

## Supplier Qualification Quality Assurance System Survey

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### How to complete this survey:

#### For Suppliers holding **valid regulatory certifications** (FAA Part 145, EASA 145, TC AMO, etc)

- Please submit all current operating specifications, registration documents, and quality system approvals.
- Complete survey sections: **A , B and D**
- Please answer each question Yes or No, **do not leave blanks**
- Add comments as required
- Add other supporting documents as appropriate, or as requested.

#### For Suppliers that **do not** hold regulatory certifications, **AND** repair / overhaul aircraft parts:

- Please submit your current quality system approvals.
- Complete survey sections: **A through E**
- Please answer each question Yes or No, **do not leave blanks**
- Add comments as required
- Add other supporting documents as appropriate, or as requested.

#### For Suppliers that **do not** hold a valid regulatory certification(s) **and** are resellers of aircraft spare parts, **or** provide aircraft or aviation related goods or services:

- Please submit your current quality system approvals.
- Complete survey sections: **A , B, and C**
- Please answer each question Yes or No, **do not leave blanks**
- Add comments as required
- Add other documents as appropriate, or as requested



## Supplier Qualification

### Section 2 – Quality Assurance System Survey

Please respond to sections **A** through **E** as applicable.

<b>A. Approvals/Certificates/Registrations held by the organization</b>	<b>Comments / <u>NA</u></b>										
<p><b>List Regulatory Agency Approvals/Certificates Held</b>  <u>(Copies of certificates required)</u></p> <p><input type="checkbox"/> FAA – Mfr, PMA, PAH, TSOA, SBA, 14 CFR part 145, etc...</p> <p><input type="checkbox"/> EASA – Part 145, etc...</p> <p><input type="checkbox"/> Transport Canada – AMO, DAO, Authorized distributor, etc...</p> <p><input type="checkbox"/> Other Agency approvals (list):</p>											
<p><b>List Current Civil Quality System Standards Registration</b>  <u>(Copies of certificates required)</u></p> <p><input type="checkbox"/> ISO 9001</p> <p><input type="checkbox"/> AS 9100 or AS 9110</p> <p><input type="checkbox"/> ISO 17025 – calibration</p> <p><input type="checkbox"/> ASA 100 - distributors</p> <p><input type="checkbox"/> Other (list):</p>											
<p><b>List Current Military/Government Quality System Approvals</b>  <u>(Copies of certificates required)</u></p> <p><input type="checkbox"/> US DoD (list branches)</p> <p><input type="checkbox"/> Canada DND (list branches)</p> <p><input type="checkbox"/> Other (list):</p>											
<p><b>If applicable, list OEM Authorizations</b>  <u>(Provide copy of approval/agreement certificates/letters)</u></p> <table border="0"> <tr> <td><input type="checkbox"/> Rolls Royce</td> <td><input type="checkbox"/> Bombardier</td> </tr> <tr> <td><input type="checkbox"/> General Electric</td> <td><input type="checkbox"/> Falcon Jet</td> </tr> <tr> <td><input type="checkbox"/> Pratt and Whitney Canada</td> <td><input type="checkbox"/> Cessna</td> </tr> <tr> <td><input type="checkbox"/> Honeywell</td> <td><input type="checkbox"/> Gulfstream</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (list):</td> </tr> </table>	<input type="checkbox"/> Rolls Royce	<input type="checkbox"/> Bombardier	<input type="checkbox"/> General Electric	<input type="checkbox"/> Falcon Jet	<input type="checkbox"/> Pratt and Whitney Canada	<input type="checkbox"/> Cessna	<input type="checkbox"/> Honeywell	<input type="checkbox"/> Gulfstream	<input type="checkbox"/> Other (list):		
<input type="checkbox"/> Rolls Royce	<input type="checkbox"/> Bombardier										
<input type="checkbox"/> General Electric	<input type="checkbox"/> Falcon Jet										
<input type="checkbox"/> Pratt and Whitney Canada	<input type="checkbox"/> Cessna										
<input type="checkbox"/> Honeywell	<input type="checkbox"/> Gulfstream										
<input type="checkbox"/> Other (list):											
<p><b>List Environmental Quality System Standards Registration (if applicable)</b>  <u>(Copies of certificates required)</u></p> <p><input type="checkbox"/> ISO 14001</p> <p><input type="checkbox"/> Other (list):</p>											

