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| --- |
| **Date:** |
| **Supplier No:** |

**Surveillance of Supplier’s Property Management System**

◼ **TOP PORTION TO BE COMPLETED BY PRIME ENTITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SUPPLIER NAME | | | | |
| PURCHASE ORDER(s)/ CONTRACT NUMBER(s): | | | | |
| SUPPLIER IDENTIFIER (I.E. CAGE CODE, LOCATION, DIVISION, BUSINESS UNIT) | | | | |
|  | | | | |
| ADDRESS | | | | |
|  | | | | |
| CITY/STATE/ZIP | | | | |
|  | | | | |
| PHONE AND FAX NO. | EMAIL ADDRESS | | | |
|  |  | | | |
| **SELF-EVALUATION TO BE COMPLETED BY SUPPLIER** (PLEASE TYPE OR PRINT) | | | | |
| ACCOUNTABLE SUPPLIER REPRESENTATIVE | TITLE/PHONE/EMAIL | | | |
|  |  | | | |
| PROPERTY CUSTODIAN (If Different From Above) | TITLE/PHONE/EMAIL | | | |
|  |  | | | |
|  | | | | |
| **DIRECTIONS**: THE FOLLOWING QUESTIONS PERTAIN TO THE MANAGEMENT OF CUSTOMER PROPERTY AT YOUR FACILITY. PLEASE COMPLETE THIS SURVEY AND RETURN TO:  [**PRIME CONTRACTOR- FILL IN YOUR COMPANY NAME/ADDRESS/ATTENTION**] | | | | |
|  | | | | |
| **SUPPLIER DIRECTIONS** PLEASE ANSWER EACH AND EVERY QUESTION BY CHECKING THE APPROPRIATE BOX.  IF THE ANSWER IS NO, OR WHEN OTHERWISE REQUESTED, PLEASE EXPLAIN IN THE COMMENTS SECTION | | | | |
|  | | | | |
| **PROPERTY MANAGEMENT** | | **YES** | **NO** | **N/A** |
| 1. Do you have a property management plan? If Yes, and if you have not already done so, please provide a copy. | |  |  |  |
| 1. Do you have written property management system policies and procedures that comply with the purchase order (PO)/subcontract terms and conditions?   **NOTE: Please check “Yes, No or N/A” for each functional Outcome listed below.** | |  |  |  |
| 1. Acquisition | |  |  |  |
| 1. Receiving | |  |  |  |
| 1. Records | |  |  |  |
| 1. Physical Inventory | |  |  |  |
| 1. Subcontract Control | |  |  |  |
| 1. Reports | |  |  |  |
| 1. Relief of Stewardship | |  |  |  |
| 1. Utilization | |  |  |  |
| 1. Maintenance | |  |  |  |
| 1. Property Closeout | |  |  |  |
| 1. Has an external entity (such as DCMA, NASA, etc) conducted a property management system analysis at your location within the last two years? | |  |  |  |
| If YES, What were the results? Adequate Pending Inadequate Other | | | | |
| If YES, please provide copy of most recent letter | | | | |
| 1. Are you currently ISO9001, AS9100, or AS55000 certified? If YES, specify which and the date certified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |
| 1. Have you implemented a Contractor Self Assessment Program? | |  |  |  |
|  | |  |  |  |
| **ACQUISITION – Outcome 1** | | **YES** | **NO** | **N/A** |
| 1. Has customer property been acquired, including transfers, in accordance with the PO/Contract and/or your property procedures? | |  |  |  |
| 1. Have you acquired any customer property that is not itemized on the attached listing? | |  |  |  |
| If YES, attach a listing with authorization documentation | |  |  |  |
|  | |  |  |  |
| **RECEIVING – Outcome 2** | | **YES** | **NO** | **N/A** |
| 1. Do you have a process for reporting discrepancies incident to receipt (transit related, shortages, overages, damages) of customer property? | |  |  |  |
| 1. Is the Buyer promptly notified of any such discrepancies when impacting costs or schedule? | |  |  |  |
| 1. Is customer property: 2. Identified or marked in a permanent manner with the appropriate identification number and ownership?   If NO, please explain: | |  |  |  |
| 1. Identified in accordance with the PO/contract and/or your property procedures?   If NO, please explain: | |  |  |  |
| 1. Do you have a process for reporting discrepancies incident to receipt (transit related, shortages, overages, damages) of customer property? | |  |  |  |
|  | |  |  |  |
| **RECORDS – Outcome 3** | | **YES** | **NO** | **N/A** |
| 1. Do you have a record system, with supporting documentation, for all customer property in accordance with the PO/contract and your property procedures? | |  |  |  |
| 1. If you have material, do your material records contain the contract #, part#, description, quantity received & issued, unit of measure, balance, posting reference/date, unit acquisition cost, location, and disposition? | |  |  |  |
| If NO, please explain the reason for missing data | | | | |
| 1. If you have special tooling, special test equipment or equipment (tagged assets), do your records contain the contract#, control ID #, part #, description, posting reference/date, unit acquisition cost, location and disposition? | |  |  |  |
| If NO, please explain the reason for missing data | | | | |
| 1. Does your record system provide for traceability/audit trail of transactions from acquisition through disposition? | |  |  |  |
| 1. Have new records been created for new acquisitions and records updated for disposals of customer owned/supplier acquired or customer/Government furnished? | |  |  |  |
| If YES, please provide a copy along with the authorization for disposition. | | | | |
|  | |  |  |  |
| **PHYSICAL INVENTORY – Outcome 4** | | **YES** | **NO** | **N/A** |
| 1. Do you perform periodic physical inventories of customer **special tooling, special test equipment or equipment (assets)**? | |  |  |  |
| If YES to #16, do you use the Inventory By Exception (IBE)/Transaction method? | |  |  |  |
