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| **Supplier Quality Survey** | |
| Prepared by: Cody Coogan  Reviewed by: Mark Eckersley | Issue Date: 06/06/2024  Effective Date: 06/06/2024 |

**Instructions**

Please complete this electronic form completely and provide any third-party certifications as required. This form, all required third-party certifications (with any applicable scope of approvals), and a copy of the company’s Form W9 must be submitted to Collins Aerospace Mountainhome within 15 days.

**Supplier Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supplier Company Name: |  | Phone Number: | |  | |
| Street Address: |  | Fax Number: | |  | |
| City: |  | Company Website: | |  | |
| State: |  | Years in Business: | | |  |
| ZIP Code: |  | Total Number of Employees: | | |  |
| Scope of Work as Defined on QMS Certificate: |  | Total Number of Quality Personnel: | | |  |
| Senior Company Official Name/Title: |  | Email Address: |  | | |
| Quality Official Name/Title: |  | Email Address: |  | | |
| Salesman Name/Title: |  | Email Address: |  | | |

**Supplier Classification Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business Classification  (Please Select Only One) | |  | Supplier Type  (Please Select Only One) | |
|  | Small Business (SB) | Type 1 | Build to Print (BTP) – Collins Aerospace Member Design Part Manufacturer |
|  | Veteran-Owned Small Business (VOSB) | Type 2 | Design Responsible Supplier – Build to Spec |
|  | Service-Disabled Veteran-Owned Small Business (SDVOSB) | Type 3 | Distributor (Raw Material and COTS) |
|  | HUBZone Small Business (HUBZ) | Type 4 | Special Process Supplier |
|  | Small Disadvantaged Business HBCU/MI (Subset of SDB goal) | Type 5 | Calibration or Laboratory Service Provider |
|  | (SDB) Women-Owned Small Business (WOSB) | Type 6 | Industry Standard Part or Industry Standard Raw Material Manufacturer |
|  | Large Business (LB) |

**Third Party Certifications Held**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quality Management System (QMS) | | | | NADCAP Special Processes | | | |
|  | AS/EN/JISQ 9100 |  | IATF 16949 |  | Chemical Processing |  | Material Testing Laboratories |
|  | ISO 9001 |  | ISO 17025 |  | Coatings |  | Nonconventional Machining |
|  | AS/EN/JISQ 9120 |  | ISO 10012 |  | Electronic (Printed Board, Printed Board Assembly, Cable & Harness) |  | Surface Enhancement |
|  | NADCAP AC7004 |  | NADCAP AC7006 |  | Heat Treating |  | Nondestructive Testing |
|  | Other(s): | | |  | Other(s): |  | Welding |

**Second Party Approvals**

|  |
| --- |
| Please check any/all second party approvals you have. |
| Boeing ☐ Northrop ☐ Airbus ☐ Lockheed ☐ BAE ☐ Embraer ☐ UTC ☐ Parker ☐ Bombardier ☐ Gov’t(DLA)  ☐ Pratt & Whitney  L3 Harris ☐ GE ☐ Rolls Royce  Hamilton Sundstrand  Raytheon |

**Flow Down Requirement Acknowledgement**

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| --- | --- |
| Collins Aerospace Mountainhome Flow Down Requirement(s) are provided on the JAR Supplier Portal (<https://portal.rockwellcollins.com/web/thermal-electronic-systems/ja-reinhardt1>). | |
|  | I certify that I ***do*** have access to and confirm that our business ***is*** compliant to the required flow down documents (MTH-QLT-PRO-0401, COL-ASQR-PRO-0003, and the RTX Terms and Conditions). |
|  | I ***do*** ***not*** confirm that I have access to and/or ***do not*** confirm that our business is compliant to the required flow down documents. Please send me a Gap Plan Survey to document my non-compliances and to create a gap plan to achieve compliance to the related Collins Aerospace Mountainhome flow down requirement document(s). |

**Submittal Information**

|  |  |
| --- | --- |
| Name of supplier representative filling out survey: |  |
| Job title: |  |
| Email: |  |
| Phone: |  |
| Date Completed: |  |

**This Section is for Collins Aerospace Use Only**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Survey reviewed by: |  | | Title: |  | Date: |  |
| This survey is to: |  | Qualify a new Supplier | | | | |
|  | Re-Qualify a Supplier | | | | |
| The following items need to be addressed by the supplier prior to approval: |  | | | | | |
| Supplier has been: |  | Approved | | | | |
|  | Declined | | | | |
| Quality Signature |  | | Title: |  | Date |  |
| Comments regarding the decision to Approve or Decline supplier: |  | | | | | |