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<b>B. Quality Assurance Program – All Suppliers</b>	<b>Yes</b>	<b>No</b>	<b>Comments / <u>NA</u></b>
1. Are you <b>actively participating</b> in a Drug and Alcohol Misuse Prevention program?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Suppliers based in the US and FAA Part 145 Repair Station suppliers:</b>			
a. Anti-drug and Alcohol Misuse Prevention Program Operations Specification – Copy of Form A449 is required or,	<input type="checkbox"/>	<input type="checkbox"/>	
b. Anti-drug and Alcohol Misuse Prevention Program registered with the FAA, Office of Aerospace Medicine, Drug Abatement Division - Copy of Registration Letter Required	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do your sub-tier suppliers participate in an approved Drug and Alcohol Misuse Prevention program?	<input type="checkbox"/>	<input type="checkbox"/>	
d. If yes to 2c, please provide copies of Anti-Drug & Alcohol Misuse Prevention Program compliance certificates for sub-tier suppliers.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you permit freedom of access to your facilities for the purposes of product verification at source and/or quality system auditing? This includes access by applicable regulatory agencies.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does your company have a procedure to comply with duty time requirements? (for US based contractors only)	<input type="checkbox"/>	<input type="checkbox"/>	
5. <b>Are you a FAA, Transport Canada [TC], or EASA approved entity?</b> If yes, proceed directly to Section D.	<input type="checkbox"/>	<input type="checkbox"/>	

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**C. Quality Assurance Program – Non-Certificated Suppliers**

	Yes	No	Comments <u>/NA</u>
1. Does your organization have a documented and established quality program?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the quality program include:			
a. Training and qualification of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Traceability and retention of quality records to demonstrate conformity of product?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Handling and storage provisions to prevent unauthorized release of product?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Identification, segregation, and control of nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Notification to the purchaser of nonconforming or unairworthy product.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have a roster that identifies individuals authorized to release a product after repair or inspection?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Do you have a roster listing all employees and job descriptions, to include supervisors and managers?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there a manager responsible for making business decisions concerning quality, personnel, and financials?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the quality program give guidance on filling out and completing maintenance and inspection forms?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are all incoming materials and parts subjected to a documented receiving inspection (including hidden damage as applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are all inspections and tests documented?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are measures taken to ensure inspectors do not inspect their own work?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you segregate any non-aviation materials and / or maintenance activities?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are products protected from damage or contamination?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are there procedures in place to address continuity of inspection during shift changes?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is there a security system in place that is regularly reviewed by management?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are there procedures to meet customer specifications, requirements and verify those requirements are met?	<input type="checkbox"/>	<input type="checkbox"/>	

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14. Do you have an internal audit program to ensure customer requirements and corrective actions are being met?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. Quality Assurance Program – Non-Certificated Suppliers</b>	<b>Yes</b>	<b>No</b>	<b>Comments / <u>NA</u></b>
15. Are Audit findings and corrective action records kept for a minimum of 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are there specified individuals in charge of Technical Data, Calibration, shelf life, and scrap parts?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there a procedure for preparation, maintenance and control of drawings, specifications, work instructions and other technical data?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you have procedures to determine major / minor repair scope?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do procedures assure that obsolete, illegible, or marked up technical data is not used?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are changes in technical data effectively identified and followed up for incorporation in your procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Do you have a Tool / Equipment calibration program?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Are calibration records kept for at least 2 years or 2 cycles of calibration?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does your system identify calibration due dates and cycles for each tool?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are personal tools controlled under the calibration system?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the use of inspection equipment and tools traceable through the calibration system or through documentation?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Is there a process in place that prevents out-of-service or due for calibration tools and equipment from being used?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Do you have a shelf life program, which lists all items that have a shelf life?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Does the program ensure expired items will not be used?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Are training records kept for at least 2 years after a person has left the company?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you have procedures for training & maintaining proficiency of personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Do you have a scrap control procedure?	<input type="checkbox"/>	<input type="checkbox"/>	

