



Jeff Bonner
Research & Development Inc.

10525 Mopac Dr.
San Antonio, TX 78217
Return Survey to Quality Assurance Contact:
Dean Wilkins Quality Assurance
eMail: dwilkins@jbrnd.com
Phone:(210) 590-3133

Vendor Quality System Survey /Audit

MAIL IN / ONSITE

Please complete this Survey and return it to the attention of the Quality Assurance Department within 10 working days. Additional comments may be attached if required to fully explain "NO" answers to questions.

The data furnished herein pertains to your facility and is applicable to the execution of Jeff Bonner R&D Inc. purchase orders. It is agreed that Jeff Bonner R&D Inc. will be notified of any changes in your organization or procedures that may affect conformity verification of applicable supplies or services. It is further agreed that failure to furnish a description of such changes for Jeff Bonner R&D Inc. review or willful misrepresentation of facts specified herein may result in disapproval as a Jeff Bonner R&D Vendor.

Completed by:	Signature:
Title:	Date:



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Vendor Survey Audit Questionnaire

Company Name:	
Address:	
City:	State:
Zip:	Country:
Phone No.:	Fax No.:
Key Management Personnel:	
Name:	Title / Position:
Head of Quality Department:	Email:

Number of Employees:	Production:	Quality:
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Type of Business (Check all that apply)

Manufacturer
 Distributor
 Processor
 Service
 Repair Station
 Other (Explain)

List Current Products / Services Provided to Jeff Bonner R&D Inc.:

JEFF BONNER R&D INC. USE ONLY

Supplier Approval Status Level:

Approved
 Conditional
 Delegated Inspection
 Disapproved

Reason for Conditional / Disapproval Status:

Approved By: _____
Approval Length: _____
Date: _____



Quality System

Systems and Procedures		YES	NO	N/A
1.	Does the vendor have a current quality control manual or procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Indicate which specification your system is based in? (Check all that applies) <input type="checkbox"/> ISO-9001 <input type="checkbox"/> AS9100 <input type="checkbox"/> Nadcap <input type="checkbox"/> FAA Repair Station <i>(Attach a copy of your certificate(s) / Letter & Operational Specifications)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is your quality control manual available to (1) supervisors and employees; and (2) upon request from customers and/ or FAA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drawing and Change Control		YES	NO	N/A
1.	Does the vendor have a Digital Product Definition procedure (DPD)? If yes, provide a copy of the DPD procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are procedures in effect to ensure that drawings, specifications, and change notices are used by production and inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are drawings and specifications disbursed from a central point and removed when superseded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are procedures in place for control of furnished engineering data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving Inspection		YES	NO	N/A
1.	Are received items inspected in accordance with P.O. requirements and specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are inspection results documented and on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are material specifications kept on file? If so, how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is nonconforming material identified and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In-Process Inspection		YES	NO	N/A
1.	Are there written procedures for in-process control of fabrication and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are controls provided to assure that all inspection and test operations have been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If sample inspection is used, is it in accordance with the approved plan? (Ex. ANSI/ ASQCZ1.4) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is nonconforming material identified and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are the results of inspections documented and on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Inspection		YES	NO	N/A
1.	Do quality control personnel perform final inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are purchase order requirements available for final inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are reworked parts re-inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are stamps used for final acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are final inspection records maintained? how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Material Handling and Storage		YES	NO	N/A
1.	Are there procedures for the control and storage of parts and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is material traceable to certifications or purchase orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are age controlled items properly stored and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is first in - first out stock rotation practiced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is there controlled access to stockrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibration		YES	NO	N/A
1.	Do you have a calibration system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the calibration system comply with: <input type="checkbox"/> ANSI/NCSL Z540-1 <input type="checkbox"/> ISO-10012-1 <input type="checkbox"/> Other: <input type="checkbox"/> Calibration provided by outside service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are measurement standards traceable to NIST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are recall records maintained that indicate when equipment is due for calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is measurement equipment calibrated at established intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nonconforming Material		YES	NO	N/A
1.	Is a corrective action system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a procedure for addressing customer's request for corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are corrective action issued to a supplier when problems exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there a follow-up system on corrective action requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procurement Control		YES	NO	N/A
1.	Is there a vendor quality rating system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are vendor quality performance records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are certifications and test reports required by purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resource Management		YES	NO	N/A
1.	Is there an approved Drug and Alcohol Program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are appropriate personnel properly trained to perform production, repair/ rework, inspections, material handling and record keeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are personnel training records kept and training current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments / Remarks:

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Certification:

I hereby certify that the above information is true and accurate to the best of my knowledge

Completed by:	Signature:
Title:	Date: