



# Bald Eagle Turbine Sales, LLC.

2105 South 48th Street Suite # 109

Tempe AZ 85282

Phone: 602 454 1110

Fax: 602 454 1112

E-mail: sales@baldeagleturbine.com



## 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"/>

<b>Shelf Life Program</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>

<b>Tool and Calibration</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>

<b>Training</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>

<b>Records and Reports</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>	

<b>Housing and Facility</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>	

<b>Safety / Security / Fire Protection</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>

<b>Storage</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>

<b>Work Processing</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>

<b>Shipping</b>	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?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Does the vendor verify that the identifying data (PN/SN/nomenclature/modification number) on the parts, tag and the data plate match? | <input type="checkbox"/> | <input type="checkbox"/> |

<b>Scrapped Parts</b>	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? | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 2) Does the program identify an individual responsible for verifying that mutilation is accomplished?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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](mailto:carin@baldeagleturbine.com)**

<b>For Internal Use Only</b>		
Received by: _____	Title: _____	Date: _____
Approved by: _____	Title: _____	Date: _____
Quality Manager: _____		Date: _____