



Vendor Audit

Company: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Email: _____ Contact: _____

Questions					
1. General Information		Yes	No	N/A	
1.1	Is the company an FAA Certified Repair Station? If Yes, please attach a copy of your certification. FAA Certificate # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Has there been any new ratings or has any ratings been removed from the companies Repair Station Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	The company has been operation since _____				
1.4	Does the company have an FAA Approved Drug Testing Program? If yes please attach a copy of your FAA Drug Plan Approval Letter or A449. FAA record plan number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Does the company have an FAA Approved Alcohol Misuse Prevention Program? If yes please attach a copy of your FAA Alcohol Plan Approval Letter. FAA record plan number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Quality Control		Yes	No	N/A	
2.1	Does your company have a quality control manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Does the Quality Control System meet one of the following specifications (check below)? ISO 9000: <input type="checkbox"/> ISO 9001: <input type="checkbox"/> ISO 9002: <input type="checkbox"/> ISO 9003: <input type="checkbox"/> AS9100: <input type="checkbox"/> FAR PART 21: <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Does the company have a Supplier and Vendor Approved list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Does the company have an Internal or External audit program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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3. Tools and Test Equipment		Yes	No	N/A
3.1	Does the Company have a tool calibration program? If yes, what is the calibration conformity standard: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Does the company's tool calibration program include a method of tracking personally owned tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Technical Data		Yes	No	N/A
4.1	Does the Company have the necessary technical manuals for all the work performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Is the company's technical data up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Does the company have a system for tracking revisions on all technical data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Training		Yes	No	N/A
5.1	Does the company have a training manual/program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Does the company have a system for keeping records of training? How long are these file maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Please mark all the types of training that is encompassed within your companies training program. On The Job Training: <input type="checkbox"/> Formal Training: <input type="checkbox"/> Factory/Manufacture Training: <input type="checkbox"/> Outsourcing: <input type="checkbox"/>			
6. Parts and Storage		Yes	No	N/A
6.1	Does the company have a documented shelf life analysis program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Does the company have a hazardous material and waste program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Does the company maintain certification on raw materials? If yes, how long are these records maintained? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Records		Yes	No	N/A
7.1	Does the company provide work orders for the services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Does the company provide Airworthiness Approval Tag with parts delivered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	How many years does the company keep records on file? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Vendor Audit

Thank you for your time completing this audit. Please include any supporting documentation and or certificate which you feel would reflect your companies' qualifications.

Please note that Rotorcraft Support, Inc. reserves the right to conduct on-site audits of its vendors.

If you have any questions please feel free to contact me at 818-997-7667.

Completed by: _____

Date: _____

FOR RSI USE

Overall rating: Poor: Fair: Good: Excellent:

Quality Control Manager: _____

Approve: Disapprove: Conditional:

Name: _____ Date: _____

Remarks:

