

Vendor Self Audit

Thank you for your interest in becoming qualified to be on Hydrasearch's approved vendor list. Please make sure that you read, understand and complete this form in its entirety. If you have any questions regarding this form, please reach out to purchasing@hydrasearch.com.

Company Contact Information

Company Name: _____ Website: _____
Address: _____ Phone #: _____
_____ Fax #: _____

Sales Contact

Name: _____ Phone #: _____
Title: _____ Email: _____

Quality Contact

Name: _____ Phone #: _____
Title: _____ Email: _____

General Information

Facility Size (ft²): _____ # of Shifts: _____ Employee Count: _____
Business Breakdown (%): Commercial: _____ GOVT: _____ # Production: _____
Business Status: Small Large # Quality: _____

If a small business, identify all applicable small business categories:

- Woman-owned Disadvantaged Veteran-owned
 Service-Disabled Veteran-owned Native American Indian Owned HUB Zone Location
 HBC/Minority Institution Alaska Native Corporation Native Hawaiian SB Concern
 Workshop approved by the Committee for Purchase from People Who are Blind or Severely Disabled

NOTICE: In accordance with FAR 52.219-9 (e), representative is hereby notified that there are penalties and remedies for misrepresentations of business status for the purpose of obtaining a subcontract under a US GOVT contract.

Vendor Type: Manufacturer Distributor Service Provider Other: _____

Product(s)/Service(s) Provided: _____

Are you on General Dynamic Electric Boat's Approved Supplier List? Yes No

Are you on Huntington Ingalls – Newport News Shipyard's Approved Supplier List? Yes No

Do you currently process/manufacture any Level 1 products? Yes No

Do you acknowledge that source inspection may be a requirement to do business? Yes No

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Quality System Information

Please indicate which, if any, standards your QMS is certified to:

- | | | |
|--|---|---|
| <input type="checkbox"/> ISO 9001 (Quality Management) | <input type="checkbox"/> ISO 13485 (Medical Device) | <input type="checkbox"/> ISO 17025 (Calibration) |
| <input type="checkbox"/> NADCAP AC7004 (QMS) | <input type="checkbox"/> NADCAP AC7114 (NDT) | <input type="checkbox"/> A2LA (Calibration/Testing) |
| <input type="checkbox"/> AS 9100 (Aerospace QMS) | <input type="checkbox"/> AS 9120 (Aerospace Distribution) | <input type="checkbox"/> ABS QE (Marine/Offshore QMS) |
| <input type="checkbox"/> Other: _____ | | |

** If your company's QMS is actively certified through a qualified registrar, please enclose copy of the certification. This will act as objective quality evidence of a stable QMS and the subsequent questionnaire section does not need to be completed.*

| QMS Questionnaire | | | |
|--|--------------------------|--------------------------|--------------------------|
| Quality System & Program Management | Yes | No | N/A |
| 1. Are the QA Manager and inspection personnel independent of manufacturing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a Quality Manual? <i>*Please include a copy of the TOC.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have established inspection and test procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does Quality have the authority to hold back nonconforming parts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are finished goods inspected for compliance to drawings & contracts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is traceability maintained throughout the production processes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| Drawings & Change Control | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are there written procedures describing design change control? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is a system in effect to control customer supplied documentation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are obsolete documents controlled to prevent unintended use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| Control of Purchases | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is there a system to evaluate new and existing suppliers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is vendor performance monitored based on a quality/delivery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a system to keep uninspected items from being used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the company request certificates of conformance and test reports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| Receiving Inspection | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are incoming materials inspected for conformance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are Certificates of Conformance and test reports reviewed for accuracy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are sample plans in accordance with a recognized established standard? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

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| <i>Nonconforming Material</i> | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is there a documented procedure for handling nonconforming material? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is rejected material identified, segregated, and tagged? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are records maintained and used to detect recurring discrepancies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| <i>In-Process/Final Inspection</i> | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is there a documented procedure for in-process and final inspection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are drawings, specifications, procedures, and ITIs readily available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are inspection records maintained and available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is re-work inspection documented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| <i>Material Handling and Storage</i> | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are there documented procedures for material handling and storage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is material segregated and identified by part number? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are limited shelf-life material identified and controlled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| <i>Measuring and Test Equipment</i> | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is there a documented calibration program for measurement and test equip.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the equipment calibrated to a recognized standard? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the equipment identified or tagged with last and next calibration date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are calibration record maintained and available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| <i>Security, Malpractice, Fraud, and Counterfeit Materials</i> | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Data and security control measures are in place to protect data and documents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Malpractice and Fraud prevention are followed and flowed down to suppliers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To prevent counterfeiting, only parts acquired from authorized distributors are used. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | |

| Hydrasearch Review | | | |
|---------------------------|--|----------------------|--|
| Review Date: | | Questionnaire Score: | |
| Reviewer Name: | | Title: | |
| Comments: | | | |