacturing :  TCCA CAR 561  FAA FAR 21  EASA 21  Other: \_\_\_\_\_  
Distribution :  TCCA CAR 563  FAA AC00-56A  Other: \_\_\_\_\_  
Maintenance :  TCCA CAR 573  FAA FAR 145  EASA 145  Other: \_\_\_\_\_

**Complete each question by selecting the answer (as applicable) from the drop-down menu's.**

<b>1</b>	Does your company have a documented Quality Program? If yes, which one does it meet?	
<b>2</b>	Has your Quality Program been certified by a Third-Party Registrar? If yes, please provide a copy of the current Quality Approvals your company holds as an attachment to this questionnaire.	
<b>3</b>	Specify the types of inspections (100%, Sampling or Other) performed on:	
	a) Incoming (receiving) Products	
	b) In-Process	
	c) Final	
<b>4</b>	During production process, are products identified for traceability?	
<b>5</b>	Is there a procedure to assure that non-conforming parts are investigated, identified, segregated and properly disposed of?	
<b>6</b>	Are shipments identified with the customer's purchase order number, part number and quantity?	
<b>7</b>	Can you provide the following documents, automatically with each shipment, as applicable?	
	a) Packing Sheets	
	b) Certificates Of Conformance	
	c) Certified Test Reports	
	d) JAA Form One	
	e) TCCA Form 24-0078	
	f) FAA 8130-3	
	g) Copies of the Original Vendor Certificate	
	h) Material Safety Data Sheets (MSDS)	
	i) Hazardous Material Information Labels (WHMIS)	
	j) North American Free Trade Agreement Certificate (NAFTA)	
k) Other:		
<b>8</b>	For how long are quality records maintained?	
<b>9</b>	Do you require an authorization number for the return of non-conforming products to your facility?	
	If yes, who is the contact and their co-ordinates?	
<b>10</b>	Would you permit a member of our company and/or Tulmar customer to visit your premises to conduct an on-site assessment?	
<b>11</b>	Are you <u>C</u> ustoms <u>T</u> rade <u>P</u> artnership <u>A</u> gainst <u>T</u> errorism (C-TPAT) or <u>F</u> ree <u>A</u> nd <u>S</u> ecure <u>T</u> rade Program (FAST) certified or None?	

12	Are you planning to apply for C-TPAT , FAST or None?	
13	Do you have a supply chain security procedure/profile? If "yes", please supply a copy.	
14	Do you have an emergency response plan to resume your business in case of a major operational disruption?	

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This questionnaire was completed to the best of my ability and the answers provided herein are true and accurate statements that correctly reflect the company's current status.**

\_\_\_\_\_

**Signature (Name) and Title**

\_\_\_\_\_

**Date**

**For Tulmar purposes only:**

Questions/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplier Initial Rating for: Service \_\_\_\_\_ Reliability \_\_\_\_\_ Documents \_\_\_\_\_

Supplier's CSQ Response:  Accepted: Proceed by entering data in Tulmar's Quality System

Rejected - Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed By: \_\_\_\_\_

Signature

\_\_\_\_\_

Date