

Buyer Name:

Buyer No.:

Vendor Code:

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRE

Supplier Name _____
Address _____

Note: If your company is currently *certified* to ISO 9001 or ISO 9002, only complete sheet (2) & paragraphs 1.53 – 1.57. You do not need to complete the other sheets of this survey. Simply attach a copy of your current certificate to either ISO 9001 or 9002 to this survey and return to the sender.

Reviewed By: _____
Date: _____

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRE

General Information Data

Company Name _____ Date _____
Facility Address _____ Phone _____

E-Mail Address _____

Key Personnel

Title

Name	_____	_____
Name	_____	_____
Name	_____	_____
Responsible for Quality Control	_____	_____
Reports to	_____	_____
Responsible for Mfg.	_____	_____
Reports to	_____	_____
Total Plant Area Square Feet	_____	
Number of Buildings	_____	
Type of Buildings	_____	
Total Manufacturing Area	_____	Total Employees _____
Type of Manufacturing Service or Products	_____	
Security Clearance Level	_____	

Is your company receptive to BIW source/surveillance inspection? Yes No

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRE

FOR BIW USE ONLY

Survey Results

- | <u>Status</u> | <u>Level of Qualification</u> |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Acceptable | <input type="checkbox"/> MIL-Q-9858A |
| <input type="checkbox"/> Unacceptable | <input type="checkbox"/> MIL-I-45208A |
| | <input type="checkbox"/> ISO 9001 |
| | <input type="checkbox"/> ISO 9002 |
| | <input type="checkbox"/> Other |

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRE

SECTION A

1. Names of Key Quality Control Personnel:		Years with company
1.1	Quality Control Manager	
1.2	Quality Assurance Manager	
1.3	Chief Inspector	

2. List principal customers for whom you have supplied material similar to BIW's requirements in the past three years:

	Name and Address
2.1	
2.2	
2.3	
2.4	
2.5	

3. List Companies and Government Agencies which have performed Quality surveys and approved your facilities:

	Name and Address	Month/Year
3.1		
3.2		
3.3		
3.4		
3.5		

4. List Companies and Agencies which are in the process of performing or have performed source inspection at your facility:

	Name and Address
4.1	
4.2	
4.3	
4.4	
4.5	

5. List the principle processes you use to manufacture your product such as welding, brazing, heat treating, plating, anodizing, etc. Are you required to have approved (by the customer) procedures for any of these processes?

	<u>Process</u>	<u>Process Specification</u>	<u>Procedure #</u>	<u>Approval Required</u>
5.1				
5.2				
5.3				
5.4				
5.5				

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRE

SECTION A (CONTINUED)

6. List principal vendor facilities you have used in the past year as a source of material, processes, or services; and those which you currently approve for such services:

Include all processes (welding, brazing, heat treating, plating, anodizing, etc.) performed in your plant. (Denote by listing "in plant" under company heading below):

	<u>Company</u>	<u>Address</u>	<u>Process</u>	<u>Applicable Specifications</u>
6.1				
6.2				
6.3				
6.4				
6.5				

7. Additional Facilities information you wish to include in this report:

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRESECTION B

1. General Information Check List

		Yes	No
1.1	Do you segregate raw stock, castings, forgings, etc., in a separated, controlled area by contract?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Is each piece, batch, lot, or group of raw stock identified for traceability by:		
	A. Color Code Only?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Purchase Order Number?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Control Number System?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Are only authorized personnel allowed to handle and issue stock?	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Is kind, type, and condition of material verified:	<input type="checkbox"/>	<input type="checkbox"/>
	A. When received?	<input type="checkbox"/>	<input type="checkbox"/>
	B. When issued?	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Are copies of current applicable material and process specifications on file?	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Are certifications, analyses, and verification test results traceable to specific lots or branches of material?	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Is a file of material analyses and conformance maintained?	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Are material analysis and process verification tests performed?	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Is a file of verification test results maintained?	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Are customer-supplied materials and parts segregated and identified?	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Are ship order or job traveler forms written and used?	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Do shop travelers provide production sequence of operations?	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Do operational sequence forms provide for "First Article" Inspection?	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Are results of "First Article" and "In Process" Inspection recorded and filed?	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Is provision made for periodic "In Process" Inspection for each operation?	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Is periodic "In Process" Inspection performed by:	<input type="checkbox"/>	<input type="checkbox"/>
	A. Operators?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Foremen?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Leadmen?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Other Supervision?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Inspectors?	<input type="checkbox"/>	<input type="checkbox"/>
1.17	Are "In Process" Inspection Records used to flag and prevent recurrent discrepancies?	<input type="checkbox"/>	<input type="checkbox"/>
1.18	Is the "First Article" Inspection performed by:		
	A. Operators?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Foremen?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Leadmen?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Other Supervision?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Inspectors?	<input type="checkbox"/>	<input type="checkbox"/>
1.19	Is the calibration of all company and personal gages, standards, meters, checking and measuring masters and devices performed per ANSI Z540?	<input type="checkbox"/>	<input type="checkbox"/>

