



**Supplier Quality Questionnaire - Self - Evaluation Audit**

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Dear Valued Supplier,

Ocean Air Inc. has an AS9120 Accredited Quality Management System that requires periodic auditing of our suppliers. Audits are conducted every two years by mail-out questionnaire. In order to create and/or maintain your status on OAI's approved supplier list, we request that you take a few minutes and complete the attached Supplier Self-Evaluation Audit and return it, along with copies of current certifications held, by email within 15 days to: [qc@oceanair.aero](mailto:qc@oceanair.aero)

Thank you for your cooperation and timely response.

This form can also be found on our website: [www.oceanair.aero](http://www.oceanair.aero)

**Business Profile Section**

<b>SECTION 1 – COMPANY DETAILS:</b>															
Company Name:															
Parent Company Name:															
Address:															
Telephone Number:						Cage Code:									
Fax Number:						Date of Incorporation:									
Contact Email:						Dunn & Bradstreet Number:									
Website:						Federal ID or VAT Number:									
Remit to Address (if Different from above):															
Size of Facility (specify SqFt or M):				Total=				W/H=				Office=			
<b>SECTION 2 – TYPE OF BUSINESS: (check all that apply)</b>															
OEM/PMA Manufacturer <input type="checkbox"/>				Repair/Overhaul <input type="checkbox"/>				Distributor <input type="checkbox"/>							
Stockist/Supplier <input type="checkbox"/>				Broker/Surplus Dealer <input type="checkbox"/>				Other: <input type="checkbox"/>							
<b>SECTION 3 – SCOPE OF SUPPLIES AND/OR SERVICES PROVIDED TO OAI:</b>															
<b>SECTION 4 – NUMBER OF EMPLOYEES:</b>															
Total=		Eng=		Quality=		Prod=		Sales =		Other=					



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<b>SECTION 5 – KEY CONTACT DETAILS:</b>			
Name (Please Print)		Email Address	
CEO/President/Owner:			
Head of Quality:			
Point of Contact:			
<b>SECTION 6– MAJOR CUSTOMERS &amp; BUSINESS REFERENCES:</b>			
<b>SECTION 7 – QUALITY ACCREDITATIONS/APPROVALS HELD: (check all that apply and supply copies of all current Certifications held)</b>			
FAA <input type="checkbox"/>	ASA-100 <input type="checkbox"/>	ISO 9001 <input type="checkbox"/>	AS 9110 <input type="checkbox"/>
EASA <input type="checkbox"/>	AC00-56 <input type="checkbox"/>	AS 9100 <input type="checkbox"/>	AS 9120 <input type="checkbox"/>
Accreditation (from above and/or others)	Certificate Number	Issue Date	Expiry Date
<b>Check the applicable statement:</b>			
<input type="checkbox"/> Our Quality Management System has a Documented Counterfeit Part Control Procedure. <input type="checkbox"/> Our Quality Management System has a Counterfeit Part Control Practice/Policy. <input type="checkbox"/> Our Quality Management System does not have a Counterfeit Part Control Procedure, Practice or Policy.			
<b>SECTION 8 – AUTHORIZED SIGNATURE:</b>			
I hear by certify that the information contained in this audit is true and correct at the time of issue.			
Print Name:		Title:	
Signature:		Date:	
<b>If your company is registered to one or more of the certifications listed in Section 7, you may stop here and do not need to complete the remaining questions. Return this questionnaire with copies of your current certificates. If not, please answer all of the questions in the QMS Section on page 3:</b>			

----- This Section for OAI Use Only -----				
Approval Status:	Approved <input type="checkbox"/>	Un-approved <input type="checkbox"/>	Conditional Approval (Explain): <input type="checkbox"/>	
System Conforms to:	FAA/EASA <input type="checkbox"/>	ASA/AC-0056 <input type="checkbox"/>	ISO/AS <input type="checkbox"/>	Other (List): <input type="checkbox"/>
Approval Notes and/or Known Problem Areas:				



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Review & Risk Evaluation Completed by:	Name:	Title:
Signature:	Date:	

#### Quality Management System Section

<b>SECTION A – QUALITY MANAGEMENT SYSTEM:</b>		YES	NO	N/A
1	Does your organization have an approved Quality System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is your Quality System maintained and available to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are Key Personnel as well as the management structure identified in the Quality Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the Quality Assurance Manager have ultimate authority over matters of Quality Assurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is your Quality Management System reviewed and revised periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Does your organization have an Internal Audit Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Would you welcome reasonable access to OAI and/or Regulatory officials to all facilities and documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is there a follow up procedure to rectify all discrepancies or non-conformity findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are there means for ensuring the requirements of customers are met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Is an adequate system in effect to control, investigate and correct customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION B – TRAINING:</b>		YES	NO	N/A
1	Does your organization have a Training Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does your organization practice continuous training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are training records maintained for all inspectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is a list of personnel authorized to perform inspection functions maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION C – PARTS &amp; MATERIALS / RECEIVING / PURCHASING / STORAGE / HANDLING:</b>		YES	NO	N/A
1	Are Suppliers evaluated and approved prior to placing orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is a list of approved suppliers established and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can you supply ATA specification 106 Material Certification with the parts you provide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does your facility have appropriate packaging materials that meet customer and industry specifications such as ATA 300?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are all parts and materials inspected by special personnel for physical damage and preservation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are there established procedures for the proper handling / storage / packaging (if applicable), preservation, protection and delivery of parts and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is proper storage for all parts and materials with environmental control for temperature, humidity and dust condition exercised where warranted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is there a shelf life program for the control of parts and materials with shelf life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	limits such as rubber items, adhesives, sealants, paints, etc?			
9	Are all parts and materials properly identified and located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are there procedures for periodical inspection/testing of parts (stored for long duration) to prevent onset corrosion and to ensure continued serviceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are non-conforming parts documented and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are non-conforming / incoming discrepant parts and materials segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Are serviceable and unserviceable parts and materials segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Is there a recall system in place which ensures parts and materials shipped can be traced and recalled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Is there a documented procedure in place to mutilate scrapped parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Do you have procedures in place to ensure work instructions given to carry out the work requested are current and available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are stamps used by inspection personnel and are they adequately controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Does your organization have an Electrostatic Sensitive (ESD) Workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION D – TECHNICAL DATA:</b>		YES	NO	N/A
1	Does your organization have a documented system to obtain technical data and maintain it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the appropriate and current technical data readily available to personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is there a controlled system for up-keeping of technical publications such as manufacturers overhaul manual, SB, AD etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION E – RECORDS:</b>		YES	NO	N/A
1	Are traceability and certification documentation and records retained for a minimum of 7 years? If not, how long:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do all life limited parts have records confirming their life limited status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are records protected against damage, alteration, deterioration, and loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION F – TEST EQUIPMENT / CALIBRATION:</b>		YES	NO	N/A
1	Is there an established system for the control, calibration and inspection of tools and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are measuring and test equipment calibrations traceable to International or National Standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is there proper storage for the tools and equipment with environmental control for temperature, humidity and dust condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is there a master list of tools and equipment used for inspection and testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is equipment stored so as to prevent damage or loss of calibration when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>