

## AS9120B

# F-840-02G Supplier Questionnaire Form

D	ompan ate: ddress	y Name: :										
Te	elephor	ne :										
Fa	-											
W	ebsite:	:										
				Supplier Sc	ope	Category: (Check all t	that	apply)				
		Manufact	urer		_	r Station		A	ircraf	t Part Su	pplie	r
		Airline	<u>e</u>	C	alibr	ration Services			0	ther		
						Contacts						
Title			Name Telep				eleph	ohone / Email				
Cus	tomer	Service										
Qua	ality M	anager										
Pre	sident											
				Authorization	/ Qu	ality System Accredi	tatio	n (Check	all th	at apply	<u>'</u> )	
FAA	4			ISO 9001			ASA	-100				
FAA EASA TC				AS9100			TAC	-2000				
TC				AS9110			CASE					
CAA	AC			AS9120			Oth	er:				
cer	tificatio		above you m	ay skip to sect	ion k	cates. If your compa Cand return this surve		_		nswer al	l of th	ie
				A: Quality						Yes	No	N/A
1.												
	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?												
<ul><li>5. Is there a written procedure for outbound inspections?</li><li>6. Does Quality Control provide the final approval to release parts?</li></ul>												
6.	Does	s Quality	Control prov		<u> </u>		s?					
				-						Yes	No	N/A
1.	B: Inspection  Does the company perform inbound inspections?  Does the company perform outbound inspections?											
2.			. , .									
	Are inspections conducted by approved personnel only?											
4. Does the company have a non-conforming parts control procedure?												
				s, Records &						Yes	No	N/A
1. ser	Does vices?		ndor have the	correct shop	ma	nuals to perform the	e co	ntracted				
2.			turer Overha	ul Manuals k	ept o	current and updated	l?					

**DCR** 20-013 **Page 1 of 3** 



## AS9120B

# F-840-02G Supplier Questionnaire Form

3.	Are Manufacturer Overhaul Manuals properly identified and organized?			
4.	Does the supplier have a system of control to review technical			
	a,revisions, service bulletins, etc.?			
5.	Are suppliers 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?			
	D: Training	Yes	No	N/A
1.	Are training records maintained for all personnel?			
2. etc.	Does the company have an adequate training program? OJT, classroom			
3.	Does the company have an adequate training program for Suspected			
	approved Parts (SUP)			
4.	Does the company have a probationary period for newly hired personnel?			
	E: Materials & Handling	Yes	No	N/A
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?			
	F: Stores	Yes	No	N/A
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?			
	G: Test & Calibration	Yes	No	N/A
1.	Are tools properly maintained and calibrated?			
2.	Is there a calibration control program?			
3.	Are all certified equipment labeled?			
	H: Facility	Yes	No	N/A
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?			
	I: Scrapped Parts	Yes	No	N/A
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?			i

