# **SUPPLIER SURVEY REQUEST**



| DATE OF REQUEST  | NEED DATE     | SI IDDI IE   | D NI IMBED                    | PROGRAM(S)             |                  |
|--|---------------|--|-------------------------------|------------------------|------------------|
| 3/17/2024  | 3/30/2024     | SUPPLIER NUMBER 90075837  PROGRAM(S) NCTA, E2, Triton, F18 |                               |                        |                  |
| SUPPLIER NAME (FULL LEGAL NAME)  |               |  |                               |                        |                  |
| Element Materials Technology - Middleburg Heights-OH   |               |  |                               |                        |                  |
| SUPPLIER MANUFACTURING FACILITY ADDRESS TO BE SURVEYED/APPROVED  6840 Lake Abram Drive   |               |  |                               |                        |                  |
| CITY   |               | STATE  | COUNTRY                       | ZIP                    |                  |
| Middleburg Heights/ Cleveland  |               | ОН   | USA                           | 44130                  |                  |
| QA MANAGER NAME  |               | QA MANAGER PHONE   | QA MANAGER E-MAIL             |                        |                  |
| Andrew Kearns  |               | 440-243-3311 ext. 62083                                    | Andrew.Kearns@element.com     |                        |                  |
| INITIATED BY (PRINT NAME)  |               | DEPT PHONE   |                               |                        |                  |
| Robin Frenzel  |               |  | K08J15                        | 516-575-1977           |                  |
| HAS A MANUFACTURIN   |               |  | NDT TECHNIQUE NO. (NDT SURVEY | ONLY) REVISION DATE    |                  |
| BEEN ESTABLISHED? (I   |               | LY)  | NA                            | NA NA                  |                  |
| ∐ YES [  | □ NO ⊠ N/A    |  |                               |                        |                  |
| REQUEST TYPE   |               |  |                               |                        |                  |
|  | M PERIODIC AU | ווט 🗀 נ  | DELTA AUDIT                   | CHON   NAME/ADDRESS CH | ANGE ∐ REINSTATE |
| SURVEY/ AUDIT TYPE   |               |  |                               |                        |                  |
| U QUALITY SYSTE  | M 🔀 PROCESS   |  | GITAL DATA   NDT (TYPE)       |                        | _                |
| □ QUALITY SYSTEM □ PROCESS □ DIGITAL DATA □ NDT (TYPE) □ REASON FOR SURVEY/IAUDIT (INCLUDE QUALITY STANDARD AND/OR SPECIAL PROCESS SPECIFICATIONS, TYPE OF PRODUCT, NOMENCLATURE, PART NUMBER TO BE PURCHASED IF APPLICABLE, AND ANY ADDITIONAL INFORMATION AS NECESSARY TO CLARIFY NEED.)  Specification AMS 2631 AMS-STD-2154 ASTM E1417 ASTM E14144 GSS 16101 MIL-STD-867 |               |  |                               |                        |                  |
| TIME CHARGE NUMBER(S) (ENTER THE DIRECT CHARGE NETWORK NUMBER(S) TO BE USED BY THE ASSESSOR.)  K96PM1762 Activity Code 0030 SUPP1 ADDM SUPP2 ADDM= NCTA; N00KD2TG0600=E2; KR007Q050=Triton 50%, LTI5Q067=Triton 50%; 2L15406 = F18   |               |  |                               |                        |                  |
| PROCUREMENT/SUBCONTRACT MANAGER'S SIGNATURE (SIGNATURE OR EMAIL CONCURRENCE CERTIFIES MANAGER HAS VERIFIED ACCURACY OF THE REQUEST)  NA  |               |  |                               |                        |                  |

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# **SUPPLIER SURVEY REQUEST**



## **SUPPLIER SURVEY STATUS**

| QMS STANDARD LEVEL ATTAIN               |   | AINED/QM SYSTEM VALUE                | METHOD OF SURVEY SURVEY NO.                                  |   |                       |                    |  |
|---|---|--------------------------------------|--|---|-----------------------|--------------------|--|
| AC7004                                  | AC7004 CZZ8   |                                      |  | Α   | 30007794              |                    |  |
| SURVEY/AUDIT STATUS                     | SURVEY/AUDIT STATUS   |                                      |  |   |                       |                    |  |
|   |   |                                      | Supplier is authorize<br>supplier documents i                | Supplier is authorized to process/perform to specification in conjunction with any supplier documents noted herein.     |                       |                    |  |
| ☐ LIMITED (NOTE LIMITATIONS IN REMARKS) |   |                                      | S) Approvals are specif                                      | Approvals are specifically limited to the conditions and/or items noted herein.   |                       |                    |  |
| CONDITIONAL                             |   |                                      | See below and/or att   | See below and/or attachment for additional remarks/comments.  |                       |                    |  |
| UNSATISFACTORY                          |   |                                      | See below and/or att   | See below and/or attachment for additional remarks/comments   |                       |                    |  |
| ☐ DISAPPROVED ☐ CANCELLED               |   | See below and/or att                 | See below and/or attachment for additional remarks/comments. |   |                       |                    |  |
| WITHDRAWN                               |   |                                      | Lack of procurement  | Lack of procurement activity, no known future requirements.   |                       |                    |  |
| ☐ WITHHELD                              |   |                                      | Temporarily on Hold for procedural issues                    | . Should only be used for<br>s.   | an Initial Audit wher | e a CAR is written |  |
| SPEC. NUMBER                            | DESCRII   | PTION                                | PROCESS CATEGORY   | LIMITATIONS   | DISPOSITION           | NADCAP             |  |
| AMS 2631                                | Ultras<br>Inspec<br>Titaniur<br>Titanium<br>Bar, Bille<br>Pla | ction<br>n and<br>n Alloy<br>et, and | Nondestructive<br>Testing                                    | *NOTE* NGAS ASPL approval is required when testing is performed by a secondary source other than the primary mill. NONE | Limited               | Accredited         |  |
| AMS-STD-2154                            | Inspec<br>Ultrase<br>Wrou<br>Meta<br>Proces                   | onic,<br>ight<br>als,                | Nondestructive<br>Testing                                    | *NOTE* NGAS ASPL approval is required when testing is performed by a secondary source other than the primary mill. NONE | Limited               | Accredited         |  |
| ASTM E1417                              | Stand<br>Practid<br>Liquid Pe<br>Testi                        | e for<br>netrant                     | Nondestructive<br>Testing                                    | None  | Approved              | Accredited         |  |

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### SUPPLIER SURVEY REQUEST



| ASTM E1444                 | Standard<br>Practice for<br>Magnetic Particle<br>Testing for<br>Aerospace | Nondestructive<br>Testing | None  | Approved | Accredited |
|----------------------------|---|---------------------------|---|----------|------------|
| GSS16101                   | ULTRASONIC<br>INSPECTION OF<br>LOW ALLOY<br>AND<br>STAINLESS<br>STEELS    | Nondestructive<br>Testing | None  | Approved | Accredited |
| Mil-STD-867                | TEMPER ETCH<br>INSPECTION   | Nondestructive<br>Testing | None  | Approved | Accredited |
| ASSESSOR NAME (PRINT) DATE |   |                           | MANAGER/TEAM LEAD SIGNATURE DATE  |          |            |
| Carl S. Roche              |   | 3/21/2024                 |   |          |            |
|                            |   |                           | (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")

An on-site periodic special process audit was conducted at Element Materials Technology in Middleburgh OH on 03/19/2024. There were no findings as a result of this audit.

Element Materials Technology maintains the following Accreditations:

Supplier has an Aerospace Quality System (AQS-AC7004) accreditation from NADCAP as their Quality Management System. Review of the supplier's Nadcap program records did not raise any concerns or issues. Nadcap Accreditations are detailed and may be found on the certified supplier directory at <a href="https://www.eauditnet.com/eauditnet/ean/user/login.htm">https://www.eauditnet.com/eauditnet/ean/user/login.htm</a>

This Supplier remains on the NGAS ASPL and with this periodic special process audit the next audit frequency shall be due in two years or March 2026.

