

Saab AB-Malmslätt/Arboga

QUESTIONNAIRE FOR REPAIR ORGANIZATIONS/Subcontractor

QUESTIONNAIRE

The attached questionnaire is to be completed and forwarded together with any additional information to:

Quality Assurance Department
Saab AB-Malmslätt/Arboga
Saab AB
Support and Services
Business Unit MRO
SE-581 82 Linköping Sweden
www.saabgroup.com

The questionnaire is based on Saab AB quality system requirements.

Dear Customer, all information provided as a result of this process is considered confidential.

COMPANY NAME:	<u>Saab AB-Malmslätt/Arboga</u>	DATE:	<u>31st May 2015</u>
ADDRESS:	<u>Nobymalmsvägen</u>	PHONE:	<u>+46 13 231000</u>
CITY/STATE:	<u>Linköping, Sweden</u>	ZIP CODE:	<u>SE-581 82</u>
E-MAIL:	<u>saabab.mro.qa@saabgroup.com</u>	FAX:	<u>+46 13 231405</u>
No of Employees	<u>280</u>		
Production:	<u>90</u>	Engineering:	<u>65</u>
QC/QA:	<u>7</u>	Inspection:	<u>59</u>

CONTACT PERSONS FOR:

Quality

NAME:	<u>Camilla Karlsson</u>	TITLE:	<u>Quality Manager</u>
PHONE:	<u>+46 589 81062</u>	E-MAIL:	<u>camilla.karlsson@saabgroup.com</u>

Technical

NAME:	<u>Mikael Karlsson</u>	TITLE:	<u>Maintenance Manager</u>
PHONE:	<u>+46 13 231000</u>	E-MAIL:	<u>mikael.karlsson@saabgroup.com</u>

Commercial

NAME:	<u>Fredrik Bergkvist</u>	TITLE:	<u>Contract Manager</u>
PHONE:	<u>+46 13 231000</u>	E-MAIL:	<u>fredrik.bergkvist@saabgroup.com</u>

IDENTIFY BELOW TYPE OF PRODUCTS AUTHORIZED TO CHECK/REPAIR/OVERHAUL:
Aircraft component services to owners or users of medium size commercial aircraft

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QUESTIONNAIRE FOR REPAIR ORGANIZATIONS/Subcontractor

Please provide attached to this check list a copy of:

1. FAA Repair Agency Certificate / EASA Maintenance Organization Approval or additional Approvals (EN/AS/ISO).
2. Operations specifications.
3. If applicable attach the Capability List

1	CERTIFICATION	YES	NO	N/A
1.1	Does Repair Organization hold a current FAA/EASA repair Organization certificates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	FAA Air Agency Certificate Number: AY52744M			
1.3	EASA Approval Number: SE.145.0002			
1.4	Other Certificates (EN/AS/ISO): TCCA 897-19, CAAC F04600209, ISO 9001/14001 121959CCx-2012-AQ/121961CC4-2012-AE			

Remarks: <http://saabgroup.com/about-company/certifications-and-approvals>

2	GENERAL	YES	NO	N/A
2.1	Does Repair Organization only perform work for which is authorized on its operation specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	If vendor deals with non-aircraft parts, material and/or maintenance activities are they adequately segregated from the aircraft functions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Does the repair organization have a documented man-hour plan showing that the organization has sufficient staff to perform the maintenance activities (plan, supervise, perform, inspect, release)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	If the organization intends to perform work at another locations on a regular basis, does the manuals include procedures for conditions, responsibilities, tool & equipment, etc.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Does the organization have a nominated manager/person with responsibilities for ensuring that the maintenance organization is in compliance with the applicable regulatory requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Does the organization have established means of communication (contacts) with the contractor (operator, maintenance organization, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

