



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

Name of Company: EMC AEROSPACE, INC.			Telephone: 954-316-6015
Billing Address: 570 NE 185TH STREET			Fax: N/A
City: NORTH MIAMI BEACH	State: FL	Postal Code: 33179	Country: USA

1. General Information

Type of Business (please indicate below):

Repair Station

Parts Distributor

OEM

Calibration Services

Others (please state): _____

List primary services/products to be provided to: **E.M.C. Aerospace, Inc.**

1. **MRO ON CLASS I, II AND, III ACCESSORIES**

2. **LIMITED NDI**

3.

4.

5.

Regulatory Approval

Yes

No

N/A

Is your company approved by any aviation regulatory authority?

✓

If Yes, list the certificate approval number, expiration date and attach photocopy of each certificate.

Aviation Regulatory Authority	Certificate Approval No.	Expiration Date
FEDERAL AVIATION ADMINISTRATION	E2PR084Y	INDEFINITE
EUROPEAN AVIATION SAFETY AUTHORITY	EASA.145.5274	DEC. 01, 2022

Drug & Alcohol

Yes

No

N/A

Do you have an FAA approved and active anti-drug and alcohol misuse prevention program (A449 and/or Registration)?

✓

Have you ever been audited by any regulatory authority or customer previously?

✓

If yes, who conducted the last audit and when? **FAA ON DEC. 13, 2021**



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

2. Personnel		
Accountable Manager: MIKE LOPEZ	Telephone: 954-316-6015	Email: MLOPEZ@EMCAEROSPACE.COM
Operations Manager: IFEANYI UDOYE	Telephone: 954-316-6015	Email: IUDOYE@EMCAEROSPACE.COM
Quality Manager: MIKE LOPEZ	Telephone: 954-316-6015	Email: MLOPEZ@EMCAEROSPACE.COM
Sales Manager: APRIL PALOOR	Telephone: 954-316-6015	Email: APALOOR@EMCAEROSPACE.COM
Repairs Manager: BRUCE MILLER	Telephone: 954-316-6015	Email: BMILLER@EMCAEROSPACE.COM
Accounting Manager: CHRISTINE MONSERRAT	Telephone: 954-316-6015	Email: CHRISTINE@EMCAEROSPACE.COM
Total number of employees:	19	
Number of production staff:	08	
Number of quality staff:	02	

3. Facilities	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Number of facilities:	01	N/A	N/A	N/A	N/A	N/A
Total area of facility:	42,000	N/A	N/A	N/A	N/A	N/A

	Yes	No	N/A
Are all shipments being shipped to the billing address?	✓		
If No, state warehouse location(s) below:			
1. N/A			
2. N/A			
3. N/A			

IF YOU ARE NOT AN MRO (SUPPLIER, BROKER, ETC) OR ARE AN MRO THAT IS ISO ACREDITED, PLEASE SKIP THE QUESTIONNAIRE (SECTIONS 4 THROUGH 10) AND IN LIEU, PROVIDE US WITH YOUR CURRENT CERTIFICATION OF ACREDITATION



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

4. Housing and Facilities	Yes	No	N/A
Is the facility of adequate size to house all necessary tooling, equipment, material, and parts to perform work?	X		
Does the housing adequately protect parts, materials, and customer units from damage, theft, and contamination?	X		
Is the environment appropriate to protect workers so that the quality of workmanship is not impaired by physical efficiency?	X		
Does the facility have adequate lighting?	X		
Do shipping and receiving areas have adequate space, lighting, shelving, security, and fire protection?	X		
Is there adequate and appropriate storage space to safely store customer's shipping containers and protect them from damage?	X		
Is the work area, including supervisors' offices clean?	X		
Are storage facilities separated from shop and work areas?	X		
Does the facility provide adequate protection of parts in work? E.g., filtered air or clean room depending on type of part.	X		
Temperature Control/Air Conditioning?	X		
Humidity Control?	X		
Security?	X		

5. Personnel Training and Qualifications	Yes	No	N/A
Is there a documented training program?	X		
Does the training include all mechanics, inspectors, and technical supervisors?	X		
Is formal and OJT training documented?	X		
Is there a system to re-qualify these personnel periodically (e.g., through re-current training, medical examination, etc) to ensure currency of approvals? What is the interval of recurrent training? YEARLY	X		
Are inspectors required to be specifically certified? If Yes, by whom? FAA A&P OR REPAIRMAN CERTIFICATES	X		
Are there nominated inspectors approved to carry out specialized processes (e.g., welding, NDT, etc.)?	X		
Are there nominated inspectors approved to issue Authorized Released Certificates, Certificates of Conformity or equivalent, for new or reworked parts?	X		
Are training records maintained for each inspector and production staff? What is the duration of storage? 3 YEARS AFTER TERMINATION OF EMPLOYMENT	X		
Does the quality department maintain a roster of signatures of authorization holders?	X		
Are personnel knowledgeable in CMM and regulatory manuals?	X		
Are personnel using the required manuals at the work area?	X		



