SIKORSKY AUDIT REPORT *****This document contains no technical data subject to the ITAR or the EAR.*****							
	This document contains no technic		oubject t	o the m		1 OF 1	
				17.02. <u> </u>			
SUPPLIER: Element Materials Testing			-		CODE:	SP2223	
ADDRESS: 1857 Business Center Dr.				FLICHT CAFETY VEG			
Duarte, CA 91010 CONTACT: Michael Swisher			- FEIG	FLIGHT SAFETY: YES NOx TEL.:818-296-0450			
TITLE: Quality Manager			-	FAX.: n/a			
			-	E-MAIL: michael.swisher@element.com			
SIKORSKY				AUDIT			
REP: Alma DeBellis			DATE: <u>1-17-2018</u>				
SPECIAL PROCESS SURVEYS/AUDITS: DISPOSITION CODE:							
CODE:	SPECIFICATION:	Α	С	W		REMARKS/LIMITATIONS:	
Lab 9	Composite Testing	х			Note 9		
						-	
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DISPOSIT	TION CODES: A = APPROVED, C = CONDITIONAL	APPE	ROVAL.	W = W	/ITHHEI	LD	
REMARK CODES:							
1 = INTERNAL USE ONLY (CAPTIVE)							
2 = APPROVAL OF FACILITIES ONLY - A WRITTEN PROCEDURE FOR EACH PART NUMBER MUST BE APPROVED.							
3 = LIMITED TO PRECIPITATION AGING ONLY.							
4A = LACK OF ACTIVITY 4B = PROCESS DISCONTINUED 4C = QUALITY PROBLEM							
5A = EXCLUDING 7075T73 5B = INCLUDING 7075T73							
6 = NOT AUDITED AT THIS TIME. CONTINUED APPROVAL BASED ON AUDIT OF:							
7 = NADCAP APPROVED (NON CAPTIVE)							
8 = INTERPRETATION OF INDICATIONS IN ACCORDANCE WITH SS8802, SS8805, 0R SS8806							
9 = AUDIT APPROVED BASED ON NADCAP CERTIFICATION. CERTIFICATION # 5488166349							
10 =							
APPROVED UNITS (i.e. FURNACES / TANKS):							
NDI CERTIFIED LEVEL III PERSONNEL:							
PRODUCT ORIENTED (QUALITY SYSTEM) ASSESSMENTS: DISPOSITION CODE:							
TYPE:							
(CHECK BELOW AS APPLICABLE) A C W							
INITIAL ASQR-01 GROUP 1 (FLIGHT SAFETY)					[
INITIAL ASQR-01 GROUP 1 (NON-FLIGHT SAFETY)							
INITIAL ASQR-01 GROUP 2 GROUP 1 PRODUCT/PROCESS CONFORMITY AUDIT							
PRODUCT/PROCESS CONFORMITY AUDIT INCLUDING F/S							
FOCUSED FLIGHT SAFETY AUDIT (BLITZ)							
GROUP 2 PRODUCT/PROCESS CONFORMITY AUDIT							
	OTHER						

S/A MANAGEMENT REVIEW:

SA 5195-1 Revision 05/10/2016

DATE:

Verify current revision of form