

FRONTIER ELECTRONIC SYSTEMS SUPPLIER SURVEY REPORT

THIS SECTION TO BE COMPLETED BY FES:

TYPE OF SURVEY: Mail-out ☐ On-Site ☐ Phone ☐ Recertification ☐ Follow-Up ☐
SUPPLIER CLASSIFICATION: Group I ☐ Group II ☐ Other: _____

SUPPLIER'S QUALITY SYSTEM

A. SUPPLIER CONTACT INFORMATION

SURVEY DATE: _____

Name:					
Address:					
City:		State:		Zip:	
Quality Manager:		Phone:		Email:	
Supplier Contact:		Phone:		Email:	
Website:					

B. SUPPLIER CERTIFICATION

Is the Supplier AS9100 Certified? Yes ☐ No ☐

Is the Supplier ISO 9001 Certified? Yes ☐ No ☐

List any other Certifications presently held:

Certification	Date of Certification	Certified By
NASA 8739.1		
NASA 8739.4		
J-STD-001		

NOTE: Please attach a copy of your Company's AS9100/ISO Certification (if applicable), or any other pertinent Certifications.

C. SUPPLIER INFORMATION

1. Identify below or attach a list of the types/categories of Products Manufactured:

2. Number of shifts: 1 ☐ 2 ☐ 3 ☐ Number of Employees: _____
3. Number in Quality: _____ Years in business: _____
4. Do you have a delegated active Material Review Board? Yes ☐ No ☐
 a. Delegated by? _____
5. Calibration performed: In-house ☐ Outside ☐ Both ☐
6. Is GSI (Government Source Inspection) available? Yes ☐ No ☐
 a. If so, is GSI: Resident ☐ Itinerant ☐
7. Percent Government Business: _____ %

8. Is a Security Clearance required for visiting your facility? Yes ☐ No ☐
- a. If Yes, which level: Confidential ☐ Secret ☐ Other ☐ _____
9. Is the Supplier an OEM, franchised distributor, or a non-franchised distributor?
- OEM ☐ Franchised Distributor ☐ Non-Franchised Distributor ☐

D. SUPPLIER BACKGROUND INFORMATION

1. Supplier's experience with FES purchase orders: None ☐ Past ☐ Present ☐
- a. If past or present, list product types:

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2. Supplier's major customers and programs:

Customer	Program	Location

3. List Process Capabilities:

Process	In Accordance With	Mil-Spec

If a copy of current, valid AS9100/ISO Certification is provided, completion of section E thru DD is not required. Please proceed immediately to page 10 to sign and date this form.

E. ORGANIZATION

1. QA/QC Management

Name	Title	Phone	Email

2. Manufacturing Management

Name	Title	Phone	Email

3. Sales Management

Name	Title	Phone	Email

4. What is the number of Inspection Personnel in your facility? _____

5. How many are Full-Time _____ Part-Time _____

6. What is the Ratio of Production Direct Personnel to Inspection Direct Personnel? _____ : _____

7. Do you have a company organization chart? Yes ☐ No ☐ N/A ☐

8. Do you have a Quality Organization chart? Yes ☐ No ☐ N/A ☐

9. Does your Company have a Quality Manual? Yes ☐ No ☐ N/A ☐

NOTE: Please return a copy of your Quality Manual with this survey if Yes.

(Copy of Quality Manual not required if a copy of current, valid ISO certification is provided.)

10. Is your Quality System in Accordance with:

ISO 10012 ☐ ISO/IEC 17025 ☐ ISO 9001 ☐

DAR 7-103.5 ☐ FAR 52.246-2 ☐ AS9100 ☐

Other: _____ ☐ _____ ☐ _____ ☐

11. Is there an Inspection Plan in lieu of a Quality Manual? Yes ☐ No ☐ N/A ☐

12. Does your Quality Manual describe Quality's responsibility and Authority? Yes ☐ No ☐ N/A ☐

13. Is your Quality Manual/Inspection plan available for use by all Quality Personnel? Yes ☐ No ☐ N/A ☐

14. Your Quality Manual/Inspection plan is issued to: (Mark all that Apply)

Managers ☐ Supervisors ☐ Inspectors ☐ Others ☐

15. Is the Inspection/Test system documented? Yes ☐ No ☐ N/A ☐

16. Are specific inspection/test procedures included? Yes ☐ No ☐ N/A ☐

17. Do Personnel performing quality functions have sufficiently well-defined responsibilities, authority, and organizational freedom to:

a. Identify and evaluate quality problems? Yes ☐ No ☐ N/A ☐

b. Initiate, recommend or provide solutions? Yes ☐ No ☐ N/A ☐

- | | |
|--|---|
| 18. Are there inspection plans and product flow charts prepared and maintained, that show the location of inspection stations? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 19. Does documentation show that management regularly reviews the status of the quality program? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

