



# **EUROCOPTER CANADA LIMITED SUPPLIER QUALITY QUESTIONNAIRE**



**EUROCOPTER CANADA LIMITED**  
**SUPPLIER QUALITY QUESTIONNAIRE**

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 completed by:

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(Type or Print Name)

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(Title)

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(Date)

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(Signature)





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## SUPPLIER QUALITY QUESTIONNAIRE

### 3.0 FACILITIES

3.1 Indicate the approximate square footage of:

Office: \_\_\_\_\_ Warehouse: \_\_\_\_\_ Shop: \_\_\_\_\_ Yard: \_\_\_\_\_

3.2 In the table below, please list the primary types of equipment used by your company and their capacities:

EQUIPMENT	CAPACITY

3.3 Does your facility shut down for vacation: Yes:  No:

If yes, please state normal vacation schedule: \_\_\_\_\_

### 4.0 PRODUCTS/SERVICES

4.1 List the principal product(s) or service(s) sold, assembled or distributed by your company:

Service/Product: \_\_\_\_\_

Service/Product: \_\_\_\_\_

Service/Product: \_\_\_\_\_

Service/Product: \_\_\_\_\_



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4.2 Are any of your products or services evaluated, tested, qualified, or approved by recognized agencies such as TCCA, FAA, etc.

Yes:  No:  N/A:

If yes, please specify: \_\_\_\_\_

### 5.0 CLIENTS

5.1 List three (3) major customers for which your organization has or is currently performing work:

Client: \_\_\_\_\_

Client: \_\_\_\_\_

Client: \_\_\_\_\_

### 6.0 QUALITY SYSTEM

6.1 Does your organization have an established quality system?

Yes:  No:

6.2 If yes, which standard does your system conform to:

ISO 9001:2000	<input type="checkbox"/>	ISO 9001:1994	<input type="checkbox"/>
AS 9000	<input type="checkbox"/>	AS 9100	<input type="checkbox"/>
TCCA	<input type="checkbox"/>	FAA	<input type="checkbox"/>
EASA	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

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:

Issue: \_\_\_\_\_ Revision: \_\_\_\_\_ Date: \_\_\_\_\_



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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 : \_\_\_\_\_

6.6 Do any of your major customers perform surveillance or source inspection at your company?

Yes:  No:  N/A:

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)

6.9 How many inspectors does your organization employ? \_\_\_\_\_

6.10 Who do these inspectors report to?

\_\_\_\_\_ (Title)