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRE

SECTION B (CONTINUED)

	Yes	No
1.20 Do you use master gages for checking and setting working gages and devices?	<input type="checkbox"/>	<input type="checkbox"/>
1.21 Is your inspection group functionally separate from Production?	<input type="checkbox"/>	<input type="checkbox"/>
1.22 Is inspection authorized to stop production when quality is unsatisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
1.23 Are procedures for effective "In Plant" corrective action written and operative?	<input type="checkbox"/>	<input type="checkbox"/>
1.24 Is there a procedure established and in operation to control blueprint and specification changes?	<input type="checkbox"/>	<input type="checkbox"/>
1.25 Are all pertinent blueprints, specifications and other required information supplied to your vendors?	<input type="checkbox"/>	<input type="checkbox"/>
1.26 Do you inspect all work received from your vendors?	<input type="checkbox"/>	<input type="checkbox"/>
1.27 Is objective evidence of receiving inspection results maintained on file?	<input type="checkbox"/>	<input type="checkbox"/>
1.28 Are all discrepant materials and parts sorted from each lot and reworked or scrapped before additional operations, shipping, or stacking?	<input type="checkbox"/>	<input type="checkbox"/>
1.29 Are all rejected material and parts identified by quantity and reason for rejections?	<input type="checkbox"/>	<input type="checkbox"/>
1.30 Do you maintain a segregated non conforming area?	<input type="checkbox"/>	<input type="checkbox"/>
1.31 Are instructions, both "In Plant" and to vendors, for rework and salvage, written and explicit?	<input type="checkbox"/>	<input type="checkbox"/>
1.32 Are scrap material and parts permanently removed from production and destroyed to preclude usage?	<input type="checkbox"/>	<input type="checkbox"/>
1.33 Are all accepted parts and material positively identified?	<input type="checkbox"/>	<input type="checkbox"/>
1.34 Is each job or inspection lot inspected before shipping or stocking?	<input type="checkbox"/>	<input type="checkbox"/>
1.35 Do inspection records denote the quantity, nature, degree, range, and disposition of each discrepancy?	<input type="checkbox"/>	<input type="checkbox"/>
1.36 Are inspection records readily identifiable to specific job lots?	<input type="checkbox"/>	<input type="checkbox"/>
1.37 Are inspection records filed and available for a minimum of three years from date of completion?	<input type="checkbox"/>	<input type="checkbox"/>
1.38 Does your company have a functioning Government Authorized Material Review Board or Group?	<input type="checkbox"/>	<input type="checkbox"/>
1.39 Does Quality Control (Inspection) report directly to top management (other than production)?	<input type="checkbox"/>	<input type="checkbox"/>
1.40 Do you have an up-to-date Quality Control Manual?	<input type="checkbox"/>	<input type="checkbox"/>
1.41 Are inspection procedures and instructions written and issued to all involved personnel?	<input type="checkbox"/>	<input type="checkbox"/>
1.42 Is final inspection and testing performed for all operations?	<input type="checkbox"/>	<input type="checkbox"/>
1.43 Is every required characteristic inspected 100%?	<input type="checkbox"/>	<input type="checkbox"/>
1.44 Is a Government or Customer approved Sampling Inspection Plan employed?	<input type="checkbox"/>	<input type="checkbox"/>
1.45 If not now operating or available, are you willing to:		
A. Establish Quality Control and Production procedures?	<input type="checkbox"/>	<input type="checkbox"/>
B. Obtain production and inspection equipment?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have required calibrations performed?	<input type="checkbox"/>	<input type="checkbox"/>
D. Maintain Quality Control records?	<input type="checkbox"/>	<input type="checkbox"/>
E. Maintain production records?	<input type="checkbox"/>	<input type="checkbox"/>