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

6. Tools and Equipment	Yes	No	N/A
Are there adequate tools and equipment available to perform all the tasks undertaken by the Company? If No, provide details. Attach additional sheets, as necessary.	X		
Are all tools and equipment available in accordance with OEM/CMM requirements? If No, provide details. Attach additional sheets, as necessary.	X		
Is there a tool calibration program?	X		
Are all precision measuring tools/instruments used in the various processes calibrated? If Yes, state reference standard: <u>NIST</u>	X		
Are standards used to calibrate tools traceable to the controlling government agency, e.g. The National Institute of Standards and Technology?	X		
Is there a person, by title, responsible for the tool calibration program? If yes, provide designation: <u>QUALITY MANAGER</u>	X		
Are all calibrated measuring and test equipment marked to indicate calibration status and date of next calibration?	X		
Is the calibration status of the tools/equipment being used apparent to the user?	X		
Is the calibration frequency in accordance with the equipment manufacturer's instructions? If No, is there an acceptable alternative procedure?	X		
Is there a procedure for controlling and/or preventing out-of-service and due-for-calibration tools and equipment from being used?	X		
Is production or inspection staff allowed to maintain personal measuring and test equipment and tools?	X		
Are personal tools and measuring equipment covered under the calibration system?	X		
Are the tools & test equipment in a serviceable condition?	X		
Did a sample check of the calibrated tooling indicate that the tooling is within calibration?	X		
Are historical records of calibration, containing repair, and calibration accuracy data available on file?	X		
Do records show date calibrated?	X		
Do records identify individual or vendor that performed calibration or check?	X		
Do records show calibration due date?	X		
Do records contain a calibration certificate for each item calibrated by an outside agency?	X		
Do records provide details of adjustments and repairs?	X		
Do records show the P/N and S/N of the standard used to perform the calibration?	X		
Are fluid dispensing cans and servicing units properly identified and stored?	X		
Is there a maintenance program for servicing units and equipment?	X		



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

7. Material & Parts Storage, Inspection and Control	Yes	No	N/A
Is there a specially designated area for handling in-coming parts?	X		
Are procedures available for performing in-coming inspections? If Yes, are records of in-coming inspections kept? 3 YEARS	X		
Are acceptable sampling procedures adequate to ensure quality?	X		
Is there a quarantine area for rejected parts and materials awaiting disposition?	X		
Is there a system for material review and evidence of proper action taken on non-conformance parts and materials? How long are records retained? 3 YEARS	X		
Is there a clearly identified means of segregating discrepant in-coming parts from serviceable spares?	X		
Is there a system in place for batching of in-coming parts and allocating batch numbers for traceability?	X		
Are all parts stored in specifically identified and secure storage areas, with restricted access?	X		
Is there an acceptable procedure to identify customer's parts?	X		
Are parts & material properly protected from damage and deterioration?	X		
Are flammable, toxic, or volatile materials properly identified & stored?	X		
Is there a designated store available for temperature/humidity sensitive parts/materials?	X		
Are procedures available for monitoring and controlling life-limited parts/materials?	X		
Are there procedures in place for re-validating the life of shelf-life expired materials?			X
Do parts in bin match part number on bins?	X		
Are oxygen and other high-pressure bottles correctly identified and stored?	X		
Are sensitive parts and equipment (oxygen parts, O-rings, electrostatic sensitive devices, etc.) properly packaged, identified, and stored to protect from damage & contamination?	X		
Are facilities available for the handling of Electro-Static Discharge Sensitive (ESDS) parts and equipment?	X		
Are non-aircraft parts (e.g., ground equipment) stored in the same area as aircraft parts?	X		
Are records maintained for all parts issued out of the storage areas?	X		
Are facilities available to ensure that all components and parts are adequately packed to prevent damage, prior to shipping?	X		
Do the work records contain the following?			
Description of work performed?	X		
Date of work completion?	X		
Parts used?	X		
Tests results?	X		



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

Identity of person performing work?	X		
Identity of person inspecting work?	X		
Signature, certificate number, and approval certificate of person returning article to service?	X		

8. Shelf-Life Program	Yes	No	N/A
Is there a documented shelf-life program?	X		
Does the program list part and materials that have shelf-life limits?	X		
Does the program assign program responsibility to a specific person by title?	X		
Does the shelf item have the shelf-life expiration limit displayed?	X		
Is there an adequate system to assure that no item will be issued or used past its expiration date?	X		
Are items sampled for shelf life within limits?	X		

9. Technical Publications and Worksheets	Yes	No	N/A
Are manuals and other reference documents required to perform contracted/parts distribution activities available?	X		
Are engineering drawings provided by customer, controlled, and kept current?	X		
Are the applicable ADs and manufacturer's Repair/Overhaul Manuals and Service Bulletins available or easily accessible at the work area?	X		
Is there a system in place to maintain manuals, reference documents and technical data current?	X		
Are there established approved procedures controlling revisions in manuals deviating from OEM specifications? e.g., EO or EA.	X		
Is there a specific individual, by title, responsible for the Technical Data Program?	X		
Are there adequate viewing devices and in good condition for viewing the technical data?	X		
Are there records of manual revisions?	X		
Are manual revisions up to date?	X		
Is there a system to control working copies of manuals to ensure they are revised with the masters?	X		
Is technical data stored in a manner that will protect it from dirt & damage?	X		
Are worksheets & task cards used to provide work/process instructions?	X		
Are these worksheets/task cards checked regularly for accuracy against OEM's data?	X		
Do worksheets & task cards contain data or work instructions not found in OEM's publications? If Yes, state sources of additional data: <u>SB'S, POLICY SHEETS, EO'S, ECRA'S, DER'S, ETC.</u>	X		



