



EFFECTIVE 09/09/2022

## Supplier Self Survey

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

The completed survey and supporting documentation you provide are intended to be the first step in assessing a supplier's qualifications for providing products / services in compliance with the KMC required specifications.

If one or more of the following applies:

- not a manufacturer of a deliverable product;
- a service provider;
- a distributor of commercial off-the-shelf (COTS) items;
- company is registered to ISO 9001:2015 and/or ISO 13485:2016,

then please complete only page 1 of the attached survey with your company information and include the below required documents. Otherwise complete all pages of the self survey.

**Please provide the following required documents as applicable when submitting a completed survey:**

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

If "N/A is selected to any survey question, please provide an explanation. Please email all electronic documents directly back to the applicable KMC Purchasing/Buyer representative or alternately post mail paper documents to:

Elbit Systems-US / KMC Systems Incorporated  
ATTN: KMC Purchasing Department  
220 Daniel Webster Highway  
Merrimack, NH 03054-4844

Thank you.



EFFECTIVE 09/09/2022

## Supplier Self Survey

SURVEY SCORE

## SUPPLIER SELF SURVEY

COMPANY NAME:		PHONE:		DATE:	
ADDRESS:		CITY:		STATE:	
COUNTRY:		Zip Code:		Website Address:	
CONTACT NAME & TITLE:					
PHONE #:		E-MAIL ADDRESS:			
SURVEY COMPLETED BY:		TITLE:		FAX NO:	

## COMPANY INFORMATION

ARE YOU CERTIFIED TO ISO?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DOES YOUR COMPANY</b>	
PLEASE SUBMIT COPIES OF CERTIFICATES:		MANUFACTURE PRODUCTS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 9001:2015 <input type="checkbox"/> 13485:2016 <input type="checkbox"/> Other		Type of Product:	
DOES YOUR COMPANY CARRY LIABILITY INSURANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PROVIDE A SERVICE:	<input type="checkbox"/> Yes <input type="checkbox"/> No
TAX ID NUMBER:		Type of service:	
DOES YOUR COMPANY HAVE A UNION?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, next contract review:		ARE YOU A DISTRIBUTOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR COMPANY BEEN INVOLVED IN ANY MERGERS OR ACQUISITIONS IN THE LAST 5 YEARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR COMPANY EVER BEEN IN MATERIAL DEFAULT OR BREACH OF CONTRACT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS SIZE:	<input type="checkbox"/> Large <input type="checkbox"/> Small	DO YOU OUTSOURCE PROCESSES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MANUFACTURING AREA:	SQ-FT	If yes, type of processes:	
NUMBER OF SHIFTS (TYPICAL):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	IS YOUR COMPANY CONTROLLED BY A PARENT COMPANY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ALL THAT APPLY:		NUMBER OF YEARS IN BUSINESS:	
<input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMAN OWNED		CURRENT MFG. CAPACITY:	%
<input type="checkbox"/> VETERAN OWNED <input type="checkbox"/> DISABLED VET. <input type="checkbox"/> HUB ZONE			
CERTIFYING AGENCY:		<input type="checkbox"/> 5 DAYS A WEEK <input type="checkbox"/> 7 DAYS A WEEK <input type="checkbox"/> OTHER	

ARE THERE ANY PAST OR PENDING LITIGATION CLAIMS AGAINST YOUR COMPANY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YOU WORK WITH ENGINEERING MODELS, WHAT ELECTRONIC FORMAT IS PREFERRED (e.g.: STEP, IGES, OTHER)?	
TOTAL NUMBER OF EMPLOYEES:	ENGINEERING:      MANUFACTURING:      QUALITY:
DOES YOUR COMPANY HAVE A DOCUMENTED PROCESS / PROCEDURE FOR HANDLING, PACKAGING & SHIPPING REQUIREMENTS OF ELCTROSTATIC DEVICES (ESD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## REACH AND ROHS INFORMATION

DOES YOUR COMPANY HAVE CORPORATE REACH AND/OR RoHS POLICY OR GUIDANCE DOCUMENTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DOES YOUR POLICY CONTROL RoHS SUBSTANCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DOES YOUR POLICY CONTROL THE USE OF ADDITIONAL SUBSTANCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
IS THE REACH AND RoHS POLICY INCLUDED AS PART OF A QUALITY MANAGEMENT OR ENVIRONMENTAL MANAGEMENT SYSTEM?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
LIST ANY RoHS CERTIFICATIONS (QC 080000, EU ROHS CAS, CUSTOMER SPECIFIC CERTIFICATION):	



### 1.0 DOCUMENTATION SYSTEM

		Comments	Score
1.1 Do you have documented procedures that control engineering drawings, specifications, and software?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
1.2 Do you have a documented procedure that requires the use of shop orders / travelers, and process instruction sheets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
1.3 Do you have a documented procedure that requires the development and use of formal inspection / test criteria for inspection operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

### 2.0 INCOMING MATERIAL CONTROLS

		Comments	Score
2.1 Do you have a documented procedure that defines how perishable (shelf life) materials shall be identified, stored, and used to prevent spoilage or exceed expiration date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.2 Do you have a documented procedure that requires purchased material or services be identified and/or inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

### 3.0 QUALITY ASSURANCE

		Comments	Score
3.1 Do you have a Quality Manual that describes your systems, processes and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3.2 Do you have a documented procedure that requires documented audits of your quality system be scheduled and performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3.3 Do you have a documented procedure that requires customer complaints and rejections to be formally documented and investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3.4 Do you have a documented Corrective Actions procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	List the standard your gages and equipment are calibrated to:	
3.6 Do you have a documented procedure that requires quality and other records to be retained at least 7 years; and if required can they be made available to Elbit Systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		



# Supplier Self Survey

## 4.0 MANUFACTURING CONTROLS

		Comments	Score
4.1 Do you use statistical techniques in any of your processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.2 Do you do sampling inspections (AQL) of products you produce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.3 Do you have a documented procedure that requires all manufactured lots be uniquely identified for traceability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.4 Do you have a documented procedure that requires each production operation be identified on a router / traveler, and performed in the proper sequence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 5.0 MANAGEMENT SUPPORT

		Comments	Score
5.1 Has executive management developed and funded a well-documented quality program for its employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.3 Has executive management structured the quality organization to assure defined authority and responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

## 6.0 ENVIRONMENTAL CONTROLS

		Comments	Score
6.1 Where controlled environments are used (i.e., ESD), are adequate provisions made for personnel (e.g., protective clothing and/or equipment), including training for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.2 Do you document preventive maintenance and monitoring of controlled environments to assure they are properly maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**THANK YOU FOR COMPLETING THIS SURVEY!**  
**BELOW IS FOR KMC USE ONLY**

Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Approval or Disapproval:
Overall Risk Assessment: Supplier Risk + Product Risk:	
ASL Approval Code:	

Printed Name of KMC Approver:			
Signature:		Date:	