

Date: \_\_\_\_\_

Contact: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Attn: Quality Assurance Department

Subject: Quality Questionnaire Request Form

Dear Sir/Madam,

Jetcraft Aerostructures, Inc. maintains files on all authorized vendors, service providers, manufacturers, distributors, repair and overhaul vendors used by our company that may affect our customers parts and or to comply with our quality program and regulatory requirements.

Currently your company is or is being considered to be used as a vendor and /or service provided.

To be added and or to keep you as an approved vendor and or service provider, Jetcraft Aerostructures, Inc. is required to audit vendors and or service providers every year. Enclosed please find a Quality Questionnaire for you to complete and return to our facility.

**When and if applicable copies of your repair station certificate, quality systems certifications, operations specifications, manufacturer's approval, company brochures and/or additional information of your company is requested.**

Please be advised that DOD and FAA regulations state that they may inspect records and sites of companies that supply parts and materials for aircraft and government contracts.

**Your cooperation and prompt attention to this matter will be highly appreciated. Please fill out the questionnaire and return to us within 15 days including copies of all pertaining certificates and letters of approval.**

Should you have any question please feel free to contact me at # 1-772-405-7015

Thank You,

*Lawrence P Calabrese*

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Lawrence P Calabrese  
Auditor

Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company Name: \_\_\_\_\_

<b>Vendor Status: For Jetcraft Aerostructures use ONLY</b>	
Approved:	
Not approved:	
	Conditionally approved:
Remarks:	
Signature: _____	Date: _____
(QA Manager or authorized representative)	

**ADDITIONAL INFORMATION**

Add any other information that may be helpful in evaluation.  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (QA Manager or authorized representative)  
 On site survey: \_\_\_\_\_ Self audit: \_\_\_\_\_ XX

**A) GENERAL INFORMATION**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Person responsible for quality control:

**Approvals / Certifications:**

	Yes	No	NA
1) FAA (Attach or E-mail copies of Certs, OPS, Specs. and/or capability list)			
2) EASA 145.5032 (JAA) (Attach or E-mail copy of certificate)			
3) FAA approved Alcohol and Drug program: (Attach or E-mail copy of approval letter)			
4) Do you have a quality control certification system / manual (Attach or E-mail copy of certificate)			
5) Dose your company hold any certification for Quality Programs (AS9100, ISO...) (Attach or E-mail copy of certificate)			

**You may e-mail applicable documents to: qamanager@jetcraftaerostructures.com**

Major Customers:	Products and or Services

Contact: \_\_\_\_\_  
 Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**B) QUALITY CONTROL** Yes No NA

- |  |  |  |  |
|--|--|--|--|
| 1) Is there an established quality control program?  |  |  |  |
| 2) Do you have a QA/QC manual?   |  |  |  |
| 3) Is QA/QC department responsible for manual detail duties, responsibilities and report relationship.                 |  |  |  |
| 4) Does the QA/QC department maintain and up to date signature roster?   |  |  |  |
| 5) Is there a self audit and surveillance program?   |  |  |  |
| 6) Do return to service documents meet customer And FAA requirements?  |  |  |  |
| 7) Is there an audit and surveillance program to ensure sub-contractor quality.  |  |  |  |
| 8) Do you maintain a list of items each inspector is authorized to inspect?  |  |  |  |
| 9) Do you have an established procedure to provide corrective action for discrepancies noted during repair / overhaul? |  |  |  |

**C) TOOLING AND TEST EQUIPMENT** Yes No NA

- |   |  |  |  |
|---|--|--|--|
| 1) Do you have adequate tooling and test equipment to perform the service?  |  |  |  |
| 2) Do you have a tool calibration program?  |  |  |  |
| 3) Are standards used to calibrate tools traceable to The National institute of Standard Technology.                                |  |  |  |
| 4) Do you have a procedure for controlling / preventing out of service and due for calibration tools and equipment from being used? |  |  |  |
| 5) Are tools stored in an orderly manner?   |  |  |  |

**D) MANUAL DATA CONTROL** Yes No NA

- Note: Manuals in this context includes any technical data, I.E. Drawings, wiring diagrams, test specs necessary to perform the required service.
- |   |  |  |  |
|---|--|--|--|
| 1) Do you have the required shop manuals and specifications to perform the repair/overhaul?                                     |  |  |  |
| 2) Do you have an acceptable revision service?  |  |  |  |
| 3) Are there established approved procedures controlling revisions in documents deviating from OEM specifications? I.E. or E.A. |  |  |  |
| 4) Do you have records of manual revisions?   |  |  |  |
| 5) Are manual revisions up to date?   |  |  |  |
| 6) Do you have a system to control working copies of manuals to ensure they are revised with the master?                        |  |  |  |
| 7) Is there a specific individual responsible for the technical data program?   |  |  |  |

**E) PROCUREMENT AND RECEIVING** Yes No NA

- |  |  |  |  |
|--|--|--|--|
| 1) Do you have an established receiving inspection system?           |  |  |  |
| 2) Do you have an acceptable procedure to identify customer's parts? |  |  |  |
| 3) Do you maintain trace ability certification?                      |  |  |  |
| 4) Do you obtain certification on all raw materials received?        |  |  |  |
| 5) Do you maintains an approved vendor's list?                       |  |  |  |

**F) MATERIAL / STORAGE** Yes No NA

- |  |  |  |  |
|--|--|--|--|
| 1) Do you have a method to separate serviceable and non-serviceable parts? |  |  |  |
| 2) Are parts and materials properly stored?                                |  |  |  |
| 3) Do parts in bin match part number on bins?                              |  |  |  |
| 4) Do you have an adequate shelf life policy?                              |  |  |  |
| 5) Were items sampled for shelf life within limits?                        |  |  |  |
| 6) Are parts and materials properly protected from damage deterioration?   |  |  |  |
| 7) Is there adequate space to safely store customer's shipping containers? |  |  |  |
| 8) Are fluid dispensing cans and servicing units properly identified?      |  |  |  |

Contact: \_\_\_\_\_  
 Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**G) RECORDS** Yes No NA

- |   |  |  |  |
|---|--|--|--|
| 1) Do you record keeping system & retention time meet FAR requirements?                         |  |  |  |
| 2) Are work records complete, in order & legible?   |  |  |  |
| 3) Do the records contain corrective actions and the name of the person doing the work in work? |  |  |  |
| 4) Are all test and inspection record in work package?  |  |  |  |
| 5) Are the mechanic doing the repair/overhaul authorized by procedure manual?                   |  |  |  |
| 6) Do you keep record of MRB parts scrapped or returned?  |  |  |  |

**H) FACILITIES** Yes No NA

- |   |  |  |  |
|---|--|--|--|
| 1) Is the facility of adequate size to house all necessary tooling & equipment to perform the work and are smoking, eating and drinking forbidden in the work area?                                 |  |  |  |
| 2) Does the shop segregate serviceable from unserviceable components?   |  |  |  |
| 3) Does the facility provide adequate protection of parts in work? I.E. filtered air or clean room depending on type of part and Are fluid dispensing cans and servicing units properly identified? |  |  |  |
| 4) Is adequate lighting and tooling available at the mechanic's work station?   |  |  |  |
| 5) Are work area and supervisor's office clean and using the manual at the work station?  |  |  |  |

**I) TRAINING** Yes No NA

- |  |  |  |  |
|--|--|--|--|
| 1) Do you have a safety program?   |  |  |  |
| 2) Are fire lanes, doors and fire extinguishers clear of obstructions?       |  |  |  |
| 3) Are flammable liquid properly identified and stored?                      |  |  |  |
| 4) Are oxygen and other high pressure bottles correctly stored?              |  |  |  |
| 5) Are fire stations identified and extinguishers in serviceable conditions? |  |  |  |
| 6) Are no smoking areas clearly identified?                                  |  |  |  |
| 7) Do you maintain shop personnel safety records?                            |  |  |  |
| 8) Are safety guards in place on power equipment?                            |  |  |  |
| 9) Do AI shop environmental controls meet industry standard?                 |  |  |  |
| 10) Do you shop have security system?  |  |  |  |
| 11) Do you provide adequate security for customer parts in his possession?   |  |  |  |

Contact: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Ref: Supplier Anti-Drug & Alcohol Misuse Prevention Program (AMPP)**

As a valued supplier to **Jetcraft Aerostructures, Inc.** it is important to **Jetcraft Aerostructures, Inc.** that you are aware of, and compliant with, the new requirements of 14 CFR 121 Appendix I & J with respect to contract maintenance.

On October 10, 2006, the final rule amending the Anti-Drug and Alcohol Misuse Prevention Program (AMPP) in 14 CFR 121, Appendices I & J became effective. The amended rule requires each employee who performs a safety sensitive function (maintenance/Preventive maintenance) for an air carrier (14 CFR 121 & 135), by contract or subcontract at any tier, must be tested under an FAA regulated drug and alcohol testing program.

**Jetcraft Aerostructures, Inc.** is contacting each of its suppliers contracted to perform maintenance/preventive maintenance in support of a 14 C FR 121/135 operator to ensure the supplier is compliant with the amended rule. Therefore, we are requesting of all suppliers that they provide the following information as soon as possible.

Ø A copy of your FAA Operations Specification A449 or a copy of your Consortium Member Anti-Drug/AMPP Plan certification document acknowledging the existence of an FAA regulated program.

Ø And, if you subcontract any maintenance/preventive maintenance functions in accomplishment of an **Jetcraft Aerostructures, Inc.** repair order, then you must also provide a copy of the letter distributed to your sub-tier suppliers exhibiting the flow-down requirement for compliance with the FAA final rule amending the Anti-Drug/AMPP testing program.

Please send the above required documents to:

Carlos Byrne  
Designated Employer Representative  
E-mail to: [carlos@jetcraftaerostructures.com](mailto:carlos@jetcraftaerostructures.com)

Suppliers that have not provided these required documents within 15 days of this letter will be removed from the **Jetcraft Aerostructures, Inc.** Approved Suppliers List pending receipt.

If you are unsure of the requirements or cannot comply with the new requirements, please do not hesitate to give me a call.

Detailed information concerning the amended rule can be found at [http://www.faa.gov/regulations\\_policies/faa\\_regulations](http://www.faa.gov/regulations_policies/faa_regulations). Select the link for Electronic Code of Federal Regulations, select Volume 2, select "60-139" scroll down to "121", scroll to the bottom of the page and select "Appendix I".

Regards,  
Carlos Byrne  
CFO/DER