



Anillo Industries Inc.  
 Hightower Plating & Mfg.  
 Hightower Metal Products

Subcontractor Approval Questionnaire  
 "Company Confidential"

Company Name and Address:  Telephone Number:  Fax Number:  Company Website:	*** Summary of Evaluation ( <u>for Anillo Industries use only</u> ) ***  Evaluated by:  Evaluation Date:  Basis: New Approval Re-approval Poor Performance
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**Key Personnel:**

President:

Operations Manager:

Quality Manager:

Product / Service Scope:

Quality System Currently Certified to and Revision :

ISO 9001 \_\_\_\_\_     
  AS9100 \_\_\_\_\_     
  AS 7103 OR AS 7104 (i.e., Nadcap) \_\_\_\_\_  
 AS 9120 \_\_\_\_\_     
  ISO/IEC 17025 \_\_\_\_\_     
  ISO 10012-1 \_\_\_\_\_  
 Other \_\_\_\_\_

Is Quality System currently approved by an Aerospace Prime (i.e., Boeing, Cessna, Lockheed, etc.)?  
**If yes, please list primes**

Approvals Held Including Approval Numbers: (Provide Copies Of Certificates)

Is your company registered with the Directorate of Defense Trade Controls (**D.D.T.C.**) and are **ITAR** compliant?  
**(If yes, please provide certification)**

Are you willing to accept the general terms and conditions stated in *Anillo Form FI 4.06.23*?

Please supply a copy of current management structure.

If your company is currently certified to one of the aforementioned Quality Systems you do not need to complete the remainder of this questionnaire. Please fill in the Survey, Completed By, Title, and fields below. E-mail the completed questionnaire, along with a copy of your current certification (s) to: [ricardo.mendoza@anilloinc.com](mailto:ricardo.mendoza@anilloinc.com) or you may fax it to (714) 637-3022.

If not, please fill in the remainder of the questionnaire (pages 2-3). E-mail the completed questionnaire to the e-mail address listed above.

**\*\*\*Survey Completed by:**

**Title:**

**Date:**





#### Section 4: Material Control

- |   |          |
|---|----------|
| A) Are all materials inspected upon receipt?                    | yes / no |
| B) Is there a bonded store's area?                              | yes / no |
| C) Is there a quarantine store area?                            | yes / no |
| D) Can materials be traced to source documentation?             | yes / no |
| E) Is material identity retained throughout production Process? | yes / no |
| F) Is packaging and handling adequate?                          | yes / no |
| G) Is there a maintained list of approved sources of supply?    | yes / no |

#### Section 5: Calibration and Equipment Control

- |   |          |
|---|----------|
| A) Are gauges and measuring instruments regularly Calibrated? | yes / no |
| B) Are un-calibrated instruments allowed for inspection?      | yes / no |
| C) Are they traceable to national standards?                  | yes / no |
| D) Are records kept of these checks?                          | yes / no |
| E) Is production equipment regularly maintained?              | yes / no |

#### Section 6: Quality Control

- |   |          |
|---|----------|
| A) Is the quality system documented?  | yes / no |
| B) Are records maintained of items inspected?   | yes / no |
| C) How long are records retained?   | _____    |
| D) Do these records show inspection status of the batch?                                  | yes / no |
| E) Are Anillo drawings / sketches available to all staff?                                 | yes / no |
| F) Do staff have adequate facilities at their disposal to carry out effective inspection? | yes / no |
| G) Does a corrective action system exist, is action taken when poor quality is found?     | yes / no |
| H) Are non conforming items identified and segregated?                                    | yes / no |
| I) Are inspection stamps used?  | yes / no |
| J) Are sampling plans used?   | yes / no |
| K) Will you inspect batches per Anillo instructions?                                      | yes / no |
| L) Do you have an internal auditing function?   | yes / no |
| M) Do you practice good housekeeping?   | yes / no |
| N) Do you have a certificate of conformance release note (please provide copy)            | yes / no |

\*\*\*Survey Completed by:

Title:

Date: