

	<b>Formulario de verificación Taller.</b> <b>PRELIMINARY SCREENING QUESTIONNAIRE</b> <b>(REPAIR STATION)</b>
	<b>Aseguramiento de Calidad / Quality Assurance</b>

The attached 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)

	<b>Mario Cruz</b> Gerente de Compras/ Purchasing manager
	T +52 (442) 291 9150 ext:1150 M +52 (442) 252 6995 <a href="http://tarmexico.com">tarmexico.com</a>

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 por 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>

**This questionnaire is based on TAR's quality system requirements and FAR Part 145.**

**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>	_____

**QUESTIONNAIRE COMPLETED BY:**

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

**PERSON RESPONSIBLE FOR QUALITY CONTROL/ ASSURANCE:**

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

**TOTAL YEARS IN THE BUSSINESS:**



**Formulario de verificación Taller.  
PRELIMINARY SCREENING QUESTIONNAIRE  
(REPAIR STATION)**

Aseguramiento de Calidad / Quality Assurance

**If you are approved by a Civil Aviation Authority or accredited by a Quality Agency, please check the appropriated box.**

FAR       PART       Local authority       OTHER   
Specify: \_\_\_\_\_

**If you are an approved Repair Station, Please enclose copies of approvals (and forward them to the e-mail contact).**

<b>PRIMARY MANAGERS</b>			
AT MAIN OFFICES:			
CEO or Chairman: _____			
Quality Director: _____			
<b><u>Company name:</u></b>			
<b>AT LOCAL FACILITIES</b>			
	Name:	Title:	Phone/Fax:
Director:			
Acc Manager			

Technical Manager:	
Production Manager:	
Inspection Manager:	
Business Manager:	

<b>HUMAN RESOURCES</b>	
Total Employees (Firm): _____	Number in Aeronautics/Aerospace: _____
Total Employees (Branch): _____	Number in Aeronautics/Aerospace: _____
<i>Breakdown by job classification:</i>	
Please state the number of employees	



**Formulario de verificación Taller.  
PRELIMINARY SCREENING QUESTIONNAIRE  
(REPAIR STATION)**

**Aseguramiento de Calidad / Quality Assurance**

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: \_\_\_\_\_

Purchasing/Provisioning: \_\_\_\_\_

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

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

After Sales: \_\_\_\_\_

**FACILITIES RESOURCES**

Surface Area:

Total: \_\_\_\_\_ m<sup>2</sup>

Covered \_\_\_\_\_ m<sup>2</sup>

*Breakdown by Facilities Type:*

Workshops: \_\_\_\_\_ m<sup>2</sup>

Warehouses: \_\_\_\_\_ m<sup>2</sup>

Offices: \_\_\_\_\_ m<sup>2</sup>

<b>1</b>	<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.1	Does Repair Organization hold a FAA repair Organization certificates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	FAA Air Agency Certificate Number:			
1.3	Other Certificates:			

Remarks:

<b>2</b>	<b>GENERAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
2.1	Does Repair Organization only perform work for which is authorized on its operation specifications?	<input 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Formulario de verificación Taller.  
PRELIMINARY SCREENING QUESTIONNAIRE  
(REPAIR STATION)**

**Aseguramiento de Calidad / Quality Assurance**

	activities?			
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>3</b>	<b>QUALITY CONTROL / QUALITY ASSURANCE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
3.1	Are there an established quality assurance / quality control system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Are the QA/QC manuals current and available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Does Repair organization have an internal independent audit system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Does the audit program assure appropriate compliance with manufacturer/regulatory standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Does the quality system assure appropriate corrective actions on deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	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"/>
3.7	Does the organization have a list of approved sub-contractors and/or suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>4</b>	<b>INSPECTION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
4.1	Does the organization roster identify all supervisory and inspection personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Does the organization have a documented receiving inspection system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Does the organization establish and maintain proficiency of inspection personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Does the organization perform final inspection and return to service of maintained articles?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>5</b>	<b>TECHNICAL DATA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
5.1	Does the organization hold and use current applicable maintenance data in the performance of maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Do records reflect the current revision status of technical data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Are there established approved procedures controlling revisions in manuals deviating from OEM specifications?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:



**Formulario de verificación Taller.  
PRELIMINARY SCREENING QUESTIONNAIRE  
(REPAIR STATION)**

**Aseguramiento de Calidad / Quality Assurance**

<b>6</b>	<b>SHELF LIFE / LIFE LIMIT PROGRAM</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
6.1	Does the organization have a documented life limit program?	<input 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 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:

<b>7</b>	<b>TOOLS &amp; TEST EQUIPMENT CALIBRATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
7.1	Does the organization have a documented tool calibration program?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Is measuring and test equipment traceable to an officially recognized standard?	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>8</b>	<b>TRAINING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
8.1	Does the organization have a documented initial and recurrent training program?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>9</b>	<b>HOUSING AND FACILITIES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
9.1	Does the organization have sufficient work space and areas to perform the maintenance for which is rated?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>10</b>	<b>STORAGE AND SHIPPING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
10.1	Does facility have an area for proper storage of raw materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Are storage facilities separated from shop and work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Are parts and materials properly identified and properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Does facility follow manufacturer storage and shipping recommendations or as specified by customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.5	Does facility have a quarantine area for rejected parts and materials awaiting disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.6	Does facility have documented procedures for proper management of electrostatic sensitive devices?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Formulario de verificación Taller.  
PRELIMINARY SCREENING QUESTIONNAIRE  
(REPAIR STATION)**

**Aseguramiento de Calidad / Quality Assurance**

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2	Does facility maintain traceability certification on all parts and raw materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

*Please check that all the information was properly filled out previous printing and signing the above statement. (Please add any additional information that you consider may be helpful)*

The undersigned hereby certifies that all information above is accurate.

NAME AND

SIGNATURE:

TITLE:

DATE:

---

---

---