**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 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

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**

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| 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 [ ]  NoSALES 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 [ ]  NoHas 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 [ ]  NoAre there any past or pending litigation claims against your company?  [ ]  Yes [ ]  NoDoes 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/ATYPEs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPICAL REQUIRED LEAD TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RAPID PROTOTYPE (TYPICAL LEAD TIME): \_\_\_\_\_\_\_\_\_ |
| other customer: | % OF business |
| other customer: | % OF business |

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| **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 thatdescribes 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 \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **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** |