

Instructions for Supplier Survey

In order to become a vendor and/or a repair station for Aero Precision, you are required to complete a Quality Systems Survey.

Once you have completed the survey, please submit it along with any required attachments to the person listed below.

*****Surveys must have an authorized person signature*****

Send questions and/or completed survey to:
Aero Precision Quality Department
Tayfur Yuncuoglu, Director QA
201 Lindbergh Ave, Livermore, CA 94551
Phone: 925-455-9900 (ext: 9494)
Fax: 925-583-9694
E-Mail: quality@aeroprecision.com

Please provide copies of your AS9100, AS9110, ISO, ASA-100 certificates, EASA approval certificate, other Civil Aviation Authority certifications, FAA Air Agency certificate, OEM Certifications to be a repair station or distributor, and/or authorization letter for distribution or licensee (if applicable).

SUPPLIER INFORMATION

Please check all applicable

OEM	Manufacturer	OEM Licensee/Supplier	Distributor	Broker	Repair Station
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company name:	
Address:	
Phone:	
Fax:	
Tax ID:	
Tax ID status: (Corporate, Partnership, Sole Proprietor, Limited Liability Company)	
Cage Code:	
Required Field: DDTC Registration Yes/No (State Department, Director of Defense Trade Control Registration)	
Expiration date:	
Warranty Terms:	
Dun and Bradstreet No:	
NAICS Code(s): (look up: www.census.gov/epcd/www/naicstab.htm)	
Head of Quality: Include name, title, phone, fax and e-mail	
Total number of employees:	
Number of quality inspectors:	
Years in business:	
Point of contact for quality concerns: Include name, title, phone, fax, and e-mail	<input type="checkbox"/> Same as above

Supplier Quality Survey / Provider Assessment and Requirements List

AS9100 certificate number and expiration date		<input type="checkbox"/> Not applicable
AS9110 certificate number and expiration date		<input type="checkbox"/> Not applicable
ISO certificate number and expiration date		<input type="checkbox"/> Not applicable
FAA repair station number		<input type="checkbox"/> Not applicable
EASA repair station number		<input type="checkbox"/> Not applicable
FAA PMA or TSO number		<input type="checkbox"/> Not applicable
Distributors; please attached OEM authorization letters.		<input type="checkbox"/> Not applicable
If applicable, repair shops please attach FAA certificates or OEM certification letter.		<input type="checkbox"/> Not applicable
Please list or send the capability list. (repair shops only)		<input type="checkbox"/> Not applicable
Has your company be awarded any US Government repair contracts? If so, please list latest contract number.		<input type="checkbox"/> Not applicable
Please list all product lines that your company is authorized to distribute (distributors only) or please attach the list to the survey.		
Please list all OEMs (and product line) that your company is a licensee of. Please attach PN list where possible.		
Are you a Small Business in accordance with the applicable NAICS size standard (see 13 CFR part 121) under which you provide goods and/or services?		
Are you registered with the Small Business Administration (SBA.gov)?		
Do you have established suspected unapproved / counterfeit parts avoidance program ?		

Please provide copies of your AS9100, AS9110, ISO, ASA-100 certificates, EASA approval certificate, other Civil Aviation Authority certifications, FAA Air Agency certificate, OEM Certifications to be a repair station or distributor, and/or Authorization letter for distribution or licensee (if applicable).

QUALITY SYSTEM

*****If your company has been ISO/AS, ASA-100 certified or FAA repair station certified, this section is optional******

QUALITY MANAGEMENT SYSTEM	YES	NO	NA
A- GENERAL REQUIREMENT			
1. Has the organization established, documented, implemented and maintained a quality management system? <ul style="list-style-type: none"> • If yes, Identify your quality system: • Record last revision and date: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there an organizational chart that clearly defines your organization? Please provide a copy of the organizational chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B- DOCUMENTATION & RECORD KEEPING	YES	NO	NA
3. Is the manual readily available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the organization maintain appropriate documentation to verify the status of the products? e.g., manufacturer data, standards, airworthiness data, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How long are records (work packages, shop travelers, traceability documents, certificates of conformance, etc.) maintained?			
6. Are the documents required by quality management system controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are records included where applicable: <ul style="list-style-type: none"> • Manufacturer, distributor, repair station, test and inspection reports. • Original certificate of conformity, copies of airworthiness certificates • Non-conformance, concession and corrective action records 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Supplier Quality Survey / Provider Assessment and Requirements List