| If YES to #16, what is your inventory cycle process (how long)?  Annual Within 2 years Within 3 years Other If other, please explain. | | | | |
| If YES to #16, provide the tagged asset physical inventory accuracy rate (%) and date of last inventory for items accountable to this PO/contract(s).  Assets physical inventory accuracy rate \_\_\_\_\_% Date of last inventory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. Do you perform periodic physical inventories of customer owned **material** in inventory? | |  |  |  |
| If YES to #17, do you utilize  Wall to Wall Cycle Counts Both Other If other, please explain. | |  |  |  |
| If YES, what is your inventory cycle process (how long)?  Annual Within 2 years Within 3 years Other If other, please explain. | |  |  |  |
| If YES, provide the material physical inventory accuracy rate (%) and date of last inventory for items accountable to this PO/contract(s).  Material physical inventory accuracy rate \_\_\_\_\_% Date of last inventory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| If YES, provide a current listing of the material inventory, including part #, description, unit of measure, quantity, unit acquisition cost and extended cost. | | | | |
|  | |  |  |  |
| **SUBCONTRACTOR CONTROL – Outcome 5** | | **YES** | **NO** | **N/A** |
| 1. Do you have customer property located at a sub-tier location? If NO property is located at sub-tier locations, | |  |  |  |
| If YES, Do you have a process or procedures for the control, protection and maintenance of customer property in possession of your sub-tier suppliers? | |  |  |  |
| If YES, Are sub-tier suppliers required to perform and report inventories? | |  |  |  |
|  | |  |  |  |
| **REPORTS – Outcome 6** | | **YES** | **NO** | **N/A** |
| 1. Do you provide reports in accordance with the PO/contract and/or your property procedures? | |  |  |  |
| 1. Do you have a process for immediately reporting to the Buyer any loss or damage of customer property in accordance with PO/contract and your property procedures? | |  |  |  |
|  | |  |  |  |
| **RELIEF OF STEWARDSHIP AND LIABILITY – Outcome 7** | | **YES** | **NO** | **N/A** |
| 1. Do you have a disposal and/or scrap process? | |  |  |  |
| 1. Do you currently have any outstanding loss or damage reports in process with our entity? | |  |  |  |
| 1. Are property shipments/ disposals authorized in accordance with the P.O. or per the Buyerdirection and properly documented? | |  |  |  |
|  | |  |  |  |
| **UTILIZATION – Outcome 8** | | **YES** | **NO** | **N/A** |
| 1. Do you have a process to ensure that customer property is only used as authorized? | |  |  |  |
| 1. Do you have a process that allows you to identify and report idle, residual or excess customer property? | |  |  |  |
| 1. Is there any customer property in your possession that has not been utilized within the past year and that you consider to be excess to your needs? | |  |  |  |
| 1. If YES, have you reported it to the Buyer? | |  |  |  |
| 1. If 25a. (above) is NO, please attach the list of excess property. | |  |  |  |
| 1. Do you have a process that ensures reasonableness of consumption of customer owned materials? | |  |  |  |
| 1. Do you have a process to control the movement and protection of customer property? | |  |  |  |
| 1. Is customer property stored in a secure area where it is preserved and protected in accordance with the PO/contract and your property procedures? | |  |  |  |
|  | |  |  |  |
| **MAINTENANCE – Outcome 9** | | **YES** | **NO** | **N/A** |
| 1. Check as applicable your method(s) for maintenance of customer property:   Preventive Maintenance Schedule  As Used  Calibration  Corrective Maintenance  Not Required | | | | |
| 1. Is preventive maintenance performed by qualified personnel? | |  |  |  |
| 1. Do you have a calibration recall system which assures that calibration is performed as scheduled? | |  |  |  |
| 1. Are maintenance and calibration records available for review? | |  |  |  |
|  | |  |  |  |
| **PROPERTY CLOSE OUT – Outcome 10** | | **YES** | **NO** | **N/A** |
| 1. Do you have a process to assure that all customer property is returned or disposed of prior to final contract completion? | |  |  |  |
|  | |  |  |  |
| **COMMENTS** | | | | |
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| --- | --- |
| **SUPPLIER CERTIFICATION** | |
| As an authorized company representative, I hereby certify that the information and documentation provided to is true and accurate to the best of my knowledge and belief. | |
| Authorized Representative’s Name | Title |
|  |  |
| Signature | Date |
|  |  |
|  | |
| **PERSON COMPLETING FORM (If different than person completing certification above)** | |
| Print Name | Title |
|  |  |
| Signature | Date |
|  |  |
|  | |

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Version** | **Change** | **Reason** |
| **3/19/2009** | **1.0.0** |  | **Initial Release** |
| **2/19/2015** | **1.0.1** | **Clarified, eliminated duplicate questions & reformatted** | **Continuous Improvement** |
| **6/17/2015** | **1.0.2** | **Added Disclaimer & Revision History** | **Required** |
| **7/12/16** | **1.03** | **Changed AIA to NDIA** | **Committee under NDIA umbrella** |

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