



SETTING A NEW STANDARD FOR SUPPORT

FAA Repair Station No.: E6QR207X

1260 NW 57TH AVENUE

MIAMI, FL 33126

Phone: (305) 267-6413 Fax: (305) 260-9780

REPAIR/OVERHAUL VENDOR

AUDIT SURVEY

- Onsite**
 Mail out

| SECTION 1 – GENERAL INFORMATION | | | | | |
|--|--------------|-------------------------------|---------------------------------|--------------|---------------------|
| Company Name: | | SUMMIT AEROSPACE, INC. | | | |
| Address: | | 1260 NW 57 th AVE. | | | |
| City: | MIAMI | State: | FL. | Country: | USA |
| Zip Code: | 33126 | Website: www.summitmro.com | | | |
| Telephone No.: | 305-267-6400 | | Fax No.: | 305-260-9780 | |
| Facility Size (Specify sq.ft/ or Meters: | Office: | 10,000 Sq.Ft | W/H: | 55,000 Sq.Ft | Total: 65,000 Sq.Ft |
| Number of Employees: | Quality: | 11 | Engineering: | 5 | Production: 84 |
| | | | | Other: | 10 |
| | | | | | Total: 110 |
| SECTION 2 – KEY MANAGEMENT PERSONNEL | | | | | |
| Accountable Manager: | | | KENT KENDRICK | | |
| Email: | | | kent.kendrick@summitmro.com | | |
| Quality Manager: | | | LUIS GONZALEZ | | |
| Email: | | | luis.gonzalez@summitmro.com | | |
| Production Manager: | | | HUMBERTO ALMAGUER | | |
| Email: | | | humberto.almaguer@summitmro.com | | |
| Other: | | | VP ENG.: KEITH HOLDER | | |
| Email: | | | keith.holder@summitmro.com | | |

| SECTION 3 – CERTIFICATION/APPROVALS (Check all that applies and provide copies). | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| FAA: | <input checked="" type="checkbox"/> | EASA: | <input checked="" type="checkbox"/> |
| ISO 9001: | <input type="checkbox"/> | ISO 9100: | <input type="checkbox"/> |
| AS: 9110: | <input checked="" type="checkbox"/> | AS: 9120: | <input type="checkbox"/> |
| Other: | | Other: | |
| IS YOUR ORGANIZATION ITAR COMPLIANT: | YES: | <input checked="" type="checkbox"/> | NO: <input type="checkbox"/> |



