



JET INTERNATIONAL COMPANY, L.L.C.
VENDOR QUALITY SYSTEM SURVEY

Organizational Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____ EMAIL: _____

Description Of Organization

TYPE OF BUSINESS: OEM/OEM DISTRIBUTOR: Repair Station: Surplus Parts Distribution:

DESCRIBE PRIMARY COMPONENTS AND/OR SERVICES PROVIDED BY YOUR COMPANY: _____

TOTAL NUMBER OF EMPLOYEES: _____

QA: _____ **WAREHOUSE** _____ **PRODUCTION** _____ **SALES** _____

SIZE OF FACILITY: _____ **SQ FT. WAREHOUSE** _____ **SQ FT. ADMINISTRATION** _____ **SQ FT**

SECURITY MEASURES: _____

Organization Quality System Accreditation

A) ARE YOU A REGULATED AIRLINE, REPAIR STATION OR MANUFACTURER OPERATING UNDER THE GUIDELINES OF THE FAA, JAA OR CAA(CANADIAN AVIATION AUTH.)? YES NO

IF YES, PLEASE TICK APPROPRIATE AUTHORITY: (TICK MULTIPLE AUTHORITIES IF APPLICABLE):

FAA JAA/EASA CAA (CANADIAN AVIATION AUTH.)

OTHER _____

B) ARE YOU ACCREDITED BY A QUALITY SYSTEM PROGRAM? YES NO

IF YES, PLEASE TICK APPROPRIATE ACCREDITATION: ISO C.A.S.E. ASA

OTHER _____

QA MANAGER/DIRECTOR/AUDITOR (PRINT) _____

SIGNATURE _____ **DATE** _____

****IF YES TO QUESTION A OR B, PLEASE SIGN AND RETURN TO QUALITY@JETINTERNATIONAL.COM****
****PLEASE INCLUDE ALL CERTIFICATES, OP-SPECS AND ANTI-DRUG/ALCOHOL PLAN (IF APPLICABLE).****

****THERE IS NO NEED TO CONTINUE BEYOND THIS PAGE.**

****IF THE ANSWER TO QUESTIONS A & B IS NO, THEN PROCEED TO NEXT PAGE.**

JET INTERNATIONAL CO., L.L.C.
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YES NO N/A

1) ADMINISTRATION:

Do you have a documented quality Program?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2) PERSONNEL:

Are your Personnel adequately trained and is this training documented?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are training records kept indefinitely?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3) RECEIVING/SHIPPING:

Do you have an established receiving & shipping inspection system?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you Quarantine Non-Conforming parts?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you package parts as to avoid damage in shipment (I.A W ATA SPECS)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4) STORAGE/MATERIAL CONTROL:

Are all products stored in environmentally controlled areas?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have a documented scrap program?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have a documented shelf life program?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5) RECORDS:

Are all parts purchased traced to a regulated source? (Such as OEM, or airline)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are traceability records maintained on all parts for a period of at least 2 years?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WOULD YOU ALLOW JET INTERNATIONAL TO INSPECT YOUR FACILITY?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ADDITIONAL COMMENTS: _____

Individual Submitting this Report (Print Name): _____

Signature: _____ **Position:** _____ **DATE:** _____

Thank you for taking the time to complete this survey.

Please fill out the attached questionnaire and return with 10 business days to:
(Note: All items are subject to verification by Jet Int'l. Falsification of any items will result in termination of services)

Attention: John Meyer, jmeyer@jetinternational.com

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FAX: 1.847.730.2204
WEB: www.jetinternational.com