



## Quality Control Vendor Self Audit Form

Company Name:	
Address:	
Date:	
Telephone :	
Fax:	
Website:	

### Vendor Category: (Check one or more)

Manufacturer	Parts Distributor	Spare Parts Dealer
Air Carrier	Repair Station	Other

### Contacts

Title	Name	Telephone / Email
Customer Service		
Quality Manager		
Operations Manager		

### Authorization / Quality System Accreditation

Yes	No	Yes	No	Yes	No
FAA		ISO 9000		ASA-100	
EASA		AS9100		TAC-2000	
TC		CASE		Other	

Please attach a copy of all your accreditation certificates.

### A: Quality Control

	Yes	No	N/A
1. Is there an established Quality Control Department?			
2. Does the Quality Control Department maintain an organization chart?			
3. Are supervisors, inspectors and technicians properly trained?			
4. Is there a written procedure for inbound inspections?			
5. Is there a written procedure for outbound inspections?			
6. Does Quality Control provide the final approval to release parts?			
7. Records are maintained and stored for a period of _____ years.			

<b>B: Inspection</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Does the company perform inbound inspections?			
2. Does the company perform outbound inspections?			
3. Are inspections conducted by approved personnel only?			
4. Does the company have a non-conforming parts control procedure?			
5. Are inspection stamps used?			
<b>C: Manuals, Records &amp; Technical Data</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Does the vendor have the correct shop manuals to perform the contracted services?			
2. Are Manufacturer Overhaul Manuals kept current and updated?			
3. Are Manufacturer Overhaul Manuals properly identified and organized?			
4. Does the vendor have a system of control to review technical data, revisions, service bulletins, etc.?			
5. Are vendors work records detailed, legible and complete?			
6. Is traceability maintained for all parts sold?			
7. Is a material certification (ATA-106) issued for all parts sold?			
<b>D: Training</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Are training records maintained for all personnel?			
2. Does the company have an adequate training program? OJT, classroom etc.			
3. Does the company have an adequate training program for Suspected Unapproved Parts (SUP)			
4. Does the company have a probationary period for newly hired personnel?			
<b>E: Materials &amp; Handling</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Are procedures established to separate serviceable and unserviceable parts?			
2. Are incoming parts subjected to receiving inspection?			
3. Are serviceable parts identified and stored in a climate controlled area?			
<b>F: Stores</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Are parts properly stored and identified?			
2. Are parts properly packaged to prevent storage and handling damage?			
3. Are bearings properly packaged?			
4. Are "O" rings properly packaged and marked with expiration date?			
5. Are life limited materials controlled to prevent use / sale after expiration?			
<b>G: Test &amp; Calibration</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Are tools properly maintained and calibrated?			
2. Is there a calibration control program?			
3. Are all certified equipment labeled?			
<b>H: Facility</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Are the storage and work areas climate controlled?			
2. Are fire extinguishers properly identified, marked and certified?			
3. Are flammable liquids and gas cylinders identified and properly stored?			
4. Are hazardous materials properly labeled, stored and disposed of?			
5. Are inspection and production areas kept clean & organized?			
<b>I: Scrapped Parts</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Is there a documented scrap procedure?			

2. Are records maintained for all scrapped serialized parts?			
3. Are parts scrapped in a manner to prevent them from returning to service?			
4. Are your scrap procedures imposed on your subcontractors?			

**J: Additional Comments**

**Please provide an explanation or brief description to any answers that were marked "No" or "N/A".**


**Certification**

I certify that this self audit evaluation form has been answered to the best of my ability and that all information is correct.

Regional Airline Support Group reserves the right of access to perform an audit at the vendors facility.

Name:		Signature:	
Title:		Date:	

**Return completed form and accompanying documents to:**

Regional Airline Support Group  
3550 NW 126th Ave  
Coral Springs, FL 33065

Email: repairs@rasg.net  
Fax: 954-979-8122  
Phone: 954-979-8130

**\*\*For RASG use only\*\***

For the work intended, I find the vendor:

Approved:

Not Approved:

Purchase

Repair / Overhaul

Both

Comments:


Name:		Signature:	
Title:		Date:	