|  |
| --- |
| **Supplier Property Control System Survey** |
|  **Supplier Name: Supplier ID:** |
|  **Supplier Address:** |
|  **Supplier City/State/Zip:** |
|  **Supplier Phone: | Supplier Email:** |

 All property which is accountable to Aerojet Rocketdyne (AR) must be controlled and accounted for in accordance with the terms included in each Agreement/Purchase Order (PO).

Answer the questions in the survey by checking YES or NO or, if a question is not applicable to your operation, check N/A.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Property Management**
 | **YES** | **NO** | **N/A** |
| A. | Do you have written Property procedures? If yes, provide a copy of those procedures.If no, describe your Property Control methods under “Comments” below. Supplier Comments:      |[ ] [ ]   |
| B. | Has any Government agency conducted a Property Management System Audit (PMSA) either limited or on-site within the last three years? If yes, provide the name of the issuing official, date issued and results.Supplier Comments:       |[ ] [ ]   |
| C. | Do you have a voluntary consensus standard that is followed? Please cite the Standards body from which it came, the Standard reference number or identity and the date of issuance and describe within the response how the Standard is employed.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |[ ] [ ]   |
| D. | Do you have a Self-assessment Program? |[ ] [ ]   |
| 1. **Acquisition**
 | **YES** | **NO** | **N/A** |
| A. | Has Customer property been acquired or furnished, including transfers, in accordance with the PO/Contract and/or your property procedures? |[ ] [ ] [ ]
| 1. **Receiving**
 | **YES** | **NO** | **N/A** |
| A. | Do you have a process for reporting discrepancies incident to receipt (transit related, shortages, overages, damage) of property? |[ ] [ ] [ ]
| B. | Is all property accountable to the PO physically identified with ownership? |[ ] [ ] [ ]
| 1. **Records**
 | **YES** | **NO** | **N/A** |
| A. | Do you have a process to create and maintain records of all property that enables a complete, current, auditable record of all transactions and, contain the data elements in accordance with Federal Acquisition Regulation 52.245-1(f)(iii)(A).Provide screenshot of record for one line-item of material and one line-item of tooling and/or equipment. |[ ] [ ] [ ]
| B. | Does your record system document the repair and maintenance actions associated with the care of special tooling, special test equipment or other maintainable property? |[ ] [ ] [ ]
| 1. **Physical Inventory**
 | **YES** | **NO** | **N/A** |
| A. | What is the frequency for performing physical inventories for material, tooling and equipment?  Supplier Comments:       |
| B. | Are sub-tier suppliers required to perform and report inventories? |[ ] [ ]   |
| 1. **Relief of Stewardship Responsibility and Liability**
 | **YES** | **NO** | **N/A** |
| A. | Do you have a process for reporting to AR any Loss, Theft, Damage or Destruction (LTDD) of property?Supplier Comments:      |[ ] [ ]   |
| B. | Do you currently have any outstanding LTDD Reports in process with AR?If yes, provide copies of outstanding LTDD Reports.Supplier Comments:      |[ ] [ ]   |
| 1. **Utilization, Storage, Movement**
 | **YES** | **NO** | **N/A** |
| A. | Is there any property accountable to AR in your possession that you consider to be excess to your needs? If yes, provide a detailed list of excess property.Supplier Comments:      |[ ] [ ]   |
| B. | Describe controls to ensure that property accountable to AR is only used as authorized.Supplier Comments:      |
| C. | Describe the storage facility in which accountable property is stored and how access is controlled.Supplier Comments:      |
| D. | Describe how the movement of property is documented and posted to the property records.Supplier Comments:       |
| E. | Describe process for the identification and reporting of idle, residual or excess property accountable to AR Purchase Orders? Supplier Comments:      |
| 1. **Maintenance**
 | **YES** | **NO** | **N/A** |
| A. | Do you have a calibration recall system which ensure that calibration is performed as scheduled? |[ ] [ ] [ ]
| 1. **Property Closeout**
 | **YES** | **NO** | **N/A** |
| A. | Do you have a process to assure that all accountable property is returned or dispositioned (with authorization) prior to final Purchase Order closure and provide customers with zero balance confirmations?Supplier Comments:      |[ ] [ ]   |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Printed Name of Preparer:      | Signature: |  |
| Title:      | Date:      |
| *Survey Reviewed By:*      | *Adequate/Inadequate:*      | *Date:*      |  |
| *Post Survey Comments:*      |  |