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26. Do you keep records of scrapped life-limited parts for at least 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do the records include the part number, serial number, and date scrapped?	<input type="checkbox"/>	<input type="checkbox"/>	
28. When returning scrap to the customer, are the scrap parts rendered unusable?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. Quality Assurance Program – Non-Certificated Suppliers</b>	<b>Yes</b>	<b>No</b>	<b>Comments / <u>NA</u></b>
29. Do you subcontract work to a sub-tier supplier(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Do you flow down the purchaser's quality and specific purchase order requirements to sub-tier supplier(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
30. Will you provide a customer copy of your Quality Assurance Manual upon request	<input type="checkbox"/>	<input type="checkbox"/>	
31. Do you comply with US Federal Acquisition Regulations Material Management requirements if required by purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	

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**D. Technical Process Capabilities and Standards**

**Comments**

1. Please provide a list of your organizations technical process capabilities and the associated technical standards used. (eg: SAE, ANSI, IEEE, ASTM, etc....). List Attached   
 Or Complete Section E Process Capabilities Reference List

**E. Process Capabilities – Reference List**

Please use this list to identify your organization’s capabilities and amend it as required.

Capability	In-House	Sub-Contracted	Comments <u>NA</u>
1. Welding	<input type="checkbox"/>	<input type="checkbox"/>	
a. GTA	<input type="checkbox"/>	<input type="checkbox"/>	
b. Electron Beam	<input type="checkbox"/>	<input type="checkbox"/>	
c. Resistance	<input type="checkbox"/>	<input type="checkbox"/>	
d. Micro-plasma	<input type="checkbox"/>	<input type="checkbox"/>	
e. Laser Cut/Weld/Clad	<input type="checkbox"/>	<input type="checkbox"/>	
2. Specialized Joining or Repair	<input type="checkbox"/>	<input type="checkbox"/>	
3. Shot Peening	<input type="checkbox"/>	<input type="checkbox"/>	
4. Furnace Brazing	<input type="checkbox"/>	<input type="checkbox"/>	
5. Heat Treating	<input type="checkbox"/>	<input type="checkbox"/>	
6. Fluoride Ion Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
7. Cleaning and Stripping	<input type="checkbox"/>	<input type="checkbox"/>	
8. Plating (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
9. Metallizing/Plasma	<input type="checkbox"/>	<input type="checkbox"/>	
10. Protective Coatings (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
11. Non-Destructive Testing (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
a. LPI (Liquid Penetrant Inspection)	<input type="checkbox"/>	<input type="checkbox"/>	
b. MPI (Magnetic Particle Inspection)	<input type="checkbox"/>	<input type="checkbox"/>	
c. Ultrasonic	<input type="checkbox"/>	<input type="checkbox"/>	
d. Radiography	<input type="checkbox"/>	<input type="checkbox"/>	
e. Eddy Current	<input type="checkbox"/>	<input type="checkbox"/>	
12. Functional Testing (specify type)	<input type="checkbox"/>	<input type="checkbox"/>	
Capability	In-House	Sub-Contracted	Comments <u>NA</u>
a. Hydraulic	<input type="checkbox"/>	<input type="checkbox"/>	
b. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	

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i. Analog	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Digital	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pneumatic	<input type="checkbox"/>	<input type="checkbox"/>	
d. Heat Exchanger	<input type="checkbox"/>	<input type="checkbox"/>	
e. Speed	<input type="checkbox"/>	<input type="checkbox"/>	
13. Machining/Grinding (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
14. High Speed Grinding	<input type="checkbox"/>	<input type="checkbox"/>	
15. Electro-Chemical Machining	<input type="checkbox"/>	<input type="checkbox"/>	
16. Airflow/EFA/GFA Testing	<input type="checkbox"/>	<input type="checkbox"/>	
17. Airfoil or Seal Restoration (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
18. Specialized Dimensional Inspection (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
19. Others: Please list on separate attachment.	<input type="checkbox"/>	<input type="checkbox"/>	

Form Completed by :

\_\_\_\_\_

Name

\_\_\_\_\_

Date:

\_\_\_\_\_

Position

\_\_\_\_\_

Signature

\_\_\_\_\_

Contact #

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