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRE

SECTION B (CONTINUED)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1.46 Do you have sufficient and adequate equipment to provide for proper handling and storage of parts and materials, to prevent damage and contamination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.47 Does shipping inspection include a check of the packaging and marking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.48 Is separate, controlled, storage area for finished parts and sub-assemblies maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.49 Are you required to and do you maintain an electro-static discharge (ESD) program in accordance with DOD-STD-1686? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.50 Do you require your subcontractors to maintain a quality program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.51 Do you periodically evaluate your subcontractors' quality using objective quality evidence such as source inspection and receipt inspection information and/or audit results? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.52 Do you have an "Approved Supplier List" and are procurements placed solely with subcontractors on the list? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.53 Do you have a process to manage counterfeit electronic parts from your suppliers?
If so, what is the process? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.54 Do you have a process for identifying counterfeit electronic parts, which includes: | | |
| A. Risk Mitigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Disposition? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Reporting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.55 Do you purchase electronic parts from OCMs or authorized suppliers | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.56 Do you have a procedure for screening incoming components for counterfeit electronic parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.57 Do you require your electronic parts distributors to have a counterfeit electronic parts program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently qualified for any of the NDT processes: | | |
| A. Magnaflux? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Dye Penetrant? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Ultrasonic? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. X-Ray? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently qualified to the following: (Check all that apply) | | |
| <input type="checkbox"/> MI L-Q-9858A | | |
| <input type="checkbox"/> MIL-I-45208A | | |
| <input type="checkbox"/> OTHER (SPECIFY) | | |
| 4. Please add any information or explanation to referenced sections or questions of the questionnaire that you feel necessary to the proper completion and understanding of this report. | | |

The information contained in this questionnaire is complete and accurate in all details to the best of my knowledge and belief:

Signature of Authorized Official

Title

Date

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRE

SECTION B (CONTINUED)

	Yes	No
1. Does your company currently have Statistical Process Control functioning within your operations? <u>If NO, proceed no further with this questionnaire If YES, please continue</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your company currently rated by another company's supplier rating system which requires Statistical Process Control/Continuous Improvement? A. If yes, which company(s) _____ Rating _____ _____ Rating _____ _____ Rating _____ B. Do you currently hold a Preferred Supplier Status with any company? If YES, please list. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Estimate the number of processes monitored in your company. _____ A. Are any of the monitored processes involved in products purchased by BIW? <u>If NO, proceed no further with this questionnaire If YES, please continue</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. Please answer the following questions as they relate to items procured by BIW. A. Planning - Are control items (dimensions or characteristics affecting fit function, durability, and appearance) designated on drawings <input type="checkbox"/> <input type="checkbox"/> - Have critical processes been identified and designated for monitoring? <input type="checkbox"/> <input type="checkbox"/> - Have functional characteristics required for next stage of assembly been identified and monitored? <input type="checkbox"/> <input type="checkbox"/> B. Training - Has top management received training on Statistical Process Control methodology and applications? <input type="checkbox"/> <input type="checkbox"/> - Does your company have an SPC specialist available? <input type="checkbox"/> <input type="checkbox"/> - What percentage of your work force has received statistical training? Management _____ % Salaried _____ % Hourly _____ % C. Controls - Has company management established a formal statistical program aimed at: • Defect prevention & reduction of variation? <input type="checkbox"/> <input type="checkbox"/> • Monitoring of scrap and rework? <input type="checkbox"/> <input type="checkbox"/> • Effective maintenance of equipment? <input type="checkbox"/> <input type="checkbox"/> • Employee involvement? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATH IRON WORKS SUPPLIER QUALITY CONTROL AND FACILITIES QUESTIONNAIRESECTION B (CONTINUED)

- | | Yes | NO |
|--|--------------------------|--------------------------|
| - Does your company have a Cost of Quality management system in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Can your company provide examples of the use of any of the above in management of quality costs? (Please Include with returned form. Scales or values indicating monetary values should be removed if this is considered proprietary information.) | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Continuous Improvement | | |
| - Are out of control conditions documented and evaluated for corrective action? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Is the effectiveness of corrective action monitored with SPC? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Does your company have a goal to achieve a $C_p \geq 1.33$? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Estimate the number of monitored processes currently capable of $C_p \geq 1.33$? | | |