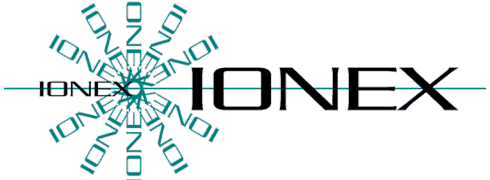


|   |                                      |
|---|--------------------------------------|
|  | <b>SUPPLIER QUALIFICATION SURVEY</b> |
|---|--------------------------------------|

Your input is an important part of our Supplier Qualification System. All fields are mandatory, however if it is not applicable, please select NO or NA with a reason for each.

**1. Company Information**

|                        |  |
|------------------------|--|
| Respondent Name:       |  |
| Company Name:          |  |
| Address 1:             |  |
| Address 2:             |  |
| City:                  |  |
| State:                 |  |
| Zip:                   |  |
| Country:               |  |
| Email Address Contact: |  |
| Phone Number:          |  |

**2. Contact Information**

|                                |  |
|--------------------------------|--|
| QA Contact:                    |  |
| QA Email Address:              |  |
| Sales Contact:                 |  |
| Sales Email Address:           |  |
| Escalation Path Contact:       |  |
| Escalation Path Email Address: |  |
| Accounting Contact:            |  |
| Accounting Email Address:      |  |
| Engineering Contact:           |  |
| Engineering Email Address:     |  |

**3. Type of Product/Scope your company sells:**

|  |
|--|
|  |
|--|

**4. Quality System, check all that apply.**

- AS9100
- AS14000
- DOT Certification
- DOT Security Plan
- ISO 9001

- NADCAP
- NQA-1
- Other, please indicate
- Calibration Program
- No Certification, Compliance to selections above
- None, please explain.

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*Please send a copy of current certification when returning this form.*

**5. Indicate how long records are retained**

|  |
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**6. Is an MSDS or handling instructions included with hazmat shipments?**

- Yes
- No (Please explain)
- NA (Please explain)

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**7. Do you have a process for evaluating your sub tier suppliers?**

- Yes
- No (Please explain)
- NA (Please explain)

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**8. Is there a process for isolating nonconforming products?**

- Yes
- No (Please explain)
- NA (Please explain)

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**9. Do you agree to notify IONEX of nonconforming products prior to shipping?**

- Yes
- No (Please explain)
- NA (Please explain)

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**10. Are applicable documents (Certification of Compliance, Material Certification, Lot traceability, etc.) issued with all out bound shipments?**

- Yes
- No (Please explain)
- NA (Please explain)

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**11. Is there a system in place for the monitoring and control of shelf-life items?**

- Yes
- No (Please explain)
- NA (Please explain)

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**12. Is there a system in place for the control of raw material?**

Yes

No (Please explain)

NA (Please explain)

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|  |

**13. Your Name and Title:**

Name:

Title:

Email:

|  |
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|  |

**For Internal IONEX Use Only**

\_\_\_\_\_

Name

\_\_\_\_\_

Review/Approval Signature

\_\_\_\_\_

Date