



Bald Eagle Turbine Sales, LLC.

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Tempe AZ 85282

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Quality Supplier/Vendor Questionnaire

Supplier Name _____

Bill To Address _____ Ship To Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Fax _____

E-mail _____ Date _____

1. Type of Business:

Manufacturer's Maintenance Facility Distributor

Air Carrier Surplus Parts Dealer / Broker

Repair Station Other (Specify) _____

2. Primary Service / Product provided:

	YES	NO	N/A
3. Is the agency authorized by the FAA to perform the above services under a Repair Station Certificate Number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What is the Repair Station Certificate Number? _____			<input type="checkbox"/>
5. Are you listed in the C.A.S.E. register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have facilities previously been audited by:			
Bald Eagle Turbine Sales, LLC.	Month _____	Year _____	<input type="checkbox"/> <input type="checkbox"/>
C.A.S.E.	Month _____	Year _____	<input type="checkbox"/> <input type="checkbox"/>
Air Carrier	Month _____	Year _____	<input type="checkbox"/> <input type="checkbox"/>
FAA / JAA / EASA	Month _____	Year _____	<input type="checkbox"/> <input type="checkbox"/>
7. Is there a drug/alcohol testing program currently in effect conforming to the Department of Transportation as well as Federal Aviation Administration (FAA) Regulations?	<input type="checkbox"/>	<input type="checkbox"/>	

8. Key Personnel:

President / Owner: _____
E-mail: _____
Director / Manager: _____
E-mail: _____
Quality Manager: _____
E-mail: _____

Phone: _____
Fax: _____
Phone: _____
Fax: _____
Phone: _____
Fax: _____

9. Total number of employees:

of Production _____
of Quality _____
of Inspectors _____

of Supervisors/Managers _____
of Engineers _____

10. Number of buildings:

Type of construction: _____

YES NO N/A

Air Conditioned	<input type="checkbox"/>	<input type="checkbox"/>
Humidity Controlled	<input type="checkbox"/>	<input type="checkbox"/>
Security in place	<input type="checkbox"/>	<input type="checkbox"/>
Fire Fighting equipment available	<input type="checkbox"/>	<input type="checkbox"/>

11. Is your Quality System a) certified: ____ b) compliant ____ to

ISO 9000 / Q 9000	<input type="checkbox"/>	<input type="checkbox"/>
AS 9000	<input type="checkbox"/>	<input type="checkbox"/>
MIL-Q-9858	<input type="checkbox"/>	<input type="checkbox"/>
MIL-I-45208	<input type="checkbox"/>	<input type="checkbox"/>
ASA100 / AC 00-56	<input type="checkbox"/>	<input type="checkbox"/>
FAR. Part 21	<input type="checkbox"/>	<input type="checkbox"/>
FAR. Part 43	<input type="checkbox"/>	<input type="checkbox"/>
FAR. Part 145	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

12. Remarks:

Quality Control	YES	NO	N/A
1) Is there an established Quality Control Program ?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Does vendor have an up-to-date QA/QC manual?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Does manual detail duties, responsibilities and reporting relationship of the QA/QC department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Does the QA/QC department maintain an up to date signature roster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Does the vendor's return to service documents meet customer and FAA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Does the vendor have an internal audit and surveillance function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Does function ensure compliance with customer specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Does the vendor have an audit and surveillance program to ensure subcontractor quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Does the audit program assure appropriate corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Is there proper separation of inspection and maintenance responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Do supervisors, inspectors and mechanics have A&P or Repairman certificates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Does the vendor have an established procedure to provide corrective action for discrepancies noted during repair / overhaul?	<input type="checkbox"/>	<input type="checkbox"/>	
13) Does the vendor maintain an approved vendor list?	<input type="checkbox"/>	<input type="checkbox"/>	

Inspection	YES	NO	N/A
1) Are inspectors properly trained and certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Does the vendor maintain a list of RII items each inspector is authorized to inspect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the vendor perform any required inspections (RII) for any customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Does inspection roster identify RII quality / certified inspectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Does the vendor have an acceptable receiving inspection system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Does the vendor have an acceptable procedure to identify customer parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Does the vendor maintain traceability certifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Does the vendor obtain certification on all raw materials received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Are acceptable sampling procedures adequate to ensure quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technical Data Control	YES	NO	N/A
1) Does the vendor have the required shop manuals and specifications to perform the repair/overhaul in accordance with the customer requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are there established approved procedures controlling revisions in manual deviating from OEM specifications? (i.e. EO or EA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the vendor have an acceptable revision service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Does the vendor have records of manual revisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are manual revisions up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Are component overhaul manuals properly identified and available to mechanics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Does vendor have a system to control working copies of manuals to ensure they are revised with masters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Is technical data stored in a manner that will protect it from dirt and damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Are adequate viewing devices in good condition and available for viewing the technical data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Are inspection manuals controlled to provide current inspection procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Is a specific individual responsible for the Technical Data Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) If vendor is SFAR36 authority, does he have a system of approving deviation from the OEM data and for revising the OEM tech data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shelf Life Program	YES	NO	N/A
1) Does vendor have a documented shelf life program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Does the program list parts, material and applicable shelf life limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the program assign program responsibility to a specific person / position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Does each shelf life item have the shelf life limit displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Is there an adequate system to assure that no item will be issued or used past its expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Were items sampled for shelf life within limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tool and Calibration	YES	NO	N/A
1) Does vendor have a tool calibration program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Does the vendor have a person responsible for the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Is there a backup person responsible for the program when the primary individual is out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are the tools in use that require calibration listed on the tool calibration list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Does each tool have a specified frequency when its calibration is due to be checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Are standards used to calibrate tools traceable to the controlling government agency, i.e. the National Institute of Standards and Technology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Is there a system to identify each tool in the program and its calibration due date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Does vendor have a procedure for controlling / preventing out of service and due for calibration tools and equipment from being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Does the vendor have a procedure to control the calibration of personal tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Did a sample check of the calibration program indicate vendor is monitoring for compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Are tools and test equipment in a serviceable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Are tools stored in an orderly manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Do records show date calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Do records identify individual or vendor that performed calibration or check?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Do records show calibration due date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Training	YES	NO	N/A
1) Does vendor have a documented training program?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Does it include all mechanics, inspectors, technical supervisors and subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Is formal training and OJT properly documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Records and Reports	YES	NO	N/A
1) Are vendor work records complete, in order and legible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do the records contain a description of the work performed, the date the work was done and the name of the person doing the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are all test and inspection records in work package?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Do records contain the name, certificate number and the type of certificate of the person certifying the part as serviceable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are the persons doing the overhaul/repair inspection and test activities authorized by the vendor procedure manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Does the vendor maintain traceability of parts and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Does the vendor maintain certifications on subcontract work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Does vendor record keeping system and retention meet FAR requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
9) Are training records for mechanics, inspectors and supervisors retained indefinitely, even after the person leaves the company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Does vendor have a procedure for reporting defects or un-airworthy conditions?	<input type="checkbox"/>	<input type="checkbox"/>	

Housing and Facility	YES	NO	N/A
1) Does the vendor have a facility of adequate size to house all necessary tooling, equipment, material and parts to perform the work?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Does the housing adequately protect the parts, materials and customers units from damage, theft and contamination?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Is the environment appropriate to protect workers so that the quality of workmanship is not impaired by physical efficiency?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Does the facility have adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Are storage facilities separate from shop and work areas?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Do shipping and receiving areas have adequate space, lighting, shelving, security and fire protection?	<input type="checkbox"/>	<input type="checkbox"/>	
7) Is there adequate and appropriate storage space to safely store customers shipping containers and protect them from damage?	<input type="checkbox"/>	<input type="checkbox"/>	

Safety / Security / Fire Protection	YES	NO	N/A
1) Does the vendor provide adequate security for customer parts in its possession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Is the security system reviewed periodically by management or an outside vendor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are fire protection devices inspected periodically to local fire code or fire department requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are fire stations identified and extinguishers in serviceable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are safety guards in place on power equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Do vendor shop environmental controls meet industry standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Storage	YES	NO	N/A
1) Are parts and material properly identified and properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Does vendor have a method to separate serviceable and non-serviceable parts?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Do parts in bins match number on bins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are parts and material properly protected from damage and deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Are flammable, toxic or volatile materials properly identified and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Are sensitive parts and equipment, i.e. oxygen, parts, o-rings, ESD's properly packaged, identified and stored to protect from damage and contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Are oxygen and other high pressure bottles correctly identified and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Processing	YES	NO	N/A
1) Does the vendor have adequate tooling and test equipment to perform the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are mechanics, inspectors and supervisors properly trained, authorized and certified for the work they perform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are adequate tools available at the mechanics work stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are proper current manuals available at the mechanic's work stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are customers parts properly identified throughout the maintenance actions and in storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Is there a work turnover procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Does the shop segregate serviceable from the unserviceable components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Does the facility provide adequate protection of parts in work? i.e. filtered air or clean room depending on the part	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Is the work area, including supervisors offices, clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Are smoking, eating and drinking forbidden in the work area as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Are fluid dispensing cans and servicing units properly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shipping	YES	NO	N/A
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- 1) Are components shipped in ATA-300 containers or equivalent as specified by the OEM for the customer?
- 2) Does the vendor verify that the identifying data (PN/SN/nomenclature/modification number) on the parts, tag and the data plate match?

Scrapped Parts	YES	NO	N/A
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- 1) Does the vendor have a documented procedure to assure that scrapped parts are either returned to the customer or mutilated beyond repair?
- 2) Does the program identify an individual responsible for verifying that mutilation is accomplished?

Attach all applicable certification(s) to survey.

Survey Completed By (please print): _____

Signature: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Date: _____

Please return completed and signed survey along with applicable documents/certification(s) to

**Bald Eagle Turbine Sales, LLC.
2105 South 48th Street, Suite 109
Tempe, AZ 85282**

or

Fax: 602 454 1112

or

E-mail: carin@baldeagleturbine.com

For Internal Use Only

Received by: _____ Title: _____ Date: _____

Approved by: _____ Title: _____ Date: _____

Quality Manager: _____ Date: _____