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| SECTION 4: CERTIFICATIONS | | YES | NO | N/A |
|---------------------------|--|-------------------------------------|--------------------------|--------------------------|
| 1 | If the repair station has “Limited Ratings,” does the vendor have capabilities listing that satisfies the standard? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Does the roster identify all management, supervisory and inspection personnel? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Does the roster identify all personnel authorized for return-to-service? Note: Please provide a copy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Does the repair station have an employment summary for all personnel listed on the repair station roster(s)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | If the repair station has “Limited Ratings,” does the vendor have capabilities listing that satisfies the standard? [2B] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Does the vendor have an FAA approved and active anti-drug and alcohol misuse prevention program (A449 and/or Registration)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION 5: QUALITY | | YES | NO | N/A |
| 7 | Does the vendor have an FAA accepted Repair Station (or equivalent) manual and does it meet FAA requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Does the vendor have an FAA accepted Quality Control (or equivalent) manual and does it meet the requirements of the FAA rules? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Does the Quality Control Manual include samples of and instructions for completing maintenance and inspection forms, or reference a separate forms manual? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Does the Quality Control Manual include references, where applicable, to manufacturer’s inspection standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Does the vendor ensure that sub-contractor quality meets customer specifications and legal requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Does the vendor have a procedure allowing the FAA to inspect non-certificated sub-contractors? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Does the vendor maintain a list of sub-contracted maintenance functions and agencies which includes type of certificate and rating(s), if any, held by each agency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Does the vendor have a process to ensure that their U.S. based contracted/sub-contracted maintenance/preventive maintenance providers, at all tiers (certificated and non-certificated), have an FAA approved and active anti-drug and alcohol misuse prevention program (A449 and/or Registration)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Does the vendor have an acceptable receiving inspection system which includes verification of identifying data? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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| SECTION 5: QUALITY (cont.) | | YES | NO | N/A |
|----------------------------|--|-------------------------------------|--------------------------|-------------------------------------|
| 16 | Does the vendor have a procedure for reporting defects or unairworthy conditions to the customer and the FAA? NOTE: EASA reporting time could be different and also requires notification be sent to the aircraft manufacturer. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Is there proper separation of maintenance and inspection responsibilities for vendors that perform required inspections (RII)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 | Does the vendor have an acceptable system for controlling stamps for both inspection and production personnel? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Does the vendor have a work turnover procedure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Does the vendor have a duty time limitation requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Does the vendor have controls in place to prevent foreign object damage to (or contamination of) all aviation products in any area where articles are stored or worked (e.g. fuel controls, hydraulic units, instruments, electronic components, structural components, etc.), including such from smoking, eating, or drinking? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Is the security system reviewed periodically by management or an outside vendor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Does the vendor identify specific individuals, by title, as responsible for the following programs: | | | |
| 23a | Technical Data? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23b | Shelf Life? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23c | Calibrated tooling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23d | Scrap Parts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Does the vendor identify specific individual primarily responsible for the internal audit program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Does the vendor maintain, for a minimum of 36 months, a file of audit findings and corrective actions from audits? Is the file accessible to the auditor upon request? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION 6: TRAINING | | YES | NO | N/A |
| 26 | Does the vendor have a documented training program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | Is formal and OJT training documented? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | Does the vendor's training program include knowledge of regulations, standards, human factors and procedures in accordance with customer requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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| SECTION 6: TRAINING (cont.) | | YES | NO | N/A |
|-----------------------------|--|-------------------------------------|--------------------------|--------------------------|
| 29 | Does the vendor's training program include initial and recurrent training? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Are training records for mechanics, inspectors, and supervisors retained for a minimum of two (2)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | If the vendor is identified as a Hazmat employer per 49 CFR Part 171.8, do they have an approved Hazmat training program that meets the requirements of 49 CFR Part 172 subpart H? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION 7: TECHNICAL DATA | | YES | NO | N/A |
| 32 | Does the vendor have procedures to: | | | |
| 32a | Obtain customer specifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32b | Incorporate customer specifications into their work processes and ensure any subcontractor used also incorporates those specifications with adequate documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32c | Verify that customer specifications were incorporated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32d | Obtain approval for deviating, if necessary, from customer specifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32e | Have adequate checks, inspections, and tests to ensure work was performed to customer specifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32f | Procedures to ensure the work documents returned from a subcontractor (at any tier) are adequate to support a major/minor determination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Does the vendor have a documented system to ensure technical data is current? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 | Does the vendor have records of manual revisions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 | Does the vendor have a system to control working copies of manuals to ensure they are revised with the masters? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION 8: SHELF LIFE | | YES | NO | N/A |
| 36 | Does the vendor have a documented shelf life program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 | Does the program list parts and materials that have shelf life limits? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 | Is there an adequate system to assure that no item will be issued or used past its expiration date? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 | Does each shelf life item have the shelf life expiration limit displayed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 | Are fluid dispensing cans and servicing units properly identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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| SECTION 9: CALIBRATION | | YES | NO | N/A |
