



## 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.

(Note, if you select N/A to any survey question please provide an explanation).

**NOTE:** If you are not a manufacturer of a deliverable product, but instead would be providing KMC with a service, you need only complete page 1 of the attached survey for your company information and include your certifications etc.

**You are requested to also provide the following required documents (if 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 you were directly contacted and requested to complete this survey by a KMC Buyer/Planner, or someone from KMC, please email all documents directly back to that individual, or mail them to:**

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

All other interested suppliers wanting to be considered, should **send the completed survey & supporting documents to:**

[supplychain@elbitsystems-us.com](mailto:supplychain@elbitsystems-us.com)

**Thank you**

**KMC Systems, Inc.**  
**220 Daniel Webster Highway**  
**Merrimack, NH 03054-4844**

Survey Score \_\_\_\_\_

**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**

ARE YOU CERTIFIED TO ISO? <i>(IF YES, PLEASE SUBMIT COPIES OF CERTIFICATES)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ISO9001/2008 <input type="checkbox"/> 13485:2003 <input type="checkbox"/> Other	DOES YOUR COMPANY	MANUFACTURE PRODUCTS: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Type of Product:</i> PROVIDE A SERVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>TYPE of service:</i>
DOES YOUR COMPANY CARRY LIABILITY INSURANCE?		<input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A DISTRIBUTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF CUSTOMERS > 10% SALES		HAS YOUR COMPANY EVER BEEN IN MATERIAL DEFAULT OR BREACH OF CONTRACT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOES YOUR COMPANY HAVE A UNION? <i>If yes, next contract review:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU OUTSOURCE PROCESSES? <i>Type of processes:</i>	<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	IS YOUR COMPANY CONTROLLED BY A PARENT COMPANY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TAX ID#		MANUFACTURING AREA	<i>SQ. FT.</i>
BUSINESS SIZE	<input type="checkbox"/> Large <input type="checkbox"/> Small	NUMBER OF YEARS IN BUSINESS	
SALES DOLLARS PER YEAR	\$	CURRENT MFG. CAPACITY	%
NUMBER OF SHIFTS (TYPICAL)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	5 DAYS A WEEK	<input type="checkbox"/> 7 DAYS A WEEK <input type="checkbox"/> OTHER <input type="checkbox"/>
CHECK ALL THAT APPLY	<input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMAN OWNED <input type="checkbox"/> VETERAN OWNED <input type="checkbox"/> DISABLED VET. <input type="checkbox"/> HUB ZONE <i>CERTIFYING AGENCY:</i>		

ARE THERE ANY PAST OR PENDING LITIGATION CLAIMS AGAINST YOUR COMPANY?			<input type="checkbox"/> Yes <input type="checkbox"/> No						
DO YOU WORK WITH ENGINEERING MODELS, (e.g.: STEP, IGES, OTHER)?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
TOTAL NUMBER OF EMPLOYEES:	<table border="1"> <tr><td>ENGINEERING</td><td></td></tr> <tr><td>MANUFACTURING</td><td></td></tr> <tr><td>QUALITY</td><td></td></tr> </table>	ENGINEERING		MANUFACTURING		QUALITY		DOES YOUR COMPANY HAVE A DOCUMENTED PROCESS / PROCEDURE FOR HANDLING, PACKAGING, & SHIPPING REQUIREMENTS OF ELECTRO STATIC DEVICES (ESD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ENGINEERING									
MANUFACTURING									
QUALITY									

**RoHS INFORMATION**

DOES YOUR COMPANY HAVE A CORPORATE RoHS POLICY OR GUIDANCE DOCUMENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DOES YOUR POLICY CONTROL THE SIX 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 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):	

<b>1.0 DOCUMENTATION SYSTEM</b>			
		<b>COMMENTS</b>	<b>SCORE</b>
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	
<b>2.0 INCOMING MATERIAL CONTROLS</b>			
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	
<b>3.0 QUALITY ASSURANCE</b>			
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 is 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	

### 4.0 MANUFACTURING CONTROLS

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

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

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		

**End of Form**

**THANK YOU FOR COMPLETING THIS SURVEY!**

<b>Approved</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Reason for Disapproval:</b>
-----------------	--	--------------------------------

<b>Printed Name of Approver</b>		<b>Date</b>		<b>Signature</b>	
---------------------------------	--	-------------	--	------------------	--