

AS9120B

F-840-02G Supplier Questionnaire Form

| Company Name: Date: Address: | | | | | | | | | | | | _ | |
|---|--|-----------|------------------------|---|----------------|--|-------|----------|--------|-----------|------------|-----|---|
| Te | elepho | ne : | | | | | | | | | | | _ |
| Fax: | | | | | | | | | | | | | |
| W | ebsite | 2: | | | | | | | | | | | |
| | | | | Supplier Sc | ope | Category: (Check all t | that | apply) | | | | | |
| | | Manufac | turer | | _ | r Station | | A | ircraf | t Part Su | pplie | r | |
| | Airline | | Calibration Services C | | | | | 0 | Other | | | | |
| | | | | | | Contacts | | | | | | | |
| | | Title | | | N | ame | | T | eleph | one / Er | nail | | |
| Cus | tome | r Service | | | | | | | | | | | |
| Qua | ality N | 1anager | | | | | | | | | | | |
| Pre | sident | t | | | | | | | | | | | |
| | | | ı | Authorization | / Qu | ality System Accredi | tatio | n (Check | all th | at apply | <u>'</u>) | | |
| | | | | | | | | | | | | | |
| FA/ | 4 | | | ISO 9001 | | | ASA | -100 | | | | | |
| EASA | | | | AS9100 | | | TAC | TAC-2000 | | | | | |
| TC | | | | AS9110 | | | CAS | E | | | | | |
| CAA | 4C | | | AS9120 | | | Oth | er: | | | | | |
| cer | tificati | | d above you m | ay skip to sect | ion k | cates. If your compa Cand return this surve | | _ | | nswer al | l of th | ie | |
| | | | | | uality Control | | | | | Yes | No | N/A | |
| Is there an established Qu | | | | • | | | | | | | | | |
| 2. | <u> </u> | | | | | | | | | _ | | | |
| | 3. Are supervisors, inspectors and technicians properly trained? | | | | | | | | | | | | |
| 4. Is there a written procedure for inbound inspections? | | | | | | | | | _ | | | | |
| 5. | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | |
| 6. Does Quality Control prov | | | Control prov | vide the final approval to release parts? | | | | | | <u> </u> | | _ | |
| B: Inspection | | | | | | | Yes | No | N/A | | | | |
| Does the company perform inbound inspections? Does the company perform outbound inspections? | | | | | | | | | | | | | |
| 2. | | | . , , | | | | | | | | | | _ |
| 3. | | | | | | rsonnel only? | | | | | | | |
| 4. | Doe | s the co | <u> </u> | | | parts control proce | dure | ∍? | | | | | |
| | | | | s, Records & | | | | | | Yes | No | N/A | |
| 1. ser | Doe vices | | ndor have the | correct shop | ma | inuals to perform th | e co | ntracted | | | | | |
| 2. | | | | | | | | | | | - | | |

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

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

| J: Additional Comments | | | | | | | | | | | |
|---|------------------------------------|------------------|-------------------------------------|---------|-------|--|--|--|--|--|--|
| Please provide an explanation or brief description to any answers that were marked "No" or "N/A". | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Yes | No | N/A | | | | | | | | |
| 1. Record | ds are maintained and stored fo | or a minimum | period of 2 years. | | | | | | | | |
| 2. Are Ele | ectronic Signatures used in any | certifying/airv | worthiness documents? | | | | | | | | |
| Are ins | spection stamps used? | | | | | | | | | | |
| Does t | he supplier sell incident related | parts? | | | | | | | | | |
| | | Certification | on | | | | | | | | |
| I certify that | this self audit evaluation form ha | s been answer | ed to the best of my ability and th | nat all | | | | | | | |
| information | is correct. | | | | | | | | | | |
| Regional Air | line Support Group reserves the ri | ght of access to | o perform an audit at the supplie | rs faci | lity. | | | | | | |
| Name: | Name: Signature: | | | | | | | | | | |
| Title: | | Date: | | | | | | | | | |
| | Return completed | form and acco | mpanying documents to: | | | | | | | | |
| | Regio | nal Airline Sup | port Group | | | | | | | | |
| | | 3550 NW 126t | h Ave | | | | | | | | |
| | C | oral Springs, FL | . 33065 | | | | | | | | |
| | Please remit to | RASG via e-ma | il at quality@rasg.net | | | | | | | | |
| | | Fax: 954-979- | 8122 | | | | | | | | |
| | Phone: 954-979-8130 | | | | | | | | | | |
| | **For RASG use only** | | | | | | | | | | |
| For the worl | k intended, I find the supplier: | roi KASG use | Ulliy | | | | | | | | |
| Approved: | Group A | Group B | Group C | | | | | | | | |
| | • | огоир в | Group C | | | | | | | | |
| Not Approved: | | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name: | | Signature: | | | | | | | | | |
| Title: | | Date: | | | | | | | | | |
| | | 2466. | | | | | | | | | |

DCR 20-013 Page 3 of 3