



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

Please complete only page 1 of the attached survey with your company information and include the below required documents.

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 e-mail 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 08/13/19



EFFECTIVE 08/13/19

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:
CONTACT NAME & TITLE:		FAX NO:	WEBSITE ADDRESS:
SURVEY COMPLETED BY:		PHONE #:	E-MAIL ADDRESS:
		TITLE:	FAX NO:
COMPANY INFORMATION			
ARE YOU CERTIFIED TO ISO? PLEASE SUBMIT COPIES OF CERTIFICATES	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 9001:2015 <input type="checkbox"/> 13485:2016 <input type="checkbox"/> Other	DOES YOUR COMPANY	MANUFACTURE PRODUCTS: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Product: PROVIDE A SERVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of service:
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
TAX ID NUMBER		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? If yes, next contract review:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU OUTSOURCE PROCESSES? If yes, type of processes:	<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
BUSINESS SIZE	<input type="checkbox"/> Large <input type="checkbox"/> Small	NUMBER OF YEARS IN BUSINESS	
MANUFACTURING AREA	SQ-FT	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 CERTIFYING AGENCY:		
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	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
	MANUFACTURING		
	QUALITY		
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				
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				
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!

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		Date		Signature	
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