SUPPLIER SURVEY REQUEST

NORTHROP GRUMMAN

DATE OF REQUEST	NEED DATE	SUPPLIER NUMBER	PROGRAM(S)
3/17/2024	3/30/2024	90075837	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	OH	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 MANUFACTURING LICENSE AGREEMENT BEEN ESTABLISHED? (INTERNATIONAL ONLY)	NDT TECHNIQUE NO. (NDT SURVEY ONLY)	REVISION	DATE
☐ YES ☐ NO ☒ N/A	NA	NA	NA

REQUEST TYPE
☐ INITIAL SURVEY ☒ PERIODIC AUDIT ☐ DELTA AUDIT ☐ CORRECTIVE ACTION ☐ NAME/ADDRESS CHANGE ☐ REINSTATE

SURVEY/ AUDIT TYPE
☐ QUALITY SYSTEM ☒ PROCESS ☐ DIGITAL DATA ☐ NDT (TYPE) _____

REASON FOR SURVEY/AUDIT *(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 E1444
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 STATUS

QMS STANDARD	LEVEL ATTAINED/QM SYSTEM VALUE	METHOD OF SURVEY	SURVEY NO.
AC7004	CZZ8	A	30007794

SURVEY/AUDIT STATUS

☒ APPROVED	Supplier is authorized to process/perform to specification in conjunction with any supplier documents noted herein.
☒ LIMITED *(NOTE LIMITATIONS IN REMARKS)*	Approvals are specifically limited to the conditions and/or items noted herein.
☐ CONDITIONAL	See below and/or attachment for additional remarks/comments.
☐ UNSATISFACTORY	See below and/or attachment for additional remarks/comments
☐ DISAPPROVED ☐ CANCELLED	See below and/or attachment for additional remarks/comments.
☐ WITHDRAWN	Lack of procurement activity, no known future requirements.
☐ WITHHELD	Temporarily on Hold. Should only be used for an Initial Audit where a CAR is written for procedural issues.

SPEC. NUMBER	DESCRIPTION	PROCESS CATEGORY	LIMITATIONS	DISPOSITION	NADCAP
AMS 2631	Ultrasonic Inspection Titanium and Titanium Alloy Bar, Billet, and Plate	Nondestructive 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	Inspection, Ultrasonic, Wrought Metals, Process for	Nondestructive 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	Standard Practice for Liquid Penetrant Testing	Nondestructive Testing	None	Approved	Accredited

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ASTM E1444	Standard Practice for Magnetic Particle Testing for Aerospace	Nondestructive Testing	None	Approved	Accredited
GSS16101	ULTRASONIC INSPECTION OF LOW ALLOY AND STAINLESS STEELS	Nondestructive Testing	None	Approved	Accredited
Mil-STD-867	TEMPER ETCH INSPECTION	Nondestructive Testing	None	Approved	Accredited

ASSESSOR NAME *(PRINT)*	DATE	MANAGER/TEAM LEAD SIGNATURE	DATE
Carl S. Roche	3/21/2024	Edward H. Iris (A09355) Digitally signed by Edward H. Iris (A09355) Date: 2024.03.25 07:38:22 -04'00'	

(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 https://www.eauditnet.com/eauditnet/ean/user/login.htm

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. **A supplier number is <u>required</u> 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 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, 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 LICENSE AGREEMENT (MLA) 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., 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	**Check only one appropriate block.** • Quality System – Evaluation required to add/update supplier to the Approved Supplier List (ASL) • Process – Evaluation to add/update supplier on the Approved Special Processor Listing (ASPL) • Digital Data – Evaluation of the supplier's Digital Drawing capabilities (e.g., CATIA, CAD) • NDT – Evaluation of supplier's Non-Destructive Testing (NDT) Techniques. ○ Add in the type of plan/technique being reviewed if NDT is checked.
REASON FOR SURVEY/ 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/ SUBCONTRACT MANAGER'S 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. **Not required for NDT submittal. Enter "N/A" if not applicable.**
LEVEL ATTAINED/QM 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. **Not required for NDT submittal. 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. **Special Process Only.**
DISPOSITION	Select Appropriate Disposition for each Spec/Part Number entered **Special Process Only.**
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 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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