<ul style="list-style-type: none"> • Lot traceability records • Environmental or shelf life condition records 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGEMENT RESPONSIBILITY			
8. Has top management ensured that customer requirements are determined and met with the aim of enhancing customer satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the organization have measurable quality policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOURCE MANAGEMENT	YES	NO	NA
10. Is there a training program to ensure that all personnel are qualified for the specific tasks performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are training records maintained of education, training, skills and experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the organization determine, provide and maintain the infrastructure and work environment needed to achieve conformity to product requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCT REALIZATION			
A- DETERMINATION OF REQUIREMENTS RELATED TO THE PRODUCT	YES	NO	NA
13. Is there a system to ensure contract requirements are identified and can be met prior to acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a system to ensure that revised contract requirements are evaluated and communicated to the appropriate departments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B- PURCHASE PROCESS	YES	NO	NA
15. Does the organization ensure that purchased product conforms to specified purchase requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there a system for monitoring and reviewing vendor performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the company maintain a register of approved suppliers that includes the scope of approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have a vendor corrective action system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are purchase orders reviewed for accuracy and clarity before release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C- IDENTIFICATION AND TRACEABILITY	YES	NO	NA
20. Are material and product identification (manufacturer's identification and batch/lot of traceability) maintained from receipt through delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you identify the inspection status of products in process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D- PRESERVATION OF PRODUCT	YES	NO	NA
22. Is material stored to protect from damage, deterioration, loss and unauthorized release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Is there a process to control limited life materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is there a process for special handling of hazardous material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are there controls in place to minimize the risk of damage/deterioration during packaging, production and transport/shipping processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E- CONTROL OF MONITORING AND MEASURING DEVICE	YES	NO	NA
26. Does the organization maintain a register of these monitoring and measuring devices and define the process employed for their calibration including details of equipment type, unique identifications, location, frequency of checks, check method and acceptance criteria.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are calibration standards traceable to acceptable national standards? e.g. NIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Is there a system for identifying measuring devices found to be out of tolerance and a system to evaluate products where the out of tolerance measuring device was used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Are all measuring and test equipment verified or calibrated prior to usage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is the calibration system periodically audited to ensure continued compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F- CUSTOMER PROPERTY	YES	NO	NA
31. Does the company exercise care by identifying, verifying and protecting customer property while it's under the organization's control or being used by the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G- CONTROL OF PRODUCTION AND SERVICE PROVISION	YES	NO	NA
32. Does the organization plan carry out production and service provision under controlled conditions (e.g. the availability of work instructions, as necessary)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEASUREMENT ANALYSIS AND IMPROVEMENT			
A- GENERAL	YES	NO	NA
33. Does the organization, plan and implement the monitoring, measurement, analysis and improvement processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B- CUSTOMER SATISFACTION	YES	NO	NA
34. Does the organization monitor information relating to customer perception as to whether the organization has met customer requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C- INTERNAL AUDIT	YES	NO	NA
35. Does the organization conduct internal audits at planned intervals to determine whether quality system conforms to quality system that is implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Does the management responsible for the area being audited ensure that actions are taken without undue delay to eliminate detected non-conformities and their causes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D- MONITORING AND MEASUREMENT OF PROCESSES	YES	NO	NA
37. Does the organization apply suitable methods for monitoring and where applicable measurements, of the quality management system processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. In the event of process non-conformity, does the organization take appropriate action to correct the non-conforming process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E- MONITORING AND MEASURING OF PRODUCT	YES	NO	NA
39. When inspections are performed to verify product status and the organization uses sampling inspection as a means of verification, is the plan statistically valid and appropriate for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Does the organization monitor and measure the characteristics of the product to verify that product requirements have been meet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F- INSPECTION DOCUMENTATION	YES	NO	NA
41. Are measurement requirements for product or services acceptance documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. When required, does the organization maintain the evidence of conformance? (this may include the manufacturers conformance documents, original airworthiness certificates, test analysis and/or test report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROL OF NON-CONFORMING PRODUCT AND IMPROVEMENT	YES	NO	NA
43. Is non-conforming material properly identified, segregated, and their records of disposition maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is reworked or repaired product re-inspected to original criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Does the organization's documented procedure define that responsibility for review and authority for the disposition of non-conforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANALYSIS OF DATA	YES	NO	NA
46. Does the organization determine, collect and analyze appropriate data to demonstrate the suitability and effectiveness of the quality management system and to evaluate where continual improvement of effectiveness of the quality management system can be made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPROVEMENT	YES	NO	NA
47. Does the organization continually improve the effectiveness of the quality management system through the use of the quality policy, quality objectives, audit results, analysis of data, corrective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and preventive actions and management review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Does the organization determine action to eliminate the causes of potential non-conformities in order to prevent their reoccurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR STATION SPECIFIC QUESTIONS	YES	NO	NA
1. Are all required certificates, operations specifications, licenses, repairman certificates and registrations available for review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the vendor have an active anti-drug and alcohol misuse prevention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the vendor have a procedure to: Ensure that their U.S. based sub-contracted maintenance/preventive maintenance providers, at all tiers (certificated and non-certificated), are actively participating in a U.S. Department of Transportation anti-drug and alcohol misuse prevention program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the vendor have a Repair Station Manual (RSM) that contains the following: 1. The vendor's organizational structure including: a) Each management position with authority to act on behalf of the repair station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The area of responsibility assigned to each management position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Duties, responsibilities, and authority of each management position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) An organizational chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the vendor designated an employee as the "Accountable Manager"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the vendor have a minimum of three (3) employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the roster(s) identify all management, supervisory and inspection personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the roster(s) identify all personnel authorized for return-to-service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the repair station have an employment summary for all personnel listed on the repair station roster(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the vendor have the required shop manuals and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

