



"Where Quality and Service are Standard"

"THE ICG SPECIALIST"
F.A.A. APPROVED REPAIR STATION (V.GHR.393L)

High Standard Aviation, Inc

Repair Station No. VGHR393L

7841 N.W. 56th Street

Miami, Florida 33166 USA.

Phone: (305) 599-8855 Fax: (305) 599-8855

Vendor/Contractor Questionnaire

Company Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Total Number of Employees: _____

Years in Business: _____

Number of Supervisors: _____

Number of Direct Production Employees: _____

Number of Quality Personnel: _____

Website: _____

Products/Services Provided: _____

Organization Head Name: _____

Phone # : _____

E-mail Address: _____

Quality Manager Name: _____

Phone # : _____

E-mail Address: _____

Approval Standard	Yes/No	Certificate Number
EASA 145		
FAR 145		
ISO 9001		
Case		
Other (Please Indicate)		

Note: Please explain any "No" answers on the last page (Explanation

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1. Certification

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| A. Does the facility hold an FAA repair station certificate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Record certificate number: _____ | | | |
| C. Obtain a copy of certificate and limitations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is the certificate displayed un-obscured in an area accessible to the public? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Anti-Drug Testing Plan

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| A. Is there an FAA approved anti-drug & alcohol testing program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Record plan number: _____ | | | |

3. General

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| A. Does the repair facility only perform work for which they are authorized on their operations specifications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If the vendor deals in non-aircraft parts, materials and/or maintenance activities, are they adequately segregated from the aircraft functions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the vendor maintain a file of audit findings and corrective Action for three years? Is it accessible to the auditor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is there a back-up person identified for all programs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Does the vendor observe duty time limitations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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4. Quality Control

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Is there an established Quality Control Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does the repair facility have a procedure for reporting defect or un-airworthy conditions to the customer and the FAA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the manual detail duties, responsibilities and reporting relationship of the QA/QC department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are the QA/QC manuals current and available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does repair facility have an internal audit and surveillance function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Does the function ensure compliance with customer specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the audit program assure appropriate corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the repair facility have an organization adequate to perform the work Intended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Do supervisors have A&P or Repairman certificates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Does the repair facility have an established procedure to provide corrective action for discrepancies noted during repair/overhaul?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Does the repair facility maintain a list of "sub-contracted" maintenance actions and approved vendors for those functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Does the repair facility ensure that sub-contractor quality meets customer Specifications and legal requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Does the repair facility maintain certification of sub-contract work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5. Inspection

Yes No N/A

- A. Are RII inspectors properly trained and certificated?
- B. Is there proper separation of maintenance and inspection responsibilities for vendors that perform required inspections?
- C. Does the repair facility maintain a list of RII items each inspector is authorized to inspect?
- D. Does the repair facility perform any required inspections for any customers?
- E. Does repair station roster identify all supervisory and inspection personnel?
- F. Does the roster identify all personnel authorized for return to service?
- G. Does the repair station have an employment summary for all personnel listed on the repair station roster?
- H. Does the repair facility have an acceptable receiving inspection system?
- I. Does the repair facility have an acceptable procedure to identify customer Parts?
- J. Does the repair facility maintain traceability certification on all parts and raw Materials?
- K. Are acceptable sampling procedures adequate to ensure quality?
- L. Does the vendor have an acceptable system for controlling stamps, for both inspection and production personnel?

6. Technical Data Control

NOTE: "Manuals" in this context includes any technical data, i.e. drawings, wiring diagrams, test specs., necessary to perform the required service.

Yes No N/A

- A. Does the repair facility have the required shop manuals and specifications to perform the repair/overhaul in accordance with customers requirements?
- B. Is a specific individual, by title responsible for the Technical Data Program?
- C. Does the repair facility have a system to ensure technical data is current?
- D. Does the repair facility have records of manual revisions?
- E. Are manual revisions up to date?

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- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| F. Are component overhaul manuals properly identified and available to mechanics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Does the repair facility have a system to control working copies of manuals to ensure they are revised with the masters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Is the technical data stored in a manner that will protect it from dirt and damage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Are adequate viewing devices in good condition available for viewing the technical data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Shelf Life Program

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| A. Does the repair facility have a documented shelf life program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the program list parts and materials that have shelf life limits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the program assign program responsibility to a specific person by title? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Does each shelf life item have the shelf life expiration limit displayed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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"/> |

8. Tool & Test Equipment Calibration

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| A. Does the repair facility have a tool calibration program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the repair facility have a person, by title, responsible for the tool calibration program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are all tools in use listed on the tool calibration list? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are standards used to calibrate tools traceable to the controlling Government agency, e.g. National Institute of Standards and Technology? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E. Is there a system to identify each tool in the program, its calibration frequency and its calibration due date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Does the repair facility have a procedure for controlling and/or preventing out-of-service and due-for-calibration tools and equipment from being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the repair facility have a procedure to control the calibration of personal tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Did a sample check of the calibrated tooling indicate that the tooling is within calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Are the tools & test equipment in a serviceable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Do records?			
1. Show date calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify individual or vendor that performed calibration or check?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Show calibration due date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Contain a calibration certificate for each item calibrated by an outside agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Record details of adjustments and repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Show the P/N & S/N of the standard used to perform the calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Training

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Does the repair facility have a documented training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does it include all mechanics, inspectors and technical supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is formal and OJT training documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are training records for mechanics, inspectors and supervisors retained for two years after the person leaves the company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. Housing and Facility

Yes No N/A

- A. Does the repair facility have a facility of adequate size to house all necessary Tooling, equipment, material and parts to perform work?
- B. Does the housing adequately protect parts, materials, and customer units from damage, theft and contamination?
- C. Is the environment appropriate to protect workers so that the quality of workmanship is not impaired by physical efficiency?
- D. Does facility have adequate lighting?
- E. Are storage facilities separate from shop and work areas?
- F. Do shipping and receiving areas have adequate space, lighting, shelving, security and fire protection?
- G. Is there adequate and appropriate storage space to safely store customer's shipping containers and protect them from damage?
- H. Is the work area, including supervisor's offices clean?

11. Safety / Security / Fire Protection

Yes No N/A

- A. Does the repair facility provide adequate security for customer parts in their possession?
- B. Is the security system reviewed periodically by management or an outside vendor?
- C. Are fire protection devices inspected periodically?
- D. Are fire stations identified and extinguishers in serviceable condition?
- E. Are fire lanes, doors and fire extinguishers clear of obstruction?
- E. Are the repair facility shop operations conducted in a safe manner and environment?

12. Storage

Yes No N/A

- A. Are parts and material properly identified and properly stored?
- B. Does the repair facility have a quarantine area for rejected parts and materials awaiting disposition?
- C. Do parts in bin match part number on bins?
- D. Are parts & material properly protected from damage and deterioration?

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- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| E. Are flammable, toxic, or volatile materials properly identified & Stored? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are sensitive parts and equipment (oxygen parts, o-rings, electrostatic sensitive devices, etc.) properly packaged, identified and stored to protect them from damage and contamination? (10F) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Are oxygen and other high pressure bottles correctly identified and stored? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Work Processing

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| A. Does the repair facility have adequate tooling & test equipment to perform the work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If the repair facility used test equipment that differs from the OEM specified equipment: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Is it properly certified as equivalent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the repair facility have operating and maintenance manuals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is maintenance and servicing performed per the manual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is maintenance and servicing recorded and records retained for two years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is equipment listed in the calibration program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has equipment been accepted by the FAA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are mechanics, inspectors and supervisors properly trained, authorized and certified, if required, for the work they perform? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are adequate tools and current manuals available or at the mechanics work station? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are customers' parts properly identified throughout the maintenance actions and in storage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Is there a work turnover procedure used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Does the shop segregate serviceable from unserviceable components? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Does the facility provide adequate protection of parts in work? e.g. filtered air or clean room depending on type of part? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Are smoking, eating and drinking forbidden in the work area as appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Are fluid dispensing cans and servicing units properly identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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	<u>Yes</u>	<u>No</u>	<u>N/A</u>
K. Are the repair facility work records complete, in order, and legible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Do the <u>records</u> contain:			
1. The description of the work performed or reference to data acceptable to the administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The date of completion of the work performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The name of the person performing the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The name of the person inspecting the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The name of the certified mechanic or repairman who performed or supervised the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The signature, certificate number, and type of certificate of the person returning the article to service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Are all test and inspection records in work package?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Does the repair facility record keeping system and retention time meet FAR requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Does the repair facility's return-to-service documents meet customer and FAA Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Shipping

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Are components returned in an appropriate shipping container or As specified by the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does the repair facility verify that identifying data (PN/SN/nomenclature/mod no) on the parts tag and data plate match?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Scrapped Parts

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Does the repair facility 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"/>	<input type="checkbox"/>
B. Does the program identify an individual, by title, responsible for Verifying that mutilation is accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the repair facility maintain a record of life limited parts scrapped for two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Does the record include the P/N and S/N of the part and the date scrapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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