|  |  |
| --- | --- |
| **BSI recognizes that there may be areas of the questionnaire with which the customer may need assistance. In these cases, the customer is requested to contact their Sales Representative. The Sales Representative will recruit the necessary assistance from technical subject matter experts to support its accurate completion.**  This questionnaire enables BSI to provide you with the best service to meet your Aviation, Space and Defense (ASD) registration needs while meeting the Accreditation Body and ASD scheme requirements. The PF014 must be completed and submitted prior to issuance of any ASD quote. Review by the BSI Contract Review Team is required for all Initial and Recertification audits; transition audits; upgrade audits; transfers; extensions to scope; relocations and acquisitions. |  |
| To Complete this form, tab to move through the fields and type within the boxes. Please **DO NOT** turn this form into a PDF when finished, as it precludes use by BSI to complete the application process.  For BSI Use only  Date reviewed by Sales:       by  Date PF002(A1265) form completed:       by  Date reviewed by Contract Review Team:       by  Date reviewed by Lead Auditor:       by    Date OK to Issue Quote:       by  Client reference number: |  |

**SECTION 1: GENERAL SITE INFORMATION**

|  |  |
| --- | --- |
| **Company Name:**  **Primary Contact Name:**  **Appointment / Title**:  **Telephone:**  **Email:** | **Address:** (note: only one location per form)  **Location number**       **of**       **locations.**  **If this is other than a Single Site please provide for the additional location(s) on a separate PF014.**  **Information provided on the initial form need not be duplicated on form(s) for additional location(s).** |
| **Does the organization currently hold a certification to a another standard:**  **OIN:**       (if applicable)  **OASIS Administrator (name & title):** | **Select the ASD Scheme(s):**  (AS 9100, AS 9110, AS 9120)  **Select the Certification Structure:**  Single Site;  Multiple Site Category 1 or Category 2;  Campus;  Several Sites;  Complex |
| **Describe the proposed Scope of Certification:**  (manufacturing, maintenance, distribution of \_\_\_\_\_) |
| **Total Number of employees:**  **Number of employees assigned to ASD activities:** | **Number of Shifts:** |
| **Shift times:** |
| **Lunch break times:** |
| **Web site:** | **Nearest airport to location:** |
| **Alternate Contact Name:** |
| **Email:** | **Local hotels at location:** |
| **Phone:** |

**SECTION 2: Manuals and Documentation**

|  |
| --- |
| **List Quality Management System documentation that is in place such as: Quality Manual and Procedures for Control of Documents, Control of Records, Internal Audit, Control of Nonconforming Product, Corrective Action and Preventive Action**. |
|  |

**SECTION 3: Activities**

|  |
| --- |
| **Describe your processes together with their identification, sequence and interactions. Or copy/paste the diagram from your QMS manual. (Input > Process > Output)** |
|  |
| **Assign the proportion of each activity by percentage**  **(e.g. Manufacturing and Production – 60%; Assembly – 25%; Maintenance and Repair – 15%)** |
|  |

**SECTION 4: Product Realization**

|  |  |
| --- | --- |
| **Key (core) Processes:**  BSI will conduct your Quality Management System audit using a method that focuses on Process Performance and Effectiveness.  (add additional fields as needed) | |
| **List your Key (core) Processes**  (example: Purchasing, Supplier Management, Receiving**)** | **List the clause(s) that are applicable to the process**  (7.4.1, 7.4.2, 7.4.3) |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |
| **Special Processes:**  Any Process for production or service, where the resulting output cannot be verified by subsequent monitoring or measurement and, as a consequence, deficiencies become apparent only after the product is in use or the service is delivered. | |
| **List your Special Processes (or Not Applicable)** | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| **Special Requirements and Critical Items:**  Requirements identified by the customer or determined by the organization which have high risks to being achieved.  Items having significant effect on the product realization and use of the product. | |
| **List your Special Requirements and/or Critical Items (or Not Applicable)** | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

**SECTION 5: Preparation for the Audit**

|  |
| --- |
| Q1. Have consultants been used to develop, implement or operate your system?  Q1a. If yes, please state their name/company and explain their role(s):  Q1b. Will their role(s) be ongoing? |
| Q2. Are there any PPE (personal protective equipment) requirements for the audit team? |
| Q3. Are there any Special Work Environments to consider (e.g. ESDS, Clean Room, Temperature or Humidity Controls?  Q3a. If yes, please identify here:  Q3b. Are there any special site/company Health & Safety training requirements for the audit team?  Q3c. If yes, please identify here: |
| Q4. Are any processes required to produce the product or service outsourced?  Q4a. If yes, please identify where the methods of control are defined within the AQMS system? |
| Q5. Are any of the processes operated by your organization on this site subject to International Traffic and Arms Regulations (ITAR) requirements?  Q5a. If yes, please identify the processes and products concerned and identify and/or attach to this form any required agreements regarding BSI auditor / observer access: |
| Q6. Are any of the processes operated by your organization on this site subject to Export Administration Regulations (EAR) requirements?    Q6a. If yes, please identify the processes and products concerned and identify and/or attach to this form any required agreements regarding BSI auditor / observer access: |
| Q7. Does the organization hold any National, Federal or State certificates, certifications, licenses or approvals (including Customer Approvals) relating to the Aviation, Space and Defense industry e.g. Repair Station Certificate, Maintenance Approval, Production Approval, etc.?  Q7a. If yes, please identify here: |
| Q8. Does the organization have any product related safety issues/notification/sanctions or other issues from a regulatory body e.g. FAA that may impact your Aviation, Space and Defense Quality Management System?  Q8a. If yes, please identify the processes affected. |
| Q9. Are there any processes within the organization that cannot be observed by the audit team due to restrictive, security program or confidentiality requirements?       (See Notes 1 and 2)  Q9a. If yes, please identify here:  **NOTE 1:** *The organization can deny BSI auditors access to proprietary or classified information, and/or areas due to the competitive sensitivity or national security regulations invoked in customer contracts. BSI requires you to provide information on any activities, programs, specifications, and/or areas that are not accessible to BSI auditors because of a restrictive or confidential nature.*  **NOTE 2:** *The scope of certification shall not include processes that are not audited by BSI to sufficient depth to verify your conformity, including the determination of effectiveness. However, they may be included if the processes can be proven to be similar to processes that were audited and the same quality management system procedures and controls are invoked. In the BSI audit report, exclusions for these programs, customers, and/or activities shall be stated with supporting justification provided.* |
| Q10. Does the organization have any issues/notification/sanctions from a customer that may impact your Aviation, Space and Defense Quality Management System (AQMS)?  Q10a. If yes, please identify the processes affected. |
| Q11. What proportion (%) of the site’s output, expressed as % of Total Revenue, is supplied to the Aviation, Space and Defense Industry? |
| Q12. List the top five Aviation, Space and Defense Industry customers you supply and the percentage (%) of your output for that customer? You may omit any details where a confidentiality agreement with your customer(s) forbids such disclosure. In this latter case put the word ‘Forbids’ in the “Percentage of Output” box.   |  |  | | --- | --- | | **Customer** | **Percentage of Output** | | 1. |  | | 2. |  | | 3. |  | | 4. |  | | 5. |  | |  |  | |
| Q13. Does the organization claim any exclusions to the AS 9100 standard?  Note: Exclusions are limited to Clause 7.  Q13a. If yes, please identify the specific clause(s) affected and provide supporting justification. |
| Q14. What is the language required for the conduct of the audit? |
| Q15. Does the organization employ an Integrated Management System (IMS)? (use of a single management system to manage multiple aspects of organizational performance)  **For BSI Use only**  Is the organization Fully Integrated, Partially Integrated, Not Integrated? |

**SECTION 6: Internal Audit, Corrective Action, Management Review**

Please confirm that you possess results of an internal audit(s) to the Aviation, Space and Defense standard that you wish to be certified to, including any necessary corrective actions, and a related management review. These need to be completed prior to the scheduled Stage 1 certification audit or the scheduled Transition audit, as applicable. The AS 9100 series audits cannot be conducted for certification purposes without the completion of these activities.

**Activity Completed Date** ***or*** **Activity Planned Date** (mm/dd/yyyy)

|  |  |  |
| --- | --- | --- |
| Internal Audit |  |  |
| Corrective Action |  |  |
| Management Review |  |  |

**SECTION 7: Declaration by the Organization**

Please provide declaration that the Aerospace Quality Management System (AQMS) and its implementation either conforms to or will conform to the ASD standard for which you are seeking certification by completing either Declaration A or Declaration B.

|  |
| --- |
| On behalf of Organization Name**,** I declare that the AQMS: |
| 1. Is in conformance with (list ASD Scheme) as of  (mm/dd/yyyy).   Please enter Name:  Your position in the organization:  Date of Declaration: |
| 1. Is not yet in conformance with (list ASD Scheme). Conformance is expected on  (mm/dd/yyyy).   **NOTE: When your AQMS is in conformance, Complete Declaration A and forward the updated form to your Sales Representative.** |

**BSI thanks you for this opportunity to serve you in the AQMS Certification process**