


SUPPLIER SURVEY REQUEST

[CLICK HERE FOR FORM INSTRUCTIONS](#)

DATE OF REQUEST 1/23/19	SUPPLIER NUMBER 90074010	CMT OR SUB CODE(S) SER	PROGRAM(S) Restricted
SUPPLIER NAME (FULL LEGAL NAME) AADFW, Inc.			
SUPPLIER MANUFACTURING FACILITY ADDRESS TO BE SURVEYED/APPROVED 1350 Westpark Way			
CITY Eules	STATE TX	COUNTRY USA	ZIP 76040
PERSON TO CONTACT & TITLE Bob Bell	CONTACT PHONE 817-540-0153	CONTACT E-MAIL bob@aadfwinc.com	
QA MANAGER NAME Billy Brown	QA MANAGER PHONE 817-540-0153	QA MANAGER E-MAIL billy@aadfwinc.com	
INITIATED BY (PRINT NAME) Nicole Compher	DEPT LOMA10	PHONE (321) 361-2586	
IS THIS A DEVELOPMENTAL PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS A MANUFACTURING LICENSE AGREEMENT BEEN ESTABLISHED? (INTERNATIONAL ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	NDT TECHNIQUE NO. (NDT SURVEY ONLY)	REVISION DATE
DELIVERABLE END USE CODES (SPACE SYSTEMS ONLY) <input type="checkbox"/> FLIGHT (DF) <input type="checkbox"/> GROUND (DG) <input type="checkbox"/> LAB (DL) <input type="checkbox"/> ENGINEERING (DE) <input type="checkbox"/> RAPID (DR)			
REQUEST TYPE <input checked="" type="checkbox"/> INITIAL SURVEY <input type="checkbox"/> PERIODIC AUDIT <input type="checkbox"/> CORRECTIVE ACTION <input type="checkbox"/> NAME/ADDRESS CHANGE <input type="checkbox"/> REINSTATE			
SURVEY/AUDIT TYPE <input type="checkbox"/> QUALITY SYSTEM <input checked="" type="checkbox"/> PROCESS <input type="checkbox"/> DIGITAL DATA <input type="checkbox"/> PART NUMBER <input type="checkbox"/> NDT (TYPE) _____			
REASON FOR SURVEY/AUDIT (INCLUDE QUALITY STANDARD AND/OR SPECIAL PROCESS SPECIFICATIONS, TYPE OF PRODUCT, NOMENCLATURE, PART NUMBER IF APPLICABLE, AND ANY ADDITIONAL INFORMATION AS NECESSARY TO CLARIFY NEED.) To become qualified for ASTM E1447, ASTM E3, and ASTM E8 for Northrop Grumman			
TIME CHARGE NUMBER(S) (ENTER THE DIRECT CHARGE NETWORK NUMBER(S) TO BE USED BY THE ASSESSOR.) CATS/ Dept: D08076 Network: KAE162YGN, SUPP 2 QIT, SUPP 3 GLOPS SHIP SQ640947			
PROCUREMENT/SUBCONTRACT MANAGER'S SIGNATURE (SIGNATURE OR EMAIL CONCURRENCE CERTIFIES MANAGER HAS VERIFIED ACCURACY OF THE REQUEST)			

SUPPLIER SURVEY REQUEST

SUPPLIER SURVEY STATUS

QMS STANDARD AC7004	LEVEL ATTAINED/QM SYSTEM VALUE CZZ8	METHOD OF SURVEY A	SURVEY NO. 30002801		
SURVEY/AUDIT STATUS <input checked="" type="checkbox"/> APPROVED Supplier is authorized to process/perform to specification in conjunction with any supplier documents noted herein. <input type="checkbox"/> LIMITED (NOTE LIMITATIONS IN REMARKS) Approvals are specifically limited to the conditions and/or items noted herein. <input type="checkbox"/> CONDITIONAL See below and/or attachment for additional remarks/comments. <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> CANCELLED See below and/or attachment for additional remarks/comments. <input type="checkbox"/> WITHDRAWN Lack of procurement activity, no known future requirements. <input type="checkbox"/> WITHHELD Temporarily On Hold. Should only be used for an Initial Audit where a CAR is written for procedural issues.					
PART/SPEC. NUMBER	DESCRIPTION	PROCESS CATEGORY	LIMITATIONS	PART/SPEC DISPOSITION	
				APPROVED	REJECTED
ASTM E8	Standard Test Methods for Tension	Materials Testing		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASTM E3	Standard Guide for Preparation of Metallographic Specimens	Materials Testing		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASTM E1447	Standard Test Method for Determination of Hydrogen in Titanium and Titanium Alloys by the Inert Gas Fusion Thermal Conductivity Method	Materials Testing		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
ASSESSOR NAME (PRINT) G. Hall		DATE 3/7/2019	MANAGER/TEAM LEAD SIGNATURE 	DATE 03/11/19	
(SIGNATURE OR EMAIL CONCURRENCE CERTIFIES MANAGER/TEAM LEAD HAS APPROVED THE FORM.)					
REMARKS (INCLUDE INFORMATION AS NECESSARY TO EXPLAIN ANY C/A, STATUS, LIMITATIONS, OR DETAILS OTHER THAN "APPROVED") Onsite special process audit was conducted at AADFW, Inc., on March 7, 2019. No (0) Findings were identified. Supplier's Quality Management System is AC7004. Review of supplier's Quality Management System and Nadcap program records did not raise any concerns or issues. Complete details may be found at www.eauditnet.com . Based on the formula from Form P0-F232, this Supplier should be on a 1-year audit frequency.					