



EXTERNAL PROVIDER EVALUATION

Date:

Attn: Quality Department

Dear Sir or Madam:

Regional One has an ongoing standard to provide the highest-quality aircraft components to our customers. In that effort, we require all our prospective and current vendors and suppliers to complete and return the attached External Provider Evaluation. This questionnaire must also be submitted in case of a change of status or address.

Please complete and return via e-mail or fax with copies of all applicable approvals and certifications.

If your company is an approved FAA Part 145 Repair Station, please include the following:

- Air Agency Certificate
- Operations Specifications
- Capabilities
- Current FAA Anti-Drug /AMPP (A449-1, 2) program
- EASA Certificate (if applicable)
- CAAC Certificate (if applicable)
- ISO 9001 / AS9100-series
- ASA-100 / FAA AC 00-56 Cert.
- Other

If your company is a distributor, supplier or broker, please include the following:

- Quality System Certification (ISO 9001,AS91XX, ASA-100, other)
- If your company is not certified to any of the above, please provide a copy of your Quality Manual.

Must complete and return within fifteen (15) days (for current Regional One External providers) and *immediately upon request* for new-supplier approvals. Failure to respond may affect your status within Regional One's Approved Supplier Listing. Please send completed Survey along with certification to QualityAssurance@regionalone.com.

Please contact me directly if you have any questions. Thank you in advance for your attention to this matter.

Best Regards,

Steve Bueno

Director of Supply Chain & Quality

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All fields marked with an (*) indicate required information.

*Company Name: _____ *Cage Code (if applicable): _____

* Legal Trading Name: _____

*Street Address: _____

* City/State/Zip: _____

Company Website: _____

*Main Phone Number: _____ *Main Fax Number: _____

*Quality Phone Number: _____ *Quality Fax Number: _____

Organization:

* Head of Quality: _____

*Title: _____ Email: _____

*Quality Contact: _____

*Title: _____ Email: _____

*Head of Operations: _____

*Title: _____ Email: _____

*Type of Business: Manufacturer Distributor Authorized Distributor
(Check all that apply)

Repair Station Other (specify): _____

* Category: Airframe Engine Component Standard Hardware

Principal Service/Product: _____

Processes (Heat treat, NDT, metallurgy, plating, etc.): _____

*Is your Quality System registered to any of the following? Check all that apply:

ISO 9001 AS 9100-Series ASA 100 AC 00-56A MIL-I-45208 MIL-Q-9858



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*Please indicate if you hold one or more of the following certifications:

- FAA
- TCCA
- EASA
- CAAC
- CAA
- Other (Specify):

*Survey completed by (please print):

*Signature:

*Title:

E-mail:

*Date:

DO NOT COMPLETE THE REST OF THIS SURVEY IF YOU ARE 3RD PARTY CERTIFIED TO A QUALITY SYSTEM STANDARD (QS, AS, ISO AND ETC.) A CURRENT COPY OF YOUR CERTIFICATION MUST BE ATTACHED.

PLEASE CONTINUE COMPLETING THE REST OF THE QUESTIONNAIRE, IF YOUR COMPANY IS NOT 3RD PARTY CERTIFIED TO A QUALITY SYSTEM STANDARD AS MENTIONED ABOVE.

*****REGIONAL ONE USE ONLY*****

- Approved for Use
- Further Information Required

CERTS PROVIDED:

- Not Approved
- Next Audit Due: _____

- FAA
- EASA
- ASA-100
- ISO 9001
- CAAC
- CAAS
- AS9100
- Other: _____
- Other: _____

Evaluated by: _____ Date: _____

Scope of Approval: _____

Restrictions or Comments:

Risk-Management Rating:

- 1- Low
- 2- Medium
- 3- High



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| | QUALITY SYSTEM | YES | NO | N/A |
|-----|---|--------------------------|--------------------------|--------------------------|
| 1. | Is there an established quality management system (QMS)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is there a Quality Manual defining the QMS? (If YES, please provide a copy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is quality system documentation kept current and readily available to employees, customers, auditors or designee(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Is there an established documented self-audit/evaluation program which identifies who within the company is responsible for conducting self-audits, the frequency of audits, audit documentation and corrective action? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Will you give reasonable access to Regional One as well as Regional One's customers to all facilities and documentation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | SUPPLIER CONTROL | YES | NO | N/A |
| 6. | Is there a system for evaluation, qualification, and approval of suppliers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are suppliers monitored and audited per an interval? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Is there a process for delinquent vendors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | PROCUREMENT | YES | NO | N/A |
| 9. | Does the system assure that parts procured conform to the documentation requirements requested on the customer purchase order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Does the system assure deviations are disclosed and approved by the customer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Does your company have a warranty policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | INSPECTION | YES | NO | N/A |
| 12. | Are there documented procedures for inspection (and testing if applicable) of product for receiving, in-process and final acceptance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Are quality records of inspection (and testing if applicable) retained for a period of 7 years and available for review upon request? If not, how many years? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | SHELF LIFE CONTROL | YES | NO | N/A |
| 14. | Does your company have criteria for shelf-life control? If yes, what are your company's criteria for shelf-life control? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | CONTROL OF NONCONFORMING PRODUCT | YES | NO | N/A |
| 15. | Is there a documented procedure for control of nonconforming products? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Does the procedure provide for segregation, identification, and documentation of discrepant material? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Does the procedure assign responsibility for disposition (i.e., MRB, submit to customer)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Is there an established procedure for recall of non-conformance material? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | CORRECTIVE ACTION | YES | NO | N/A |
| 19. | Is there a documented procedure for customer complaints for implementing corrective and preventive action? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |