

	QUALITY SYSTEM INITIAL SURVEY GENERAL SUPPLIER	SOI-8.4
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Survey:		<input type="checkbox"/> Initial		<input type="checkbox"/> Re-survey/Change in Quality System	
Supplier:					
Address:					
City, State & Zip Code:					
Telephone & Fax #:					
Types of Product:					
Employees:	Total:		Quality:		Manufacturing:
Square Feet of your Facility:					
Quality Assurance Manager / Quality Representative of your Company:					
USMA Surveyor(s):				Date:	
USMA QA Manager/Designer:				Date:	
Status Recommended:		<input type="checkbox"/> Approval		<input type="checkbox"/> Conditional	
				<input type="checkbox"/> Disapproved	
Comments:					

Interested Vendors, please complete all 8 pages of this questionnaire and email it back to sales1@usmaero.com