**KMC MEDICAL, SUPPLIER SELF SURVEY**

KMC requires that suppliers of products / services be evaluated and approved prior to doing business with KMC.

**NOTE:** If you do not manufacture a product but will be providing a service to KMC, complete only page 1 of the attached survey for your company information, and contact Christine E. Long @ 603-886-7590 or email [christine.long@elbitsystems-us.com](mailto:christine.long@elbitsystems-us.com) to request a brief addendum you’ll need to complete for the specific type of service you’re providing.

The attached survey is intended to be the first step to objectively determine the capability to which you can provide products/services in compliance with required specifications. (Note, when selecting N/A to any of the survey questions please provide an explanation).

If KMC determines that you are a Key / Critical Supplier or that further evaluation is required, an onsite Quality System Audit may also need to be performed and you will be contacted.

**Please include the following required documents (if applicable) when submitting the completed survey.**

* **Quality Manual**
* **Organizational Chart**
* **ISO Certifications**
* **RoHS (QC 080000, EU RoHS CAS or Customer Specific Certifications)**
* **List of Equipment**

**Email** **completed survey & copies of applicable documents identified above to**: [sue.munro@elbitsystems-us.com](mailto:sue.munro@elbitsystems-us.com)

May also be mailed to: Elbit Systems-US / KMC Medical

ATTN: Purchasing

220 Daniel Webster Highway

Merrimack, NH 03054-4844

**Thank you**

***Consideration and approval as a qualified supplier for Elbit Systems-US, KMC Medical, is contingent on this survey being completed and returned in a timely manner.***

