



FAA Repair Station No.: E6QR207X
 8130 NW 74TH AVENUE
 MEDLEY, FL 33166
 Phone: (305) 267-6400 Fax: (305) 267-6002

SUPPLIER EVALUATION QUESTIONNAIRE

SECTION 1 – GENERAL INFORMATION			
Company Name:			
Address:			
City:	State:	Country	
Zip Code:	Website or E-mail:	Years in Business:	
Telephone No.:		Fax No.	
Information Provided By:		Title:	Date:

SECTION 2 – TYPE OF BUSINESS (Check all that applies)			
OEM/PMA Mfr.: <input type="checkbox"/>	Broker: <input type="checkbox"/>	Stock Supplier: <input type="checkbox"/>	Distributor: <input type="checkbox"/>
Repair Station: <input type="checkbox"/>		Other: <input type="checkbox"/>	

SECTION 3 – CERTIFICATION/APPROVALS (Check all that applies and provide copies).			
AC 00-56: <input type="checkbox"/>	ASA-100: <input type="checkbox"/>	ISO 9001: <input type="checkbox"/>	ISO 9100: <input type="checkbox"/>
AS: 9110: <input type="checkbox"/>	AS: 9120: <input type="checkbox"/>	FAA: <input type="checkbox"/>	EASA: <input type="checkbox"/>

FOR SUMMIT AEROSPACE INTERNAL USE ONLY	
<p>Risk Assessment: Low: <input type="checkbox"/> Med: <input type="checkbox"/> High: <input type="checkbox"/></p> <p>Vendor Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Approved by: _____ Date Approved: _____</p>	



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DOES THE QUALITY SYSTEM ASSURE THAT PARTS PROCURED FOR SALE:		YES	NO	N/A
1	Have documented all Airworthiness Directives represented as accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	If identified as overhauled or repaired have appropriately completed documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE QUALITY SYSTEM REQUIRE:		YES	NO	N/A
3	Checks for obvious physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Verification that quantity, part number and serial number match the documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Verification that parts are properly stored, identified, and protected from damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Batch and lot controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A control system to ensure that parts sold can be traced and recalled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Segregation of serviceable and unserviceable parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE QUALITY SYSTEM REQUIRE THE DISCLOSURE THAT MATERIAL OR PARTS WERE OR WERE NOT:		YES	NO	N/A
9	Removed from an aircraft or engine that was subject to an accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Subject to extreme heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Obtained from the U.S. Government or military services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOES YOUR ORGANIZATION HAVE:		YES	NO	N/A
12	A Suspected Unapproved Part control procedure? If yes, please provide copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	A Counterfeit Part control procedure? If yes, please provide copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE EXPLAIN ALL NO AND N/A ANSWERS: