	<b>Formulario de verificación Proveedores.</b> <b>PRELIMINARY SCREENING QUESTIONNAIRE</b> <b>(SUPPLIER)</b>
	<b>Aseguramiento de Calidad / Quality Assurance</b>

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

**LINK CONEXIÓN AÉREA S.A. DE C.V.**

DBA: TAR or TAR México

Address: BLVD. BERNARDO QUINTANA CS9800 INT. B706 PISO 7 COL. CENTRO SUR, QUERÉTARO, QUERÉTARO.  
www.tarmexico.com

**Quality Assurance Department**

Or e-mail to;

 [mcruz@tarmexico.com](mailto:mcruz@tarmexico.com)



**Mario Cruz**  
Gerente de Compras/  
Purchasing manager  
T +52 (442) 291 9150 ext:1150  
M +52 (442) 252 6995  
[tarmexico.com](http://tarmexico.com)

En el supuesto de que, por este medio, usted proporcione datos personales sujetos a la normatividad vigente, le informamos que éstos podrán ser tratados por Link Conexión Aérea, S.A. de C.V., Nombre Comercial TAR Transportes Aéreos Regionales (en lo sucesivo "TAR") con domicilio para oír y recibir notificaciones en Blvd. Bernardo Quintana CS9800, B-706C, Centro Sur Querétaro, Querétaro 76090, México, en caso de que fuera necesario para cumplir con la finalidad para la cual usted nos ha enviado dicha información. Para conocer nuestro aviso de privacidad integral visite nuestra página <http://www.tarmexico.com>

The questionnaire is based on **TAR** quality system requirements and **AC 00-56A**.

**NOTE: All information provided as a result of this process is considered confidential.**

**GENERAL INFORMATION**

<b>COMPANY NAME:</b>	_____	<b>DATE:</b>	_____
<b>ADDRESS:</b>	_____	<b>PHONE:</b>	_____
<b>CITY/STATE:</b>	_____	<b>ZIP CODE:</b>	_____
<b>e-mail:</b>	_____	<b>FAX:</b>	_____

**PERSON RESPONSIBLE FOR THE QUALITY SYSTEM:**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**TOTAL YEARS IN THE BUSSINESS:** \_\_\_\_\_

If you are accredited by a Quality Agency, please check the appropriated box.

ASA 100     ISO 9000     TAC 2000     OTHER

Specify: \_\_\_\_\_

**NOTE: Please enclose copies of approvals (and send them to the e-mail contact).**



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Aseguramiento de Calidad / Quality Assurance

**PRIMARY MANAGERS**

AT MAIN OFFICES:

CEO or Chairman: \_\_\_\_\_

Quality Director: \_\_\_\_\_

**AT LOCAL FACILITIES**

	Name:	Title:	Phone/Fax:
Director:			
Acc. Manager			

Technical Manager: \_\_\_\_\_

Production Manager: \_\_\_\_\_

Inspection Manager: \_\_\_\_\_

Business Manager: \_\_\_\_\_

**HUMAN RESOURCES**

Total Employees (Firm): \_\_\_\_\_ Number in Aeronautics/Aerospace: \_\_\_\_\_

Total Employees (Branch): \_\_\_\_\_ Number in Aeronautics/Aerospace: \_\_\_\_\_

*Breakdown by job classification:*

Please state the number of employees

Executives and engineers: \_\_\_\_\_

Master technicians with FAA/CAA authorisation: \_\_\_\_\_

Administrators: \_\_\_\_\_

Manual labourers: \_\_\_\_\_

*Breakdown by area of activity: (Please state the number of employees)*

Administration: \_\_\_\_\_

Quality Control: \_\_\_\_\_ Quality Assurance: \_\_\_\_\_

Business & Marketing: \_\_\_\_\_

Research & Development: \_\_\_\_\_

Work Methods: \_\_\_\_\_



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Purchasing/Provisioning:

Production:

Inspection:

After Sales:

**FACILITIES RESOURCES**

Surface Area:

Total: \_\_\_\_\_

Covered \_\_\_\_\_

*Breakdown by Facilities Type:*

Workshops: \_\_\_\_\_

Warehouses: \_\_\_\_\_

Offices: \_\_\_\_\_

**NOTE:** If a NO or N/A block is ticked, please indicate on "Remarks" the comments you may have.

<b>1</b>	<b>Receiving Inspection Procedures:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.1	Is the receiving area well ventilated, illuminated and in good conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Does the facility have receiving procedures established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Does the receiving procedure establish that the receiving inspector checks the traceability up to the origin, match of part number and serial number and the condition of the procured material, components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Does the receiving inspector verify that identifying data (p/n, s/n, nomenclature, etc) on the documentation and data plate match?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Does the facility have a system to identify the part/component and its location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Does the facility have a system to record the condition of the part and who received it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>2</b>	<b>Training of Personnel.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
2.1	Does the organization have established procedures to control the training of all of the personnel in accordance with their position in the company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Does the organization have established the training requirements for all the positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Does the organization have a documented initial and recurrent training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Do the training records in hard copies match with the requirements established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

Jun 2020

Revisión: 1

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<b>3</b>	<b>Roster of Personnel.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
3.1	Does the organization roster identify all supervisory and inspection personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Does the organization establish and maintain proficiency of inspection personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Does the organization control the personnel authorized to sign off the documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Does the organization have procedures that provide for the identification and qualifications of all employees that are authorized to make quality determinations, and assures that all such employees are qualified and properly trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>4</b>	<b>Incoming Discrepant Material Procedure.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
4.1	Does the organization have a documented procedure for the materials found with discrepancies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Are parts and materials rejected correctly segregated, controlled and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Does facility have a quarantine area for rejected parts and materials awaiting disposition or investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>5</b>	<b>Measuring Equipment Control.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
5.1	Does the organization have a documented tool calibration program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Is there a system to identify each tool, calibration frequency and calibration due date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Is measuring and test equipment traceable to an officially recognized standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Does the organization have a procedure to control the calibration of personal tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	Does the organization have a procedure for controlling and/or preventing out-of-service and due calibration tools/equipment from being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>6</b>	<b>Shelf Life Control.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
6.1	Does the organization carry out documented procedures for control of items that have shelf life limitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Does the organization have a documented shelf-life control system?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**



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<b>7</b>	<b>Technical Data (when required).</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
7.1	Does the organization hold and use current applicable maintenance data such as Type Certificate Holder/Production Certificate Holder illustrated parts list which help to ensure currency, ready accessibility, and applicability of data as established in AC 00-56?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Do records reflect the current revision status of technical data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Are there established approved procedures controlling revisions in manuals deviating from OEM specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Is the technical data properly identified and readily available for use when required by personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>8</b>	<b>Inspection Stamp Control.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
8.1	Does the organization have a procedure to control the stamps of the personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>9</b>	<b>Packaging Control (Shipping).</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
9.1	Does facility have an adequate area for proper packaging of materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Do Parts to be shipped are checked at the final inspection as last part of the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Does the inspector verify that identifying data (p/n, s/n, nomenclature, etc) on the documentation and data plate match?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Do inspectors verify the containers, the identification tags and forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Are parts and materials properly identified and properly shipped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Does facility have documented procedures for proper shipment of electrostatic sensitive devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Does Packaging control ensure parts shipped are adequately protected from damage and/or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>10</b>	<b>Environmental Controls (Safety / Fire Protection).</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
10.1	Does facility have a fire protection system and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Does facility have adequate and in good conditions extinguishers and safety signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Does facility follow manufacturer storage, control of temperature, humidity and other climatic conditions to ensure that all parts will be stored in accordance with the required standards recommendations or as specified by customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Does facility have environmental controls to ensure parts that require special environments are identified and stored accordingly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**



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<b>11</b>	<b>Accountability</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
11.1	Is there a procedure in place for controlling duplicated approval tags or other traceability documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2	Does the procedure establish the formats to be used for true copies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3	Does the procedure establish who can sign the true copies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**


<b>12</b>	<b>Redistribution of lots.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
12.1	Is there a procedure in place for documenting redistribution of lots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Does the procedure include control and maintenance of all documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Does facility identify and segregates the materials consignee to them by their suppliers maintaining a good control of each lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4	Does the appropriate documentation include, lot and batch control, as well as control and verification of remaining inventory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>13</b>	<b>Maintaining documentation.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
13.1	Is there a procedure in place for maintaining documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Does the procedure include control and maintenance of the documents originally received with the parts being sold and shipped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.3	Does the procedure include control of the documents shipped with the parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.4	Does the procedure include control of any other documents used to establish the condition and origin of parts received and shipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>14</b>	<b>QUALITY SYSTEM (Self evaluation program).</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
14.1	Is there an established quality assurance / quality control system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2	Are the QA/QC manuals current and available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3	Does the organization have a procedure that identifies the applicable quality system standard, defines adequate records that must be created to document the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4	Does the organization have an internal independent audit system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.5	Does the organization have an internal audits program that specifies the frequency of audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.6	Does the audit program assure appropriate compliance with manufacturer/regulatory standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.7	Does the quality system assure appropriate corrective actions that includes preventive and root causes investigation for the discrepancies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.8	Does the organization have procedures for control of sub-contractors and/or suppliers? (Including person responsible of such procedure and audit planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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14.9	Does the organization have a list of approved sub-contractors and/or suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.10	Does the organization have a procedure for reporting defect, un-airworthy conditions and suspected unapproved parts to the customer and the regulatory agency as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>15</b>	<b>Recall control.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
15.1	Does facility maintain the files for material shipped to the customer for up to 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.2	Does facility maintain traceability certification on all parts and raw materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>16</b>	<b>Notifications.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
16.1	Does the organization have a procedure to notify the Accreditation Organization prior to implementation of any significant changes to the distributor's quality system, as determined by the Accreditation Organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


**Remarks:**

<b>17</b>	<b>Hazardous material.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
17.1	Does the organization have a system for the control and transport of hazardous material that meets the requirements of Title 49 of the Code of Federal Regulations (49 CFR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

<b>18</b>	<b>Storage House and Facilities.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
18.1	Does the organization have sufficient space and areas to perform the activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2	Does facility have adequate ventilation, lightning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3	Are the storage of parts and components in good condition of storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4	Is the storage area well ventilated and illuminated and with enough space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.5	Does facility have an area for proper storage of raw materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.6	Do storage facilities have separated and identified areas for aviation and non aviation parts and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.7	Are parts and materials properly identified and properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.8	Does facility have documented procedures for proper management of electrostatic sensitive devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

	<b>Formulario de verificación Proveedores. PRELIMINARY SCREENING QUESTIONNAIRE (SUPPLIER)</b>
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*Please verify that all the information was properly filled out previous to printing and signing the above statement. (Please add any additional information that you consider may be helpful)*

**QUESTIONNAIRE COMPLETED BY:**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_