**KMC Medical**

**220 Daniel Webster Highway Survey Score \_\_\_\_\_\_\_\_\_\_**

**Merrimack, NH 03054-4844**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SUPPLIER SELF SURVEY | | | | |
| COMPANY NAME: | | PHONE NO: | date: | |
| ADDRESS: City STATE: ZIP CODE: | | FAX NO: | WEBSITE ADDRESS: | |
| CONTACT NAME & TITLE: | | PHONE #: | E-MAIL ADDRESS: | |
| SURVEY COMPLETED BY: | | TITLE: | FAX NO: | |
| **COMPANY INFORMATION** | | | | |
| Tax ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of years in business \_\_\_\_\_\_\_\_\_\_\_\_\_  Are you a distributor  Yes  No  SALES DOLLARS PER YEAR: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  business SIZE: Large  small  (check all that apply)  disadvantaged  WOMAN OWNED  veteran owned  service disabled veteran  HUB ZONE  Certifying AGENcy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DoES YouR COMPANY Mfg. mATERIALS / pRODUCTS  or PROVIDE A SERVICE  (TYPE of service ie: Software, Calibration, Contractor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  expertise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  nUMBER OF CUSTOMERS > 10% SALES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you CERTIFIED to ISO?  Yes  No  RoHS (QC 080000, EU RoHS CAS?  Yes  No  **please SUBMIT copies of Certificates** | | | |
| Is your company controlled by a parent company?  Yes  No  Has your company been involved in any mergers, or acquisitions, in the last 5 years?  Yes  No  **If yes provide history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Has your company ever been in material default or breach of contract?  Yes  No  Are there any past or pending litigation claims against your company?  Yes  No  Does your company carry liability insurance?  Yes  No | | DO YOU OUTSOURCE PROCESSES  Yes  No  Type of processes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  UNION :  Yes  No  (If yes, next contract review) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CURRENT MFG. CAPACITY: \_\_\_\_\_\_\_\_\_\_%  MANUFACTURING AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SQ. FT.)  NUMBER OF SHIFTS (TYPICAL): \_\_\_\_\_\_\_\_\_\_  Total NUMBER OF EMPLOYEES: \_\_\_\_\_\_\_\_\_  ENGINEERING - \_\_\_\_\_\_\_\_  MANUFACTURING - \_\_\_\_\_\_\_\_ QUALITY - \_\_\_\_\_\_\_\_\_ | | |
| **DoES YOUR COMPANY HAVE A CORPORATE RoHS POLICY OR GUIDANCE DOCUMENT?**  Yes  No  N/A  **DOES YOUR POLICY CONTROL THE 6 RoHS SUBSTANCES?**  Yes  No  N/A    **DOES YOUR POLICY CONTROL THE USE OF ADDITIONAL SUBSTANCES?**  Yes  No  N/A  **IS THE RoHS POLICY INCLUDED AS PART OF A QUALITY MANAGEMENT OR ENVIRONMENTAL MANAGEMENT SYSTEM?**   Yes  No  N/A | | | | |
| DoES youR COMPANY have a documented process / procedure for Handling, packaging, & shipping requirements of Electro Static devices (esd)?  Yes  No  N/A | | do YOU WORK WITH ENGineeRing MODELS, e.g.: STEP, IGES, OTHER?  Yes  No  N/A  TYPEs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPICAL REQUIRED LEAD TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RAPID PROTOTYPE (TYPICAL LEAD TIME): \_\_\_\_\_\_\_\_\_ | | |
| other customer: | | | | % OF business |
| other customer: | | | | % OF business |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.0 DOCUMENTATION SYSTEM** | | | | |
|  | | | **COMMENTS** | **SCORE** |
| 1.1 | Do you have procedures that control engineering drawings, specifications, and software? | Yes  No  N/A |  |  |
| 1.2 | Do you have a procedure that requires the use of shop orders / travelers, and process instruction sheets? | Yes  No  N/A |  |  |
| 1.3 | Do you have a procedure that requires the Development, and use of formal inspection / test criteria for inspection operations? | Yes  No  N/A |  |  |
| **2.0 INCOMING MATERIAL CONTROLS** | | | | |
| 2.1 | Do you have a procedure that defines how perishable materials (shelf life), shall be identified, stored, and used to prevent spoilage or exceed expiration date? | Yes  No  N/A |  |  |
| 2.2 | Do you have a procedure that requires purchased material or services be inspected? | Yes  No  N/A |  |  |
| 2.3 | Do you have a procedure that requires received materials be identified? | Yes  No  N/A |  |  |
| **3.0 QUALITY ASSURANCE** | | | | |
| 3.1 | Do you have a Quality Manual that  describes your system and procedures? | Yes  No  N/A |  |  |
| 3.2 | Do you have a procedure that requires documented audits of your quality system be scheduled and performed? | Yes  No  N/A |  |  |
| 3.3 | Do you have a procedure that requires rejections, including customer complaints be formally documented and investigated? | Yes  No  N/A |  |  |
| 3.4 | Do you have a corrective actions procedure? | Yes  No  N/A |  |  |
| 3.5 | Do you have an established calibration program / procedure that identifies the gages and equipment to be included, the frequency, and required accuracy for each, traceable to a known standard? | Yes  No  N/A |  |  |
| 3.6 | Do you have a procedure that identifies quality records to be retained, and the specified period?  How long do you maintain records & copies of certifications, that if required can be made available? | Yes  No  N/A  # of Years \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **4.0 MANUFACTURING CONTROLS** | | | | | |
| 4.1 | Do you use statistical techniques in any of your processes (including sampling inspection)? | | Yes  No  N/A |  |  |
| 4.2 | Do you have a procedure that requires all manufactured lots be uniquely identified for traceability? | | Yes  No  N/A |  |  |
| 4.3 | Do you have a procedure that requires each production operation be identified on a router / traveler, and performed in the proper sequence? | | Yes  No  N/A |  |  |
| **5.0 MANAGEMENT SUPPORT** | | | | | |
| 5.1 | Has executive management developed and funded a well documented quality program for its employees? | | Yes  No  N/A |  |  |
| 5.2 | Has executive management developed and published quality objectives for the firm which can be objectively measured in terms of the company performance? | | Yes  No  N/A |  |  |
| 5.3 | Has executive management structured the quality organization to assure defined authority and responsibility? | | Yes  No  N/A |  |  |
| **6.0 ENVIRONMENTAL CONTROLS** | | | | | |
| 6.1 | Where controlled environments are used, are adequate provisions made for personnel (e.g. protective clothing & or equipment), including training for use? | Yes  No  N/A | |  |  |
| 6.2 | Do you document monitoring and preventive maintenance of controlled environments to assure they are properly maintained? | Yes  No  N/A | |  |  |
| **End of Form** | | | | | |
| **THANK YOU FOR COMPLETING THIS SURVEY** | | | | | |