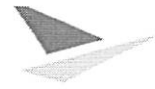




4223 Monticello Blvd. South Euclid Oh 44121
216-291-6025



AEROFLUIDPRODUCTS
313 Gillett St. Painesville Oh 44077
440-352-6182

Supplier Audit form

PLEASE READ INSTRUCTION BLOCK BEFORE COMPLETING SURVEY

Initial survey (New vendor) Recertification Self survey CAR follow-up

Supplier Name: **Element Materials**

Address including city, state, zip: **15814 Corporate Circle, Jupiter, FL, 33412**

Phone: **561-776-7339**

Fax: **561-766-7344**

Name of Quality Manager (print): **Sandra Frank**

QA Manager Phone # **561-277-3130**

QA Manager Email **sandra.frank@element.com**

What Product or Service do you supply? **Product Qualification Testing Services**

List all Special Processes Performed or attach list of special processes.

Please check all that apply:

Manufacturer Distributor Process or Service Special Process

Repair Station (cert number) _____

Please check all that apply:

ISO (fill in) 17025 Certified Compliant only AS9100 AS9003 NADCAP

OTHER _____

Do you have a copy of QAP043? What is the revision? AD Do you have a copy of QAP019? What is the revision? N

INSTRUCTIONS

Vendors approved by a THIRD PARTY CERTIFICATION body to current ISO9001, AS9100, AS9003 or NADCAP need only to complete the first page of this survey and provide certification(s) to which they are approved.

-DISTRIBUTORS complete only sections 1 and 2 unless 3rd party certified (see above).

-ALL OTHERS complete entire survey

*****Below portion to be completed by ACX only*****

Survey reviewed by (AeroControlex):

Date:

Approved

Disapproved

Conditional Approval (see notes & comments)

AeroControlex Notes and Comments:

Sandra Wolf 10-16-15