

F-840-02E Supplier Questionnaire Form

AS9120B

Company Name: Date: Address: Telephone : Fax: Website:										
	Ve	endor Categ	ory: (Check all	that apply	y)					
Manufacturer		Repair Station				Parts Distributor				
Airline						Oth	Other			
			Contacts							
Title		Name				Telephone / Email				
Customer Service										
Quality Manager										
President				A		م داد ما	1 + 1	• • • • • • •		
	Autho	orization / C	Quality System	Accredita	tion (Ch	еска	i tha	t apply)	
FAA		9001		Δ	SA-100	<u> </u>				
EASA	AS9:				AC-2000					
TC	AS9				AC-2000	,				
CAAC	AS9)ther:					
Please attach a copy certifications listed following questions	above you may ski									
A: Quality Control						Yes	No	N/A		
	tablished Quality		•							
2. Does the Quality Control Department maintain an organization chart?										
3. Are supervisors, inspectors and technicians properly trained?										
	ten procedure fo									
	ten procedure fo				2					
6. Does Quality	Control provide t			ase parts	?			Vac		NI/A
1. Does the corr	nany parform int	B: Inspec						Yes	NO	N/A
	pany perform int									
 Does the company perform outbound inspections? Are inspections conducted by approved personnel only? 										
					ure?					
 Does the company have a non-conforming parts control procedure? C: Manuals, Records & Technical Data 						Yes	No	N/A		
 Does the vendor have the correct shop manuals to perform the contracted services? 										
2. Are Manufact	urer Overhaul Ma	anuals kep	t current and u	updated?						



AS9120B

F-840-02E Supplier Questionnaire Form

3.	Are Manufacturer Overhaul Manuals properly identified and organized?			
4.	Does the vendor have a system of control to review technical data,	_		
	sions, 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?			
	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?			



F-840-02E Supplier Questionnaire Form

AS9120B

		Additional Comments				
Please p	rovide an explanation o	or brief description to an	y answers that were marked '	'No" or "	N/A"	•
		K: Miscellaneous		Yes	No	N/A
1. Record	ds are maintained and	stored for a minimum	period of 2 years.			
2. Are Ele	ectronic Signatures us	ed in any certifying/air	worthiness documents?			
	spection stamps used					
4. Does t	he supplier sell incide	nt related parts?				
		Certificatio				
-		on form has been answer	ed to the best of my ability an	d that all		
information						
_	line Support Group rese		o perform an audit at the ven	dors facili	ty.	
Name:		Signature:				
Title:		Date:				
	Return co	•	mpanying documents to:			
		Regional Airline Sup				
		3550 NW 126t				
	Disc	Coral Springs, Fl				
	Pleas	e remit to RASG via e-ma				
		Fax: 954-979- Phone: 954-979				
		Phone: 954-97	9-8130			
		For RASG use	onlv			
For the wor	k intended, I find the su					
Approved:	Group A	Group B	Group C			
Not Approve	•	•	·			
Comments						
Commonto	•					
Name:		Signature:				
Title:		Date:				
			<u> </u>			