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3	QUALITY CONTROL / QUALITY ASSURANCE	YES	NO	N/A
3.1	Are there an established quality assurance program and quality control system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Are the QA/QC manuals current and available to employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Does Repair organization have an internal independent audit system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Does the audit program assure appropriate compliance with manufacturer/regulatory standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Does organization manage a suitable quality plan for each project by request of customer if necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Does the quality system assure appropriate corrective actions on deficiencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Does the organization have procedures for control of sub-contractors and/or suppliers? (Including person responsible of such procedure and audit planning)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Does the organization have a list of approved sub-contractors and/or suppliers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Does the organization have a procedure for reporting defect, unairworthy conditions and suspected unapproved parts to the customer and the regulatory agency as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10	Does the organization permit access to the operator/maintenance organization Quality Assurance department for the purpose of evaluating ongoing quality, if requested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

4	INSPECTION	YES	NO	N/A
4.1	Does the organization roster identify all supervisory and inspection personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Does the organization have a documented receiving inspection system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Does the organization establish and maintain proficiency of inspection personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Does the organization perform final inspection and return to service of maintained articles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Does the organization control that raw and consumable material used in the course of maintenance meets the required specification and has appropriate traceability?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Does the organization have a system to control unsatisfactory product?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5	TECHNICAL DATA	YES	NO	N/A
5.1	Does the organization hold and use current applicable maintenance data in the performance of maintenance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Do records reflect the current revision status of technical data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Are there established approved procedures controlling revisions in manuals deviating from OEM specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Is the technical data properly identified and readily available for use when required by maintenance personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

6	SHELF LIFE / LIFE LIMIT PROGRAM	YES	NO	N/A
6.1	Does the organization have a documented life limit program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Does the organization carry out documented procedures for control of items that have shelf life limitations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Is there an adequate system to assure that no item will be used or issued past its expiration date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

7	TOOLS & TEST EQUIPMENT CALIBRATION	YES	NO	N/A
7.1	Does the organization have a documented tool calibration program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Is there a system to identify each tool, calibration frequency and calibration due date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Is measuring and test equipment traceable to an officially recognized standard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Does the organization have a procedure to control the calibration of personal tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.5	Does the organization have a procedure for controlling and/or preventing out-of-service and due calibration tools/equipment from being used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: **7.4 No personal tools allowed**

8	TRAINING	YES	NO	N/A
8.1	Does the organization have a documented initial and recurrent training program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Are the mechanics, inspectors and supervisors properly trained, authorized and certificated (if required) for the work they perform?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

9	HOUSING AND FACILITIES	YES	NO	N/A
9.1	Does the organization have sufficient work space and areas to perform the maintenance for which is rated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Does facility have adequate ventilation, lightning, and control of temperature, humidity and other climatic conditions to ensure that all maintenance comply with the required standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10	STORAGE AND SHIPPING	YES	NO	N/A
10.1	Does facility have an area for proper storage of raw materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Are storage facilities separated from shop and work areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Are parts and materials properly identified, handled and stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Does facility follow manufacturer storage and shipping recommendations or as specified by customer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.5	Does facility have a quarantine area for rejected parts and materials awaiting disposition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.6	Does facility have documented procedures/program for proper management of electrostatic sensitive devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.7	Does the organization verify that identifying data (p/n, s/n, nomenclature, etc) on the documentation and data plate match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.8	Does the organization have a system to manage operator/maintenance organization supplied product, when necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

11	MAINTENANCE RECORDS	YES	NO	N/A
11.1	Does the organization retain detailed maintenance records to show that all requirements for the signing of a maintenance release have been met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2	Does the Organization have a system of completing, reviewing, retaining maintenance records?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3	Does facility maintain traceability certification on all parts and raw materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.4	Are maintenance records stored in a safe way with regard to fire, flood, theft and alteration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

The undersigned hereby certifies that all information above is accurate.

NAME / SIGNATURE:

Camilla Karlsson

TITLE:

Quality Manager

DATE:

2015-06-05

ONLY FOR Saab AB-Malmslätt/Arboga USE:

