



## VENDOR AUDIT SURVEY

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Primary Product: \_\_\_\_\_

**FACILITY INFORMATION:**

Total number of employees: \_\_\_\_\_  
 Is the company certified by the FAA? \_\_\_\_\_  
 Does the company hold other certifications? (JAA, ISO, etc.) \_\_\_\_\_  
 Are there fire protection devices? \_\_\_\_\_  
 Is there a security system? \_\_\_\_\_  
 What are the key management positions? (List names and titles) \_\_\_\_\_  
 \_\_\_\_\_  
 Who is the Quality Assurance Representative? (Name and title) \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*Vendors for Trace Aviation may be subject to audits from our customers or the FAA\*\*\***

**OVERVIEW:**

Does your organization perform: (Circle all that apply)

Manufacturing of aircraft and/or parts under FAA approval? (PMA, TSO, etc.)	YES	NO	N/A
FAA regulated repair or overhaul of aircraft or aircraft parts?	YES	NO	N/A

**PERSONNEL:**

Are competent personnel provided to do the work and inspect the work?	YES	NO	N/A
Is there a formal training program?	YES	NO	N/A
Are training records kept for all mechanics, inspectors and supervisors?	YES	NO	N/A
Is a roster of all supervisory and inspection personnel maintained?	YES	NO	N/A
Do you maintain employment summaries for all personnel listed on the roster?	YES	NO	N/A
Do you have an FAA approved Anti-Drug and Alcohol Testing Program?	YES	NO	N/A
Is pre-employment drug and alcohol testing performed?	YES	NO	N/A
Is random drug and alcohol testing performed?	YES	NO	N/A

**MATERIAL STORAGE:**

Are materials clearly identified and marked?	YES	NO	N/A
Are materials properly stored to prevent damage?	YES	NO	N/A
Are materials in stock rotated?	YES	NO	N/A
Is there an active shelf life program?	YES	NO	N/A
Are materials marked with part number and purchase order?	YES	NO	N/A
Are materials packaged to prevent damage and/or corrosion?	YES	NO	N/A

**QUALITY ASSURANCE:**

Is there an established Quality Assurance Program?	YES	NO	N/A
Is the program conforming to CASE, ISO 9000, MIL-Q-9858A, MIL-I-45208, FAR 145, etc.?	YES	NO	N/A
Are inspection stamps used and controlled?	YES	NO	N/A
Does the organization have a Quality Manual?	YES	NO	N/A
Are QA Manuals available for use by inspectors?	YES	NO	N/A
Is there a corrective action feature?	YES	NO	N/A
Is certification displayed?	YES	NO	N/A
Is there a work turnover procedure used?	YES	NO	N/A



**PURCHASING / RECEIVING:**

Is there a list of approved suppliers and/or vendors?	YES	NO	N/A
Are only approved vendors used?	YES	NO	N/A
Are QA requirements included in the purchase order?	YES	NO	N/A
Are incoming purchases held until inspected?	YES	NO	N/A
Are records of inspection and testing maintained?	YES	NO	N/A
Are records kept for at least two years?	YES	NO	N/A
Does the receiving inspector check incoming shipments?	YES	NO	N/A
Do receiving records indicate acceptance or rejection of incoming materials?	YES	NO	N/A
Are inspected items properly segregated from material awaiting inspection?	YES	NO	N/A
Is rejected material adequately controlled?	YES	NO	N/A
Are parts traceable to the original manufacturing source?	YES	NO	N/A

**CALIBRATED TOOL CONTROL:**

Are calibrated tools inspected on regularly established intervals?	YES	NO	N/A
Are calibrated tools stored properly when not in use?	YES	NO	N/A
Are calibrated tools calibrated against national standards?	YES	NO	N/A
Are employee-owned calibrated tools used?	YES	NO	N/A
Are they subject to the same control as the company-owned items?	YES	NO	N/A

**PROCESSING CONTROLS:**

List all special processes performed, such as painting, welding, NDT, etc.: \_\_\_\_\_

Are controls maintained to prevent defects?	YES	NO	N/A
Are controls maintained to ensure conformance to applicable specifications?	YES	NO	N/A
Are methods and facilities provided to ensure conformance with any special requirements?	YES	NO	N/A
Are certifications of personnel, procedures and equipment maintained?	YES	NO	N/A

Any additional comments and/or explanations may be listed here.  
 (If additional room is needed, please attach a separate sheet?)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Questionnaire completed by:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of the following must be supplied when returning this survey:**

1. A copy of your Operation Specification (OpSpec), paragraph A449, Antidrug and Alcohol Misuse Prevention Program ; or, if applicable, a copy of your Registration Statement with the FAA;
2. A copy of your OpSpec, paragraph A003, Ratings and Limitations
3. A copy of your FAA Repair Station Air Agency Certificate
4. A copy of your Capability List

For Trace Aviation Quality Assurance Only	
Supplier:	(circle one) Approved or Disapproved
Date:	
Reviewed by:	
Remarks:	