



AS9100 Certified

## Distributor / COT's Item Supplier Survey

<b>Company Name:</b>		<b>e-mail:</b>	
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone No:</b>	<b>Fax No:</b>		

### GENERAL INFORMATION

Head of Company: \_\_\_\_\_ Title: \_\_\_\_\_

Quality Program Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Describe/List Company's major products/services: \_\_\_\_\_

Plant/Facility Area \_\_\_\_\_ Mfg. Area \_\_\_\_\_ Total Employees \_\_\_\_\_

Quality System: ISO 9001:2015 \_\_\_\_\_ AS9100 D \_\_\_\_\_ Other: \_\_\_\_\_

Does your Company have a Quality Control Manual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate Features that are included:

:Management Commitment	Planning of Product Realization:
:Customer Focus	Customer Related Processes:
:Quality Policy	Design and Development:
:Planning	Purchasing:
:Responsibility, Authority and Communication	Production and Service Provision:
:Management Review	Control of Monitoring and Measuring Devices:
:Provision or Resources	Measurement, Analysis and Improvement:
:Human Resources	Monitoring and Measurement:
:Infrastructure	Control of Nonconforming Product:
:Work Environment	Analysis of Data:
:Counterfeit Prevention	Improvement:

Specification(s) to which your Company works? \_\_\_\_\_

Does your Company have a Material Review Board (MRB)? Yes \_\_\_\_\_ No \_\_\_\_\_



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Does your Company have a contract Review process? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Does your Company have a documented inspection process? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Does your Company have record controls? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Is non-conforming material identified and segregated? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Does your Company have a final inspection process? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Does your Company control calibrated tools? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Do you have adequate controls in place for storage and packaging? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Does your Company have FOD control where needed? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Has your Quality System ever been certified by a Customer? Yes\_\_\_ No\_\_\_

If yes, what specification: \_\_\_\_\_ Date: \_\_\_\_\_

Has this facility had a Government Quality Surveillance? Yes\_\_\_ No\_\_\_

If yes, indicate agency: \_\_\_\_\_

Can you furnish a Certificate of Analysis or Certificate of Conformance if requested? Yes\_\_\_ No\_\_\_

Can/Will you respond to a Cause and Corrective Action Request within 10 working days if requested?  
Yes\_\_\_ No\_\_\_

Have you reviewed PSEMC's Form #842 Supplier Quality Requirements? Yes\_\_\_ No\_\_\_

<p><b>SURVEY COMPLETED BY:</b> _____ (Print Name)</p> <p>_____ (Signature)      Date: _____</p>
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**Attention: To be completed By PSEMC Suppliers of Ammunition and Explosives Materials or Services**

**Subject: Safety Precautions for Ammunition and Explosives Questionnaire**

**Reference: Defense Federal Acquisition Regulation Supplement (DFARS) 252.223-7002**

This section of the Supplier Survey is being requested from your location to provide objective evidence to the compliance of the DOD 4145.26M Contractor's Safety Manual for Ammunition and Explosives released in March, 2008.

Objective evidence can include procedure numbers, document title pages table of contents, or details comments. Please provide your response below.

	Objective Evidence / Comments
1. How do your internal procedures flow down DFARS 252.223-7002 Safety Precautions for Ammunition and Explosives in its entirety to a sub-contractor?	
2. What is your process for notifying PSEMC when mishaps involving ammunition or explosives occur?	
3. Have you (in the past 36 months) had any mishap event involving ammunition and explosives which resulted in lost time injury or fatality? If yes, explain briefly.	
4. In the last 12 months have you had any third party audits or surveys (DCMA, ATF, OSHA, Insurance Carrier, etc.) at your facility? Please provide details and describe any outstanding issues that are currently non-complaint including the status of corrective actions.	
5. Do you have an accepted DoD or DCMA Letter for the Explosive Site Plan? Please provide a copy	
6. Do you have a BATF Explosive License? Please provide a copy of your BATF explosive license.	
7. Describe the methods which your company demonstrates compliance with the requirements of the DoD Contractor's Safety Manual for Ammunition and Explosives, DoD 4145.26-M.	
8. Please describe or attach copies of your compliance plan for the OSHA Process Safety Management standard.	

If You Are A Supplier Who Supplies Ammunition And Or Explosives Materials Or Services You Must Answer The Questions Above.

If You Are A Supplier Who Does Not Supply Ammunition and/or Explosive Materials Or Services, Please Check The Box

**PSEMC USE ONLY BELOW LINE**



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APPROVAL STATUS: Approved \_\_\_\_\_

On-site Survey Required \_\_\_\_\_ Disapproved \_\_\_\_\_ Vendor Code \_\_\_\_\_

Reviewed by Supplier Development: \_\_\_\_\_ Date: \_\_\_\_\_

Re-Survey Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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