

Agency Mail Out Audit



CONTRACTOR NAME: _____
 CONTRACTOR ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____

Please answer all questions. Any questions not answered will warrant this questionnaire incomplete, and therefore unusable. If a question does not apply to your type of operation, please write down N/A after that question. You may answer most questions with No, Yes, of N/A.

1. List your station certification number: _____
 and issue date: _____
2. List your repair station ratings: _____
3. What is the total square footage of your facility? _____
4. List number of employees:
 - Production: _____
 - Quality Control: _____
 - Engineering: _____
 - Certified Repairman: _____
 - Clerical/Administrative: _____
5. Name of individual responsible for the Quality Control Department or Program.
 Name: _____ Phone/Fax No. _____
6. Do you have an approved Alcohol Misuse and Substance Abuse Program? _____
 ID Number: _____ Approved date: _____

Please attach copy of your program approval letter. If the program is not your own, please attach proof of membership.

7. List any manufacturing or special processes that apply to any of Freedom Air's components or maintenance performed by your company that is being subcontracted out to another vendor.

Product or Process	Vendor	Repair Station No.

8. Do you have a procedure manual, which applies to the component maintenance or Service you will provide for Freedom Air?	
9. Are inspectors and their function separated from maintenance and repair function?	
10. Do you have the current technical data required to properly perform all maintenance repairs, overhauls, and inspections performed by your facility for Freedom Air?	
11. Do you have written receiving inspection procedures to assure that received materials and products meet purchase requirements?	
12. Do you keep a file on certifications of raw materials and parts purchased to facilitate repairs and assure part traceability and quality?	

Agency Mail Out Audit (page 2 of 2)

13. Is there a system for tracking and enforcing parts and materials shelf life?	
14. Is there a control involved during work process, inspections, and testing?	
15. Is there a written procedure in use for control of inspector's stamps?	
16. Are written procedures in use for calibration of all precision measuring equipment including personal tools used in the assembly and inspection process?	
17. Are current records kept for each piece of precision measuring equipment for recording and controlling its calibration status?	
18. Is there a system for identifying, controlling, and handling rejected parts by means of tags, forms, and segregation?	
19. Is there a policy for review of rejected parts, their return to the owner or mutilation so these parts are not restored and reused or returned to service?	
20. Does your company have SFAR 36 authorization?	
21. Are records of maintenance process, inspections, and tests maintained on file?	
22. Do you have a training program in use to train mechanics, repairmen, inspectors, and supervisors?	
23. Does your training program include Hazardous Materials training?	
24. Do you maintain OJT and formal training records of personnel mentioned above?	
25. Is there an audit and surveillance program to ensure a subcontractor used by your company is providing quality service IAW industry standards and regulations?	
26. Do you have a working internal audit and surveillance program that assures quality service, workmanship, and a timely correction of deficiencies?	
27. Will copies of work orders, tear down reports for bench checks, repairs, and/or overhauls be sent to Freedom Air if requested?	
28. Does your facility serviceable tags or forms contain a proper maintenance release?	
29. Do you have a system that schedules maintenance services to ensure prompt completion of such and timely return of components to Freedom Air?	

Please explain any "No" or "N/A" responses to questions. Use question item number to reference your explanations. Attach additional sheets as required.

Briefly explain AOG support: _____

Signature: _____ Date: _____

Title/Position: _____ Direct Phone No. _____