

**SAAB****QUESTIONNAIRE FOR SUPPLIER 1 (6)**

Issued by
OFUABA/ Camilla Karlsson
 Classification Export Control
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 Classification Company Confidentiality
COMPANY RESTRICTED
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Dear Supplier,

In the process of giving or renewing the approval of your company as a supplier to Saab Support & Services, we kindly ask you to complete the enclosed questionnaire to ensure compliance with applicable requirements and regulations.

This process is standard procedure at Saab Support & Services and all suppliers are required to submit the required information on a regular basis.

The information provided will be considered confidential.

The questionnaire is based on Saab AB quality system requirements.

Company

Company name Saab AB-Malmslätt/Arboga					Date 2017-08-07	
Address (address, zip code, city / state) Saab AB, Support and Services, Building 19, SE-581 82 Linköping						
Country Sweden		Phone +46 13 231000			Fax +46 13 2310	
E-mail saabab.mro.qa@saabgroup.com						
No of Employees	Total 280	Production 90	QC/QA 7	Engineering 65	Inspection 59	
Contact persons for						
Quality	Name Camilla Karlsson			Title Quality Manager		
	Phone +46 589 81062			E-mail camilla.karlsson@saabgroup.com		
Technical	Name Lars Gerhardsson			Title Maintenance Manager		
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Please provide attached to this check list a copy of:

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

Saab AB (publ)**Support and Services, Business Unit Maintenance Production, Malmslätt/Arboga**

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1 Certification

Pos.	Questions	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	Does Repair Organization hold a current Military repair Organization certificates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Does Repair Organization hold a current Quality Management System ISO 9001 or/and EN, AS 9100 certificate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Does Repair Organization hold a current Environmental Management System ISO 14001 certificate? If NO, complete section 12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	FAA Air Agency Certificate Number: AY5Y744M			
1.6	EASA Approval Number: SE.145.0002			
1.7	Military Approval Number: FSI 011			
1.8	ISO/EN/AS 9001/9100 Approval Number: 121959CC4-2012-AQ/ 121961CC4-2012-AE			
1.9	ISO 14001 Approval Number: 121959CC4-2012-AQ/ 121961CC4-2012-AE			
1.10	Other Certificates (EN/AS/ISO): TCCA 897-19			
Remarks:				

2 General

Pos.	Questions	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

Pos.	Questions	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

Pos.	Questions	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"/>
Remarks:				

5 Technical Data

Pos.	Questions	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"/>

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5 Technical Data

Pos.	Questions	Yes	No	N/A
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

Pos.	Questions	Yes	No	N/A
5.1	Does the organization have a documented life limit program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	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"/>
5.3	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

Pos.	Questions	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: No personal tools allowed				

8 Training

Pos.	Questions	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"/>

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8 Training

Pos.	Questions	Yes	No	N/A
Remarks:				

9 Housing and Facilities

Pos.	Questions	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"/>
Remarks:				

10 Storage and Shipping

Pos.	Questions	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

Pos.	Questions	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, and 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"/>

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11 Maintenance Records

Pos.	Questions	Yes	No	N/A
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:				

12 Environment (to be completed if there is no ISO 14001 certificate)

Pos.	Questions	Yes	No	N/A
12.1	Does the Organization hold any current Environmental Standard/ Regulation/Certificate, such as EMAS (Reg. (EC) No 1221/2009), National Environmental Standard or similar? If NO proceed to 12.2 – 12.6 If YES: Name and certificate number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Does the Organization have documented procedures/routines needed to ensure compliance with applicable environmental requirements? For example an overall environmental Handbook or similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Does the Organizations personnel have any environmental training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4	Does the Organization have procedures/routines for handling chemicals and/or hazardous materiel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5	Does the Organization have procedures/routines for handling waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6	Does the Organization have procedures/routines concerning safety when it comes to chemicals (Safety sheets, routines in case of chemical spill, chemical decontamination supplies etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:				

The undersigned hereby certifies that all information above is accurate.

Camilla Karlsson 
 Name / Signature

Quality Manager
 Title

7 August 2017
 Date