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#### **FORM INSTRUCTIONS**

| TO BE COMPLETED BY THE INTERNAL NORTHROP GRUMMAN INITIATOR          |  |  |  |  |
|---|--|--|--|--|
| FORM FIELD  | FIELD INSTRUCTIONS   |  |  |  |
| DATE OF REQUEST   | Enter the date the request is submitted.   |  |  |  |
| NEED DATE   | *** Need Date must be in the future *** For Approved Supplier List (ASL) and Digital Data submissions, enter date needed to place a Purchase Order (PO).   |  |  |  |
|   | For Approved Special Processor List (ASPL) and Non-Destructive Test (NDT) submission, enter date needed to start processing.   |  |  |  |
|   | N/A may be used if there is no urgency. Terms like "ASAP" will not be accepted.  |  |  |  |
|   | For periodic surveys enter periodic due date.  |  |  |  |
| SUPPLIER NO.  | Enter the 8 digit Northrop Grumman SAP supplier code number. <b>A supplier number is </b> required to complete this form.  |  |  |  |
| PROGRAM(S)  | Enter the Program(s) intending to use the supplier. Not required when issued by SQP&A.   |  |  |  |
| SUPPLIER NAME   | Enter the supplier's full legal name.  |  |  |  |
| SUPPLIER ADDRESS TO BE<br>SURVEYED                                  | Enter the address of the manufacturing facility subject to audit. This may be different than the billing, mailing, Purchase Order, sales, or corporate address.  |  |  |  |
| CITY, STATE, COUNTRY, ZIP   | Enter the address information for the facility.  |  |  |  |
| QA MANAGER NAME,<br>PHONE & E-MAIL                                  | Enter the name, work phone number, and e-mail address of the supplier's QA Manager.  Not required when issued by SQP&A. Enter "N/A" if not applicable.   |  |  |  |
| INITIATOR'S INFO  | Enter (Print) the form initiator's name, department, and phone number. This is a person internal to NG.  |  |  |  |
| HAS A MANUFACTURING<br>LICENSE AGREEMENT (MLA)<br>BEEN ESTABLISHED? | For International Suppliers Only. If this section does not apply mark "N/A."  Mark "Yes" or "No" to indicate if a MLA has been established with the supplier.  |  |  |  |
| NDT TECHNIQUE NO.,<br>REVISION, DATE                                | NDT Survey Type Only. Enter "N/A" if not applicable. Enter the Non-Destructive Testing Technique number, revision, and date.   |  |  |  |
| REQUEST TYPE  | Check only one appropriate block.  Initial Survey – New Supplier/First Time being evaluated for survey type  Periodic – Recurring audit  Delta – Adding a Spec(s) to existing Supplier's Approvals  Corrective Action – Onsite C/A or VCA  Name/Address Change – New Name/Address Validation  Reinstate – Re-evaluation of previously approved supplier  |  |  |  |
| SURVEY/AUDIT TYPE   | <ul> <li>Check only one appropriate block.</li> <li>Quality System – Evaluation required to add/update supplier to the Approved Supplier List (ASL)</li> <li>Process – Evaluation to add/update supplier on the Approved Special Processor Listing (ASPL)</li> <li>Digital Data – Evaluation of the supplier's Digital Drawing capabilities (e.g., CATIA, CAD)</li> <li>NDT – Evaluation of supplier's Non-Destructive Testing (NDT) Techniques.</li> <li>Add in the type of plan/technique being reviewed if NDT is checked.</li> </ul> |  |  |  |
| REASON FOR SURVEY/<br>AUDIT   | Include quality standard and/or special process specifications, type of product, to be purchased, nomenclature, and any additional information as necessary to clarify need. For initial requests, explain why the supplier was selected (e.g., competition) and any notes as to why the supplier must be approved.  |  |  |  |
| TIME CHARGE NUMBER(S)   | Enter the direct network number(s) to be used by the assessor for timecard charging.   |  |  |  |
| PROCUREMENT/<br>SUBCONTRACT MANAGER'S<br>SIGNATURE                  | Manager's signature or e-mail approval certifies that the manager has reviewed the documentation and has verified the accuracy of the request. Not required when issued by SQP&A. Electronic approval is preferred. Evidence of approval shall be included as part of the final survey package.  |  |  |  |

**NOTE:** In order to eliminate the re-typing of the form, the original P0-F005 shall be submitted via email as a Microsoft Word document. The P0-F005 with signature may be forwarded via email as an Adobe Acrobat file.

