

QUALITY CONTROL PROGRAM	YES	NO	N/A
1. Do you have an established quality control program?	X		
a. Is it described in detail in a quality control manual or other appropriate document?	X		
b. Does the manual detail duties, responsibilities, and reporting relationship of Inspection/Quality Assurance departments?	X		
c. Do you have an internal audit program with management control?	X		
d. Does the audit program assure appropriate follow up & corrective action?	X		
e. Do you have an established documented program to ensure personnel are appropriately certified, properly trained & authorized for task?	X		
f. Do you maintain an up-to-date roster of personnel that contain the following:	X		
1) All management, supervisory & inspection personnel?	X		
2) The name of the "accountable manager"?	X		
3) The names of all personnel authorized by the Repair Station for return to service?	X		
g. If asked, can you provide a summary of employment for all personnel listed on the Repair Station roster?	X		
h. Do you have procedures & controls of processes, adequate checks, inspections, & tests to assure a quality product?	X		
i. Do you ensure that sub-contractor quality meets customer specifications & legal requirements?	X		
j. Do you audit sub-contractors?	X		
2. For all programs that require a person, by title, to be responsible for the Effectiveness of the program, do you have a back-up person to ensure the program's continuity during the primary person's absence?	X		
3. Do you have documented method of assuring the following:	X		
a. Incoming parts & materials comply with specifications?	X		
b. Item is free of defects or malfunctions?	X		
c. Item is in good state of preservation?	X		
d. Are records of inspection/ tests maintained?	X		
INSPECTION	YES	NO	N/A
1. Do you have receiving inspection system that includes sampling?	X		
2. Do you have procedure to identify customers parts?	X		
3. Do you main tin trace ability certification on all parts & raw materials?	X		
4. Do you have a system for controlling stamps for both inspection & production personnel?	X		

TECHNICAL DATA	YES	NO	N/A
1. Is a specific individual, by title, responsible for the Technical Data program?	X		
2. Does your program ensure all technical data is properly identified & available to all personnel?	X		
3. Do you have a program to control working copies of manuals to ensure they are revised with the masters?	X		
4. Do you have a documented program to ensure that technical data revisions are current?	X		
5. Is technical data stored in a manner that will protect it from dirt & damage?	X		
6. Are there procedures to control data that deviates from OEM specifications?	X		
SHELF LIFE PROGRAM	YES	NO	N/A
1. Do you have a documented shelf life program?	X		
2. Does the program list parts & materials that have shelf life limits?	X		
3. Does the program assign program responsibility to a specific person by title?	X		
4. Does each self-life item have the self-life expiration limit displayed?	X		
5. Is there an adequate system to assure that no item will be issued or used past it's expiration date?	X		
TOOL & TEST EQUIPMENT CALIBRATION	YES	NO	N/A
1. Do you have a tool calibration program?	X		
2. Do you have a person, by title, responsible fro the tool calibration program?	X		
3. Are standards used to calibrate tools traceable to the controlling government agency?	X		
4. Is there a system to identify each tool I the program & it's status?	X		
5. Do you have procedures to control the calibration of personal tools?	X		
TRAINING	YES	NO	N/A
1. Do you have a documented training program?	X		
2. Can you assure & document that each employee is properly trained for work to be performed?	X		
3. Do you document both formal classroom & on-the-job training?	X		
HOUSING & FACILITIES	YES	NO	N/A

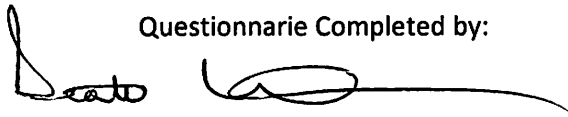
1. Does your housing adequately protect parts, materials & customer units from damage, theft & contamination?	X		
2. Is the environment appropriate to protect workers so that the quality of workmanship is not impaired?	X		
3. Are your storage facilities separate from the shop & work areas?	X		
SAFETY, SECURITY, & FIRE PROTECTION	YES	NO	N/A
1. Does your facility have a security system that is reviewed periodically?	X		
2. Does your facility have adequate fire protection devices that are inspected periodically?	X		
3. Are all operations conducted in a safe manner & environment?	X		
STORAGE	YES	NO	N/A
1. Are parts & materials properly identified & stored?	X		
2. Do you have a quarantine area for rejected parts & materials awaiting disposal?	X		
3. Are parts & material properly protected from damage & deterioration?	X		
WORK PROCESSING	YES	NO	N/A
1. Do the use of test equipment that differs from the original equipment Manufacturer specified equipment? If so:	X		
a. Is it properly certified as equivalent?	X		
b. Do you have operating & maintenance manuals?	X		
c. Are maintenance & servicing records available?	X		
d. Is equipment listed in the calibration program, where applicable?	X		
e. Has equipment been accepted by the FAA?	X		
2. Where work is turned over from one shift to another is there a system of Documentation that assures continuity of the work & that all work is accomplished?	X		
3. Do you maintain adequate records of all work performed per FAR's?	X		
4. Can you provide trace ability records for parts & materials?	X		
5. Does the record keeping system & retention time meet 14 CFR requirements?	X		
6. does the shop segregate serviceable from non-serviceable components?	X		
SHIPPING	YES	NO	N/A
1. Are all items shipped in appropriate shipping containers to prevent damage?	X		
2. Is all documentation (cert., 8130-3, etc.) included in shipment?	X		
SCRAPPED PARTS	YES	NO	N/A

1. Do you have a documented procedure to assure that scrapped parts are either returned to the customer or mutilated beyond repair?	X		
2. Does the program identify an individual, by title; responsible for verifying that mutilation is accomplished?	X		

Please explain any N/A or no reponses. Use a separate sheet of paper if needed.

I hereby certify that to the best of my knowledge the information supplied is accurate, complete & current & that I am an official who is duly authorized to sign this certification.

Questionnaire Completed by:



SIGNED

Scott Winebrenner

PRINTED NAME

Oct 30, 2021
DATE

Chief Inspector

POSITION HELD