specifications to perform the repair/overhaul in accordance with customer specifications?			
11. Are there established approved procedures controlling revisions in manuals deviating from OEM specifications (e.g. EO, EA, air carrier data, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the vendor have a documented system to ensure technical data is current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the vendor have records of manual revisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are manual revisions up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Manuals used during repair noted to the certification ?			
16. Is the technical data properly identified and available to mechanics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the vendor have a system to control working copies of manuals to ensure they are revised with the masters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is technical data stored in a manner that will protect it from dirt and damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the vendor have a documented training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the training program include all mechanics, inspectors and technical supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are mechanics, inspectors and supervisors properly trained, authorized and certificated, if required, for the work they perform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is formal and OJT training documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are training records for mechanics, inspectors and supervisors retained for a minimum of two (2) years after the person leaves the company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Where a vendor uses specified OEM test equipment and/or test equipment other than that specified by the OEM, does that vendor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have operating and maintenance manuals for the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Perform maintenance and servicing per the manuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Where a vendor uses non-OEM specified equipment, is the equipment properly certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Maintain maintenance and servicing minimum of two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Are adequate tools and current manuals available or at the mechanics' work stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the vendor have procedures to obtain customer specifications, incorporate those specifications into their work processes, verify that specifications were incorporated, and obtain approval for deviating, if necessary, from those specifications, and are there adequate checks, inspections, and tests to ensure work was performed to those specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do the records contain: 1. The description of the work performed or reference to data, including revision level, acceptable to the administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The date of completion of the work performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. The name of the person performing the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. The name of the person inspecting the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. The signature, certificate number of the person returning the article to service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Are all test and inspection records in work package?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does the vendor have a documented procedure for controlling scrapped parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Does the scrap program assure that the scrapped parts are either returned to the customer or mutilated beyond repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Does the vendor provide adequate security for customer parts in its possession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is the security system reviewed periodically by management or an outside vendor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature section

Authorized Printed Name and Title

Authorized Signature and Date