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## FORM INSTRUCTIONS (CONTINUED)

|                                   | TO BE COMPLETED BY THE ASSESSOR  |  |  |
|-----------------------------------|--|--|--|
| FORM FIELD                        | FIELD INSTRUCTIONS   |  |  |
| QMS STANDARD                      | Enter the Quality Management System Standard the supplier was surveyed to (e.g., AS9100) or identify as COTS, as applicable. <b>Not required for NDT submittal. Enter "N/A" if not applicable.</b>   |  |  |
| LEVEL ATTAINED/QM<br>SYSTEM VALUE | Enter Quality System or Special Process Level. Choose from approval level numbers as defined in DTI-0006, Supplier Quality System Approval Techniques/Matrix, found on the Supplier Quality Web page under SQ Work Instructions. <b>Not required for NDT submittal.</b> Enter "N/A" if not applicable.   |  |  |
| METHOD OF SURVEY                  | Select appropriate code for method of survey:  A = Onsite review  B = AS/ISO Registrars (3rd Party)  C = Shared Audit Data with other Primes (2nd Party)  D = Desktop review   |  |  |
| SURVEY NO.                        | Enter the survey identification number (provided by Supplier Quality Performance & Audit).   |  |  |
| SURVEY/AUDIT STATUS               | Check the appropriate block(s):  One or more blocks are permitted for Special Processes. Only one block shall be checked for all other survey types.  Approved: Fully approved to all requirements, no findings were identified that require corrective action.  Limited: Approved to the limitations of the specification, drawing, etc.  Conditional: Approved, but some minor findings require corrective action.  Unsatisfactory For Initial Survey only. Supplier does not currently meet the baseline requirements for approval. An "unsatisfactory" supplier can be resubmitted by GSC if/when areas where supplier does not meet requirements are addressed.  Disapproved: Not approved due to serious/hardware related findings or other inability to satisfy quality requirements.  Withdrawn: Supplier is removed from active supplier list due to inactivity.  Cancelled: Survey cancelled.  Withheld: Supplier's approval is temporarily on hold, should be used only for an initial audit where CAR is written for procedural issues.  NOTE: If a block other than "Approved" is checked, provide additional information in "Remarks" block. |  |  |
| PROCESS CATEGORY                  | Enter the special process category. Special Process Surveys Only.  |  |  |
| LIMITATIONS                       | Limitations specific to the part or process are added in the limitations column. Disposition limitations are different. Limitations may be a Certain Specification Type, Class, Dash number etc. <b>Special Process Only.</b>  |  |  |
| DISPOSITION                       | Select Appropriate Disposition for each Spec/Part Number entered <b>Special Process Only</b> .   |  |  |
| NADCAP                            | Select NADCAP Status for each Spec entered. Special Process Surveys Only.  |  |  |
| ASSESSOR NAME / DATE              | Enter (Print) the Assessor's Name and the date the assessment was performed.   |  |  |
| MANAGER/TEAM LEAD<br>SIGNATURE    | Enter the Manager/Team Lead (or designee) approval signature as appropriate; electronic signatures are preferred.  NOTE: If electronic signature not available then the email concurrence constitutes acceptance.  |  |  |
| DATE                              | Enter the date of the Manager/Designee acceptance.   |  |  |
| REMARKS                           | Include information as necessary to explain any needed C/A, limitations, or other details regarding any status other than "Approved."  NOTE: If a CAR is written, reference the CAR number in this section. If any re-survey is required earlier than what is normally required by procedure include the due date in this section.   |  |  |

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