|-----------------------------------|--|-------------------------------------|--------------------------|--------------------------|
| 41 | Does the vendor have a documented calibration program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 | Does the program identify the calibration frequencies, limitations, and applicable tolerances or specifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | Does the calibration program require test and inspection equipment/tools to be traceable to a standard acceptable to the FAA (e.g., The National Institute of Standards and Technology (NIST))? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 | Does the calibration program require records to be kept for a minimum of two (2) years or two (2) calibration cycles? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 | Is there a system to identify each tool in the program, its calibration frequency, and its calibration due date? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 | Does the vendor have a procedure for identifying, controlling, and/ or preventing out-of-service, non-calibrated, for reference only, and due-for-calibration tools and equipment from being used? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 | Does the vendor have a procedure to control the calibration of personal tools? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION 10: INTERNAL AUDIT | | YES | NO | N/A |
| 48 | Does the vendor have an internal audit and surveillance function? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 | Does the internal audit function ensure compliance with customer specifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 | Does the internal audit program assure appropriate corrective action to prevent reoccurrence and follow-up for effectiveness? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | Does the vendor maintain for internal audit reports for at least 36 months? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION 11: SCRAP PARTS | | YES | NO | N/A |
| 52 | Does the scrap program assure that scrapped parts are either returned to the customer or mutilated beyond repair? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53 | Does the scrap program require a record of scrapped life-limited parts to be maintained for a minimum of two (2) years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54 | Is there an adequate system to assure that no item will be issued or used past its expiration date? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55 | Does the record include the P/N, S/N and date of the scrapped part? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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| SECTION 12: WORK PROCESS | | YES | NO | N/A |
|--------------------------|--|-------------------------------------|--------------------------|--------------------------|
| 56 | Does the vendor verify that the identifying data (P/N, S/N, nomenclature, mod. No.) on the documentation and the data plate match? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57 | Does the vendor ensure incoming parts and materials comply with specifications including certification documentation and traceability? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58 | Does the vendor incorporate customer specifications into their work processes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59 | Does the vendor only perform work for which it is authorized on its Operations Specifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60 | Are components returned in an appropriate shipping container or as specified by the customer? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 | Does the vendor have appropriate tools and test equipment (including equivalent non-OEM) to perform the work? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | Are the tools and test equipment in serviceable condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63 | Are calibrated tools and equipment labels showing within calibration and are they legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64 | Is the appropriate tech data being utilized (i.e. current CMM, AMM, RSM, etc.)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65 | If the technician is observed deviating from OEM technical data (e.g. alternate tooling/procedures, Process Specs., DER repairs), have those deviations been approved by the customer? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66 | Are proper safety precautions being taken? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67 | Is the unit/aircraft protected from FOD? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68 | Are customers' parts properly identified throughout the maintenance actions and in storage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69 | Do Personnel properly interpret maintenance requirements and obtain approval to deviate from specified customer maintenance data? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70 | Does the vendor maintain certification on sub-contractor work? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71 | Does the vendor have and ESD program in place? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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| SECTION 13: FACILITIES | | YES | NO | N/A |
|---------------------------------|---|-------------------------------------|--------------------------|--------------------------|
| 72 | If the vendor deals in non-aircraft parts, are materials and/or maintenance activities segregated from non-aircraft functions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73 | Does the vendor have Sufficient work space and areas for the proper segregation and protection of articles? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74 | Does the vendor have adequate and appropriate storage area to safely store customers' reusable shipping containers and to protect them from environmental damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75 | Do facilities outside of the vendor's housing meet the requirements of this standard so that the work can be done in accordance with the requirements of 14 CFR 43? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION 14: MATERIAL CONTROL | | YES | NO | N/A |
| 76 | Are parts and materials correctly identified and properly stored? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77 | Does the vendor have a quarantine area for rejected parts and materials awaiting disposition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78 | Does the vendor maintain traceability certification on all parts and raw materials? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79 | Are sensitive parts and equipment (oxygen parts, o-rings, electrostatic sensitive devices, temperature/humidity controlled item, etc.) properly packaged, identified and stored to protect from damage and contamination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80 | Are high pressure bottles correctly labeled, properly stored and secured? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION 15: SCRAP PARTS PROGRAM | | YES | NO | N/A |
| 81 | Does the scrap program assure that scrapped parts are either returned to the customer or mutilated beyond repair? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82 | Does the scrap program require a record of scrapped life-limited parts to be maintained for a minimum of two (2) years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83 | Is there an adequate system to assure that no item will be issued or used past its expiration date? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84 | Does the record include the P/N, S/N and date of the scrapped part? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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PLEASE EXPLAIN ALL NO AND N/A ANSWERS:

17.): SUMMIT AEROSPACE DOES NOT PERFORM RII INSPECTIONS.

| | | |
|---------------------------------|-----------------------|-------------------------|
| Completed by: LUIS RODRIGUEZ | Title: Q/C MANAGER | Date: APRIL 30, 2018 |
|---------------------------------|-----------------------|-------------------------|

FOR SUMMIT AEROSPACE INTERNAL USE ONLY

Risk Assessment: Low: Med: High:

Vendor Approved: Yes No

Approved by:  Date Approved: April 30, 2018