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

10. Quality System	Yes	No	N/A
Is there an established Quality Control Program?	X		
Are Quality/Inspection Procedure Manuals available and accessible for reference by inspection personnel?	X		
Does manual detail duties, responsibilities, and reporting relationship of the QA/QC department?	X		
Is the Quality Manual revised/reviewed regularly to ensure adherence to industry/regulatory authority's requirements? If Yes, state frequency: <u>QUARTERLY</u>	X		
Is there an acceptable system for controlling stamps for both inspection and production personnel?			X
Is the QA department independent from production responsibilities?	X		
Do the following inspection functions exist?			
1. Receiving Inspection	X		
2. Preliminary Inspection	X		
3. Hidden inspection	X		
4. In-Process Inspection	X		
5. Final Inspection	X		
6. Customer Review	X		
7. Non-destructive Testing/Inspection	X		
Are inspection records retained? State period of retention: <u>3 YEARS</u>	X		
Are inspection records available for examination by customers?	X		
Is a list of sub-contractors and approved vendors being maintained?	X		
Do you ensure that sub-contractor quality meets customer specifications and legal requirements?	X		
Is there a procedure for reporting defects or un-airworthy conditions to the customer and the regulatory authorities (CAAC, CAAS, EASA and FAA)?	X		
Is there a system of qualifying inspectors who can perform duplicate inspections (RII)?		X	
Is a list of RII items that each inspector is authorized to inspect being maintained?			X
Are required inspections (RII) for customers being performed?			X
Is there a documented Audit plan/program?	X		
Are internal audits on the organization's quality system functions conducted?	X		



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

Are external audits on your vendors and sub-contractors conducted?	X		
Are procedures in place to investigate and correct the root cause of the discrepancies revealed by internal audits and external auditors?	X		
Are the findings of internal audits, and external auditors, reviewed by the organization's senior management?	X		
Is there an established procedure to provide corrective action for discrepancies noted during repair/overhaul?	X		
Is traceability certification on all parts and raw materials being maintained?	X		
Is there a documented procedure for handover of uncompleted work?	X		
Is there a system in place to ensure that all components are tagged and identified during all phases of operation?	X		
Is there a documented procedure to ensure that scrapped parts do not re-enter the production system e.g., either returning scrapped parts to their owner or to mutilate them by drilling, grinding, cutting, or other appropriate means?	X		
Are the part and serial numbers of scrapped/mutilated parts recorded?	X		
Does the vendor's manual identify the person responsible for mutilating scrapped parts?	X		

11. Misc. Company Information		
FedEx Account Number: 2194-9733-4	Other Carrier/Freight Forwarder Name: N/A	
UPS Account Number: 309-E96	Account Number: N/A	Contact Name: N/A
DHL Account Number: 9695-8628-5	Phone: N/A	Email: N/A

What email address should we send invoices to?		CHRISTINE@EMCAEROSPACE.COM	
Federal Tax ID Number (Please provide copy of W-9)	37-1976207	Duns and Bradstreet Number	018203466
Sales and Use Tax Number (Please provide copy of certificate)	23-8018139267-6	Cage Code Number	83KQ6
Bank Name	BANKUNITED, N.A.		
Bank Address	2500 NORTH FEDERAL HIGHWAY, LIGHTHOUSE POINT, FL 33064		
Routing Number	267090594	Account Number	9855178124
Account Name	EMC AEROSPACE, INC.	Swift	BUFB US 3M



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

11. Misc. Company Information (Continued)	Yes	No	Case by Case
Do you accept PMA parts?	<input type="checkbox"/>	<input type="checkbox"/>	X
Do you accept DER repairs?	<input type="checkbox"/>	<input type="checkbox"/>	X
Do you accept Fabricated Parts per our FAB QCM (AC 43-18)	<input type="checkbox"/>	<input type="checkbox"/>	X

I HEREBY DECLARE THAT THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Print Name of Person Completing Form: MIKE LOPEZ	Title: GENERAL MANAGER
Signature: <i>Mike Lopez</i>	Date: JAN. 03, 2022

For Internal Use Only:

	Yes	No	N/A
<i>If Vendor works from a capability list, did vendor supply E.M.C. Aerospace, Inc. with a capability list if "No" check off Unacceptable in the following block below</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend Approval of Supplier / Vendor / Repair Agency			
Corrective Action Required Prior To Approval			
Continuance of Service by Supplier / Vendor / Repair Agency Contingent Upon Completion of Required Corrective Action by Date in next block (Discrepancy List Attached)	Date:		
Follow Up Required			
Unacceptable			
Comments:			
Auditor Signature:	Date:		