F. INITIAL QUALITY PLANNING

- | | |
|---|---|
| 1. Are contracts reviewed to identify and make timely provisions for special or unusual quality requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|---|---|

G. WORK INSTRUCTIONS

- | | |
|--|---|
| 1. Are all inspections and tests documented? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| a. Does this include in-process inspections/tests? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. Is documentation clear, complete and current? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| c. Is documentation available? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2. Are detailed instructions used for all operations that affect quality? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3. Are instructions reviewed/monitored by Quality for: | |
| a. Accuracy? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. Completeness? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| c. Worker compliance? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4. Are personnel trained in the use of Work Instructions, Procedures, etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

H. QUALITY RECORDS

- | | |
|---|---|
| 1. Are current, complete and accurate records of quality activities on file and maintained? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2. Do inspection/test records indicate the: | |
| a. Nature and number of observations made? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. Number and types of deficiencies found? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| c. Quantities approved and suspended? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| d. Nature of corrective action? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3. Does management action reflect the use of quality records data and analysis? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4. Are in process inspections documented in such a manner as to provide a positive inspection status of items/materials? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5. Does your company perform any Sampling Inspections? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6. Are Records maintained as a source of objective Quality Evidence and traceable to Sub-Suppliers, for review by Customer/Government Agencies? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7. Number of Years maintained? | <div style="border-bottom: 1px solid black; width: 100px;"></div> |

I. CORRECTIVE ACTION

- | | |
|--|---|
| 1. Does your Company maintain a Corrective Action system? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2. Does corrective action extend to suppliers? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3. Do you take Corrective Action on buyer reported deficiencies? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4. Is product examination conducted on scrap and rework to determine the extent and causes of defects? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5. Is the effectiveness of corrective action reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6. Are statistical analyses used to identify quality trends and gain corrective action? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| a. Does data include items submitted to the customer? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. Are causes of potential defects identified and corrected? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

- c. Are there charts and graphs that reflect sufficient data, causes and corrective actions to substantiate adequate process controls thus assuring the quality of the product?

Yes ☐ No ☐ N/A ☐

J. COSTS RELATED TO QUALITY

1. Is quality cost data collected and used as a management tool to prevent or correct unfavorable trends and minimize total expenditures?
2. Does management know the cost of scrap and rework in comparison to the cost of preventing scrap and rework?

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

K. DRAWINGS, DOCUMENTATION, AND CHANGE CONTROL

1. Are the latest applicable engineering drawings, specifications, and instructions available at the time and place of inspection?
- a. Of test?
- b. Of production?
2. Are there written procedures describing change control for items such as Engineering Changes, Deviations, and Waivers?
3. Do records show the effectivity of change incorporation?
4. Do procedures ensure the current levels, completeness, and adequacy of drawings?
5. Are obsolete drawings removed from operating areas?
6. Are there procedures for processing change proposals that require government and/or customer approval?
7. Is there sufficient documentation to produce articles in conformance with design and engineering requirements?
8. Are configurations listed on the contract/purchase order(s) flowed thru production to final inspection?

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

L. MEASURING AND TEST EQUIPMENT

1. Is a list of measuring/test equipment available and maintained?
2. Is calibration performed:
In-house ☐ Outside ☐ Both ☐
3. Does the calibration system comply with ISO 10012 or ISO/IEC 17025?
4. Is the specialized test equipment used for acceptance purposes in calibration?
5. Are the necessary gauges and test equipment available?
6. Is the test and measuring equipment properly maintained?
7. Are the measurement standards certified and traceable to current government standards?
8. Does the equipment control system:
- a. Prevent the use of inaccurate equipment?
- b. Provide for prompt repair and replacement?
9. Are the supplier's subcontractors required to have a system which ensures the accuracy and calibration of their test and measuring equipment?
10. Is the measuring and test equipment used for acceptance purposes identified to indicate the date last calibrated, by whom, and next calibration date?
11. Are approved test procedures or tech manuals used to calibrate special test equipment?

