

EUROCOPTER CANADA LIMITED SUPPLIER QUALITY QUESTIONNAIRE



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The purpose of this questionnaire is to evaluate a supplier's capability and to make sure that a quality system is in place. As a supplier or potential supplier to our company, your prompt response to this questionnaire is of utmost importance. Where a question does not apply to your organization, check-off the box identified as N/A.

Upon completion, please return this document to:

EUROCOPTER CANADA LIMITED 1100 Gilmore Road, P.O. Box 250, Fort Erie, Ontario, L2A 5M9 Canada

Attention: Raymond J.A. Perreault Quality Engineer

Questionnaire co	ompleted by:	
	(Type or Print Name)	
	(Title)	_
	(Date)	_
	(Signature)	

EUROCOPTER CANADA LIMITED, 1100 Gilmore Road, P.O. Box 250, Fort Erie, Ontario L2A 5M9, Canada, Telephone (905) 871-7772, Telefax: (905) 871-3599



EUROCOPTER CANADA LIMITED SUPPLIER QUALITY QUESTIONNAIRE

1.0 ORGANIZATION

	1.1	Name of Company: Mailing Address:						
		City: Prov. or State: Postal/Zip Code: Country: Telephone: () Fax: ()						
	1.2	Type of business: Manufacturer: ☐ Assembly shop: ☐ Distributor: ☐ Service: ☐						
	1.3	Current Status: Proprietorship: ☐ Partnership: ☐ Corporation: ☐						
	1.4	What date was your organization established: (year/month/day)						
	1.5	If applicable, list the name of your parent company and any subsidiary below:						
		Parent:						
		Subsidiary:						
2.0	PERS	PERSONNEL						
	2.1	Total number of employees:						
		Administration: Engineering: Production: QA/QC:						
	2.2	Rey Management Positions:						
		President or Gen. Mgr:						
		Quality Mgr:						
		Engineering Mgr.:						
		Production Mgr.:						
		Sales Mgr.:						

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3.0

4.0

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FACIL	LITIES					
3.1	1 Indicate the approximate square footage of:					
	Office:	Warehouse:		Shop:	Yard:	
3.2	In the table below, and their capacities		imary typ	oes of equipme	ent used by your company	
	EQUIPMENT CAPACITY					
	81					
	<u> </u>					
3.3	Does your facility s	shut down for vac	ation:	Yes: □	No: □	
	If yes, please state normal vacation schedule:					
PROD	DUCTS/SERVICES					
4.1	List the principal product(s) or service(s) sold, assembled or distributed by your company: Service/Product:					
	Service/Product: _					
	Service/Product: _					

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Service/Product:



QA FORM 1329.00 REV.2

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			Yes: □	No: □	N/A: □			
		If yes, please specify:						
- 0	OU.	NTO						
5.0		IENTS						
	5.1	List three (3) major customers for which your organization has or is currently performing work:						
		Client:						
		Client:						
		Client:						
6.0	QUA	QUALITY SYSTEM						
	6.1	Does your organization have an established quality system?						
			Yes: □	No: □				
	6.2	2 If yes, which standard does your system conform to:						
		ISO 9001:2000 □		ISO 9001:19				
		AS 9000 □ TCCA □		AS 9100 FAA	<u> </u>			
		EASA 🗇		OTHER				
		If other, please specify:(Please attach copies of applicable certificates)						
	6.3	How long has your quality system been established?						
	6.4	Does your organization have a Quality Manual?						
		,	Yes: □	No: □	N/A: □			
		If yes, please indicate its latest issue number, revision level and date below:						

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6.5	Has your quality system been recently audited by any of your customers or a recognized jurisdiction?						
	,	Yes	: 🗇	No: □	N/A: □		
	If yes,						
	by whom?						
	date:	·		Activity of			
6.6	Do any of your major customers perform company? Yes:						
	If yes, by whom?						
6.7	Who within your organization, is the Quality Management Representative?						
	(Name)				(Title)		
6.8	Who does this individual report to?				Title)		
				,	i ilioj		
6.9	How many inspectors does your organi	zatior	n emplo	y?	A		
6.10	Who do these inspectors report to?						
	(Title)						