



Vendor Audit Form

Vendor Name			
Address			
Phone			
Fax			
E-mail Address/Web Page URL			
Years in Business:			Number of Employees:

Key Company Officials	
Name	Title
Phone	E-mail

Type of Business	
<input type="checkbox"/> Airline	<input type="checkbox"/> Distributor/Supplier
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other
<input type="checkbox"/> FAA Repair Station	Repair Station #:

Personnel Numbers			
Production	Quality	Engineering	Certified Repairmen

FAA Principle Maintenance Inspector	
Name	Phone

A. CERTIFICATION	Yes	No	N/A
1. Do you have a FAR Part 145 Repair Station Certificate? NOTE: Please attach a copy of the Repair Station Certificate and Operations Specifications to this Questionnaire.			
2. Do you have an approved anti-drug and alcohol program? NOTE: Please attach a copy of the FAA/acceptance/exemption letter			
3. Do you have subcontractors?			
3.a: If you answered yes to the subcontractor question, are your subcontractors under a drug and alcohol program?			
B. QUALITY CONTROL PROGRAM			
1. Do you have an established quality control program?			
2. Is it described in detail in a quality control manual or other appropriate document?			
3. Is there a functional separation of Quality Control and Production?			
4. Are all inspections and tests documented?			
5. Are all incoming parts and materials subject to a documented receiving inspection?			
C. TECHNICAL DATA			
1. Do you have the required technical data on-hand to perform the work we will be contracting/sending to you?			
2. Do you have an established system to ensure technical data remains current?			
3. Is uncontrolled technical/reference data marked as such and segregated from controlled data?			
D. TOOLING AND TEST EQUIPMENT			
1. Do you have adequate tooling and test equipment necessary to perform the work we will be contracting/sending to you?			
2. Do you have an established system to ensure company and personal tools and test equipment are maintained serviceable/calibrated?			
E. TRAINING			
1. Do you have a formal training program for all supervisors, inspectors, and technicians?			
2. Do you document all training?			
F. FACILITIES			
1. Do you have adequate facilities to perform the work we will be contracting/sending to you?			
2. Do you have a system that ensures parts, materials, and customer properties are protected from damage, theft, and contamination?			
3. Are non-aircraft related activities segregated from aircraft related activities?			
G. WORK PROCESSING			
1. Do you have a system to properly identify customer parts throughout all maintenance actions and while in storage?			
2. Are serviceable and unserviceable units kept segregated?			
3. Are scrap parts tagged and removed from the work area?			

H. STORAGE	Yes	No	N/A
1. Do you have a system to ensure all parts and materials are environmentally protected?			
2. Do you maintain trace ability certification for all parts and materials?			
3. Are aircraft parts segregated from non-aircraft parts?			
4. Do you have a quarantine area for rejected parts and materials awaiting disposition?			
5. Are life limited scrap parts returned to the customer or mutilated to prevent return to service?			
6. Do you have a system that monitors shelf life limited parts and supplies?			
I. RVSM			
NOTE: This section only applies to vendors that will be working on RVSM Components.			
1. Does the test equipment, used on RVSM aircraft, get calibrated utilizing reference standards whose calibration is certified as being traceable to NIST?			
2. Does the test equipment get calibrated at periodic intervals as agreed by the approving authority?			
3. Is there initial and recurrent training on aircraft geometric inspection techniques, test equipment calibration/usage techniques, accuracy and integrity of the automatic altitude control system to meet the height keeping standards, for shop and line personnel			

Vendor Comments:

The data herein is applicable to the execution of contracts and the filing of orders from Haggan Aviation, Inc. It is agreed that Haggan Aviation, Inc. will be notified of any relocation or transfer of operations, or any change in quality control organization or procedures, which affect compliance of relevant supplies, and procedures to Haggan Aviation requirements. It is recognized that failure to furnish a description of such changes for review, or willful misrepresentation of any disapproval as a Haggan Aviation vendor will void any existing contract purchase order.	
Printed name of Company Official	Position/Title
Signature of Company Official	Phone Number

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Haggan Aviation Use Only

Work Contracted/Intended Use:

Type of Audit

Initial

Recurrent

Follow-up

Special

Corrective Action Required

Date Requested

Date Due

Date Received

Yes

No

Approved for Use

Approved Vendor List Updated

Next Scheduled Audit Date

Yes

No

Yes

No

By: _____

Date: _____

Comments:

Completed Checklist

Repair Station Certificate

Drug/Alcohol letter

Operations Specifications