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

M. PRODUCTION TOOLING USED AS A MEDIA OF INSPECTION

1. Is all tooling used as inspection equipment proved for accuracy prior to use?

Yes ☐ No ☐ N/A ☐

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 2. Is such tooling re-inspected at established intervals? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Are tooling re-inspection intervals as frequent as needed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Is computer tooling (tapes, discs, downloads, etc.); | | | | | | |
| a. Proved for accuracy prior to use? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| b. Under configuration verification and control? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| c. Periodically re-verified for accuracy? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

N. USE OF SUPPLIER'S INSPECTION EQUIPMENT

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Is inspection/test equipment made available to customer Quality for verification of the supplier's results? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Are supplier personnel provided to perform/assist if needed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Are all associated inspection/test documentation available for Government/FES review? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

O. ADVANCED METROLOGY REQUIREMENTS

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Are requests for proposals and/or contracts reviewed to identify unusual precision measurement requirements? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Does the review include the identification of precision measurement needs that exceed the known "State of the Art"? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

P. CONTROL OF PURCHASES – RESPONSIBILITY

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Do you have a Qualified Supplier List or equivalent? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Are Quality surveys used to qualify/re-qualify suppliers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Are components procured from only a Qualified Products List (QPL) or other Government/FES approved list/suppliers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Is part of the criteria for supplier selection based upon the supplier's past record of performance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 5. Do you have a method of removing obsolete and unacceptable suppliers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 6. Are quality surveys and source inspections utilized for ensuring product quality? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 7. Is receiving inspection used to assure product quality? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

Q. CONTROL OF PURCHASES – PURCHASING DATA

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Do purchasing documents contain a complete description of the supplies ordered and include by statement or reference all requirements for Mil-Spec, configuration, manufacturing, inspection, testing and packing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Does the supplier maintain complete control of any design changes requested or required by their suppliers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Are purchase orders screened/monitored for all quality requirements including the use of only approved suppliers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Are established written procedures utilized for the Quality Control of purchased materials and services? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 5. Do you require, and maintain on file, all certifications of material if required by purchase order? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

R. MATERIAL CONTROL

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Are all materials and supplies inspected upon receipt to assure technical conformance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Are raw materials inspected for conformance to the applicable physical, chemical, and technical requirements using lab analysis as necessary? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 3. Are Materials traceable to the Chemical/Physical Analysis, Certifications of compliance, or test documents? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Do receiving inspection records indicate acceptance or rejection of incoming material, including quantities? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 5. Do you require your suppliers to exercise the same controls for raw materials? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 6. Are there controls to prevent the use of non-conforming raw materials? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 7. Does your company have controls to properly segregate customer furnished material and assure its use in the intended end item? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 8. Does your company have procedures for the control and issuance of material for production use? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 9. Do you maintain shelf-life controls over all material where applicable? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

S. PRODUCT PROCESSING AND FABRICATION

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Do you have published workmanship standards? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| a. What basic standard does the Workmanship Manual satisfy?
MIL-HDBK-454 <input type="checkbox"/> J-STD-001 <input type="checkbox"/> Other: _____ | | | | | | |
| 2. Are production operations accomplished under controlled conditions? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Is accept/reject criteria being provided for product inspections and for monitoring methods, equipment, and personnel? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Does Quality monitor: | | | | | | |
| a. The processing environment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| b. The necessary degree of certification, inspection, and authorization required for special and complex processes? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 5. Is adequate criteria provided for significant accept/reject decisions? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

T. COMPLETED ITEM INSPECTION AND TESTING

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Are completed items given a final inspection/test? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Does final inspection verify that items conform to the latest drawing configurations listed on the purchase order? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Is final test performed to customer approved documentation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Is final inspection, acceptance and/or test performed either by, or under the surveillance of Quality control? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 5. Is re-inspection and re-test performed on all items that have been reworked, repaired, or modified after initial testing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| a. Is this documented in a procedure? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

U. HANDLING, STORAGE, AND DELIVERY

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Are there adequate work and inspection instructions for the handling, storage and delivery of material? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Are all items, which can deteriorate or corrode, properly cleaned and preserved prior to and during storage? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Does all material to be stored show evidence of inspection? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Are controls in use to assure packaging to Contract Requirements? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