DCR 20-0013 Page 2 of 3



## AS9120B

# $\label{eq:F-840-02G} \textbf{Supplier Questionnaire Form}$

2. Are Electronic Signatures used in any certifying/airworthiness documents? 3. Are inspection stamps used? 4. Does the supplier sell incident related parts?  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 suppliers facility.  Name: Signature:  Title: Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C	J: Additional Comments										
1. Records are maintained and stored for a minimum period of 2 years.  2. Are Electronic Signatures used in any certifying/airworthiness documents?  3. Are inspection stamps used?  4. Does the supplier sell incident related parts?  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 suppliers facility.  Name:  Signature:  Title:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved:  Group A  Group B  Group C	Please provide an explanation or brief description to any answers that were marked "No" or "N/A".										
1. Records are maintained and stored for a minimum period of 2 years.  2. Are Electronic Signatures used in any certifying/airworthiness documents?  3. Are inspection stamps used?  4. Does the supplier sell incident related parts?  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 suppliers facility.  Name:  Signature:  Title:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved:  Group A  Group B  Group C											
1. Records are maintained and stored for a minimum period of 2 years.  2. Are Electronic Signatures used in any certifying/airworthiness documents?  3. Are inspection stamps used?  4. Does the supplier sell incident related parts?  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 suppliers facility.  Name:  Signature:  Title:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved:  Group A  Group B  Group C											
1. Records are maintained and stored for a minimum period of 2 years.  2. Are Electronic Signatures used in any certifying/airworthiness documents?  3. Are inspection stamps used?  4. Does the supplier sell incident related parts?  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 suppliers facility.  Name:  Signature:  Title:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved:  Group A  Group B  Group C											
1. Records are maintained and stored for a minimum period of 2 years.  2. Are Electronic Signatures used in any certifying/airworthiness documents?  3. Are inspection stamps used?  4. Does the supplier sell incident related parts?  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 suppliers facility.  Name:  Signature:  Title:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved:  Group A  Group B  Group C											
1. Records are maintained and stored for a minimum period of 2 years.  2. Are Electronic Signatures used in any certifying/airworthiness documents?  3. Are inspection stamps used?  4. Does the supplier sell incident related parts?  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 suppliers facility.  Name:  Signature:  Title:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved:  Group A  Group B  Group C											
1. Records are maintained and stored for a minimum period of 2 years.  2. Are Electronic Signatures used in any certifying/airworthiness documents?  3. Are inspection stamps used?  4. Does the supplier sell incident related parts?  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 suppliers facility.  Name:  Signature:  Title:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved:  Group A  Group B  Group C											
2. Are Electronic Signatures used in any certifying/airworthiness documents? 3. Are inspection stamps used? 4. Does the supplier sell incident related parts?  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 suppliers facility.  Name: Signature:  Title: Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C		K: Misce	ellaneous		Yes	No	N/A				
3. Are inspection stamps used? 4. Does the supplier sell incident related parts?  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 suppliers facility.  Name: Signature:  Title: Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C	1. Record	ds are maintained and stored fo	or a minimum	period of 2 years.							
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 suppliers facility.  Name: Signature:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C	2. Are Ele	ectronic Signatures used in any	certifying/airv	worthiness documents?							
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 suppliers facility.  Name: Signature:  Title: Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C	<ol><li>Are ins</li></ol>	spection stamps used?									
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 suppliers facility.  Name: Signature:  Title: Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C	<ol><li>Does t</li></ol>	he supplier sell incident related	parts?								
Information is correct.  Regional Airline Support Group reserves the right of access to perform an audit at the suppliers facility.  Name:  Signature:  Title:  Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved:  Group A  Group B  Group C											
Regional Airline Support Group reserves the right of access to perform an audit at the suppliers facility.  Name: Signature:  Title: Date:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C	-		s been answer	ed to the best of my ability and th	nat all						
Name: Title:  Return completed form and accompanying documents to:  Regional Airline Support Group 3550 NW 126th Ave Coral Springs, FL 33065 Please remit to RASG via e-mail at quality@rasg.net Fax: 954-979-8122 Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier: Approved: Group A Group B Group C											
Title:  Return completed form and accompanying documents to:  Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C		line Support Group reserves the ri		o perform an audit at the supplie	rs faci	lity.					
Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C	Name:	Name: Signature:									
Regional Airline Support Group  3550 NW 126th Ave  Coral Springs, FL 33065  Please remit to RASG via e-mail at quality@rasg.net  Fax: 954-979-8122  Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C	Title:										
3550 NW 126th Ave Coral Springs, FL 33065 Please remit to RASG via e-mail at quality@rasg.net Fax: 954-979-8122 Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier: Approved: Group A Group B Group C		•									
Coral Springs, FL 33065 Please remit to RASG via e-mail at quality@rasg.net Fax: 954-979-8122 Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier: Approved: Group A Group B Group C			•	•							
Please remit to RASG via e-mail at quality@rasg.net Fax: 954-979-8122 Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C											
Fax: 954-979-8122 Phone: 954-979-8130  **For RASG use only**  For the work intended, I find the supplier:  Approved: Group A Group B Group C											
**For RASG use only** For the work intended, I find the supplier: Approved: Group A Group B Group C	, , , -										
**For RASG use only** For the work intended, I find the supplier: Approved: Group A Group B Group C											
For the work intended, I find the supplier: Approved: Group A Group B Group C	Phone: 954-979-8130										
For the work intended, I find the supplier: Approved: Group A Group B Group C	**For RASG use only**										
Approved: Group A Group B Group C	For the wor			,							
· · · · · · · · · · · · · · · · · · ·	Approved:		Group B	Group C							
	Not Approved:										
Comments:											
Name: Signature:	Name:		Signature:								
Title: Date:	Title:		Date:								

DCR 20-013 Page 3 of 3