

**SUPPLIER  
APPROVAL  
QUESTIONNAIRE**

**HS MARSTON AEROSPACE LIMITED**

a UTC Aerospace Systems company  
Wolverhampton, England  
TEL: +44 (0) 1902 572777  
FAX: +44 (0) 1902 572888



**FORWARD AND SCOPE**

HS Marston Aerospace Ltd (HSM) are committed to manufacturing and supplying product which meet the Quality Standards and Requirements of our customers. Increasingly, we are searching for suppliers who actively maintain Health and Safety Systems and act responsibly to Environmental Matters.

It is mandatory, at HSM, that purchase orders will only be placed on suppliers who have achieved "Approved Supplier" status.

The contents of this questionnaire are designed to broadly assess the requirements of BS.EN.ISO9000 : 2000, ISO 14001 and OHSAS 18001.

As Associate Members, HSM fully support the Society of British Aerospace Companies, ASCS, TS157 protocol to reduce Multiple Quality System Assessments, wherever possible.

Suppliers/Sub-contractors who are approved to the ISO 9000 Quality System Standard, and/or CAA, BCAR/JAR21/EASA Part 21 requirements need only complete sheets 2 to 3 of the questionnaire and the EH&S Questionnaire where applicable and forward a copy of the questionnaire and their approval certification, as objective evidence.

All other potential suppliers should complete the whole document and return to quality department.

HSM reserve the right to verify statements made from a 'Electronic Questionnaire' by personal visit if considered necessary.

This questionnaire may periodically be used to assess or review our Suppliers Quality Systems

**THIS DOCUMENT DOES NOT CONTAIN EXPORT CONTROLLED DATA**

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# HS Marston Aerospace Limited

a UTC Aerospace Systems company

## SUPPLIER APPROVAL QUESTIONNAIRE

Supplier Name	
Address	
Telephone No:	
Email:	
Name of Managing Director:	
Name of Quality Manager:	
Name of EH&S Manager	
Name of Sales Contact:	

Please select one of the following

Are you the	Manufacturer
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As a manufacturer, please state the number of personnel employed on direct production	
As a distributor, please state the number of direct warehouse staff	
Total number of Inspection/Quality personnel	
Total number of personnel employed	

### THIRD PARTY APPROVALS

Please tick the following approvals that your company possess along with the Approval number.

<input type="checkbox"/>	ISO 9000	Approval Number:	
<input type="checkbox"/>	AS 9100	Approval Number:	
		OASIS Approval No:	
<input type="checkbox"/>	CAA BCAR	Approval Number:	
<input type="checkbox"/>	EASA Part 145	Approval Number:	
<input type="checkbox"/>	EASA Part 21	Approval Number:	

### NADCAP CERIFICATIONS

<input type="checkbox"/>	NDT	Approval Number:	
<input type="checkbox"/>	WELDING	Approval Number:	
<input type="checkbox"/>	NON-CON MACHINING	Approval Number:	
<input type="checkbox"/>	CHEMICAL PROCESS	Approval Number:	
<input type="checkbox"/>	HEAT TREATMENT	Approval Number:	

<input type="checkbox"/>	Customer Approvals				
	Name		App No.		
	Name		App No.		
	Name		App No.		
	Name		App No.		

## ISO 9000 INTENTIONS

If you are not ISO 9000 approved, explain briefly your progress and intentions to gain approval and define the approximate date when the assessment will take place.

## AS9100 INTENTIONS

If you are not AS 9100 approved, explain briefly your progress and intentions to gain approval and define the approximate date when the assessment will take place.

## SCOPE OF SUPPLY

Please list below your product range/nature of business and attach any appropriate literature and/or catalogues with your response.

## ADDITIONAL REQUIREMENTS

- 1 If you are **not** ISO 9000 or EASA Approved, Please click the button to complete the additional quality management system questions.

Tick to confirm Section 1 has been completed (If needed)

Quality Mangement

### 2 EH&S Requirements

- 2a Is the Company approved against the Enviromental Standard ISO 14001. If **yes**, please attach a copy of your approval certificate.

Yes  No

- 2b Is the Company approved against the Health & Safety Standard OHSAS 18001. If **yes**, please attach a copy of your approval certificate

Yes  No

If **No** to either or both of the above questions, please click the button to complete the additional EH&S questions.

Tick to confirm Section 2 has been completed (If needed)

EH&S Questions

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## DECLARATION

ME1019 HS Marston Aerospace Ltd Supplier Subcontractor Requirements, Please acknowledge you have received a copy of this document and that you accept the quality assurance, terms and conditions specified and verify its current issue level

Received a copy of ME1019

Document current revision level \_\_\_\_\_

Please detail below the name and position of the person who completed this questionnaire and confirm the details entered herein are a true and accurate reflection of the organisation at the time of submission.

Completed by: \_\_\_\_\_

Position in Company: \_\_\_\_\_

Date: \_\_\_\_\_

Approved names of anyone who may sign documents at your Organisation

### Quality Personnel Names

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**Please make sure you attach all approval certification**

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**To be completed by HS Marston Aerospace Ltd Only**

## **Summary of Supplier Assessment**

Supplier Quality System Profile

Supplier has the following third party approvals

<input type="checkbox"/>	ISO 9000
<input type="checkbox"/>	AS 9100
<input type="checkbox"/>	CAA BCAR
<input type="checkbox"/>	EASA Part 145
<input type="checkbox"/>	EASA Part 21
<input type="checkbox"/>	Other

Objective evidence of Approval Certification is attached  Yes  No

Supplier ISO 9000 Intentions, where applicable

Supplier intends to seek ISO 9000 Approval  Yes  No  n/a

Approximate Date of Assessment: \_\_\_\_\_

## **EH&S**

Supplier has ISO 14001 Approval  Yes  No

Supplier has OHSAS 18001 Approval  Yes  No

## **Assessment Conclusions**

Assessment Type  Electronic  On-Site

Further details or on-site audit required  Yes  No

Approved Supplier Status Award  Yes  No

Approved Supplier number \_\_\_\_\_

Conducted by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_