



WESTERN JET AVIATION, INC.
16101 SATICOY STREET
VAN NUYS, CA 91406
Ph (818) 785-2250
Fax (818) 785-2180
CRS# W1JR483Y

SERVICE STATION VENDOR INFORMATION

Due to the increasing demand for vendor questionnaires to be processed, we at Western Jet Aviation, Inc. have standardized our information for your convenience. This should answer any questions you may have regarding our facility. If you require any further information please do not hesitate to contact us. Thank you.

For updated certificate information please go to: <https://www.westernjetaviation.com/certs/#certs>

VENDOR QUALITY SYSTEM SURVEY SELF AUDIT

Company Name: WESTERN JET AVIATION, INC.
Address: 16101 SATICOY STREET
VAN NUYS, CA 91406
Telephone: 818-785-2250
Fax: 818-785-2180

Quality Assurance Contact: SCOTT WINEBRENNER

BUSINESS TYPE (check all that apply):

MAINTENANCE PROVIDER DISTRIBUTOR SUPPLIER

FAA REPAIR STATION/ STATION NO: W1JR483Y

EASA SUPPLEMENT NUMBER: EASA 145.6317

OTHER:

ORGANIZATION:

JIM HANSEN	CEO/ ACCOUNTABLE MANAGER
JASON MANN	GENERAL MANAGER
SCOTT WINEBRENNER	CHIEF INSPECTOR
ROLAND SCENSNOVIC	MAINTENANCE SUPERVISOR

Total number of employees: **90**
Total number of production personnel: **80**
Total number of certified technicians: **58**
Total number of Inspectors: **27**
Total number of non-certified technicians: **22**
Total number of QA Inspectors: **3**

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 established documented program to ensure personnel are appropriately certified, properly trained & authorized for task?	X		
d. 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		
e. If asked, can you provide a summary of employment for all personnel listed on the Repair Station roster?	X		
f. Do you have procedures & controls of processes, adequate checks, inspections, & tests to assure a quality product?	X		
g. 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 maintain traceability 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. Does 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		
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 responses. Use a separate sheet of paper if needed.

Lined area for text input, consisting of 18 horizontal lines.

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

25 January 2023
DATE

Chief Inspector
POSITION HELD