V. NON-CONFORMING MATERIAL

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Are discrepant materials promptly and adequately identified and separated from normal work operations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Is nonconforming material identified to the applicable rejection document? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Is nonconforming and scrap material segregated? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| a. How is it identified? _____ | | | | | | |

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 4. Are adequate holding areas available and used? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 5. Are there written procedures for: | | | | | | |
| a. Controlling non-conforming supplies? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| b. Repair, rework and dispositioning? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| c. Only using customer/government approved standard repairs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| d. Statistically controlling the use of standard repairs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 6. Is there a functioning Material Review Board (MRB)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 7. Is MRB or customer approval required prior to any repair? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 8. Are the responsibilities of MRB defined and documented? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

W. INDICATION OF INSPECTION STATUS

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Are inspection stamps or other quality status devices used and controlled? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| a. Are they different from the Government's/FES's stamps? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Is the identification and inspection status of each article maintained from the time of receipt of material through delivery to the customer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

X. STATISTICAL QUALITY CONTROL

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Do personnel have instructions for performing sampling inspection? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Is sampling inspection/test only performed per the requirements of MIL-STD-1916, ASQ Z1.4, ASQ Z1.9, or other Government/FES approved plans? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Do you know the degree of protection afforded by your sampling methods and techniques? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

Y. COORDINATED FRONTIER AND/OR GOVERNMENT/SUPPLIER ACTIONS

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Do purchasing documents require customer or Government source inspection of subtier suppliers only when the customer and/or government so requests? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Are copies of applicable purchase documents provided to the customer rep at the subtier's facility? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| a. Does this include all applicable referenced documents? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. When GSI is required, are the clauses of MIL-Q-9858A or MIL-I-45208A in the supplier's purchasing documents? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

Z. GOVERNMENT FURNISHED MATERIAL (GFM)

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Is GFM examined upon receipt for quantity, completeness, and type? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Is functional test performed when required by contract? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Is GFM properly identified and protected from unauthorized use or disposition? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

AA. DAMAGED GFM

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Is GFM examined upon receipt to detect damage in transit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Are precautions taken during storage against damage and deterioration? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| a. Are these precautions and storage areas monitored? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Does the supplier record and report to the Government Rep GFM that is found damaged, malfunctioning, or is otherwise unsuitable for use prior to, during or after installation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Is GFM properly notated on the supplier's shipping documents? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

BB. GOVERNMENT PROPERTY – BAILED PROPERTY

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Does the supplier inspect bailed property periodically? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Does the supplier adequately store and maintain bailed property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Are records of inspection and maintenance of bailed property available for review by the Government Rep.? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

CC. TRAINING AND CERTIFICATION

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Are certification programs monitored by Quality? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Are operations personnel trained in the use of basic procedures? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Are special process operators trained and certified? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

DD. ELECTROSTATIC DISCHARGE (ESD)

- | | | | | | | |
|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Does the company have a documented ESD control program? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| If Yes, what standard(s) are utilized for compliance? _____ | | | | | | |
| 2. Are personnel instructed in the requirements of ESD control applicable to their function? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Do manufacturing documents include specific instructions for ESD control? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Are ESD workstations utilized during all phases of ESD sensitive hardware manufacturing and handling? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 5. Do packaging/shipping personnel utilize proper procedures and materials in the handling/packaging of ESD sensitive items? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 6. Is ESD test equipment properly calibrated? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 7. Do you have a FOD prevention process in place? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| If Yes, what standard(s) are utilized for compliance? _____ | | | | | | |

**THE DATA FURNISHED HERewith IS CORRECT AND RECORDS ATTESTING TO THE ABOVE
ARE ON FILE AND AVAILABLE FOR CUSTOMER/GOVERNMENT REVIEW**

Signature of Authorized Representative:	Date of Signature:
Printed/Typed Name of Authorized Representative:	Title of Authorized Representative:

Please attach any documentary evidence of governmental acceptance of your Quality Program.

NOTE: Upon completion, return to: FRONTIER ELECTRONIC SYSTEMS CORP.
4500 W 6th Ave
STILLWATER, OK 74074
ATTN: Purchasing Manager

Or E-mail to: SupplierForms@FESCorp.com

Or Fax to: 405-624-5355
ATTN: Purchasing Manager

ANY QUESTIONS? 405-624-1769