

| | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----|---|------------|-----------|------------|
| G. | Does the vendor maintain traceability and total batch/lot segregation, and are records kept on the distribution of those parts? | ___ | ___ | ___ |
| H. | Does the vendor have a system to identify parts source? | ___ | ___ | ___ |
| I. | Does the vendor follow acceptable preservation procedures? | ___ | ___ | ___ |
| J. | Does the vendor use adequate packaging or customer's specified packaging when appropriate? | ___ | ___ | ___ |
| K. | Are parts/materials properly identified? | ___ | ___ | ___ |
| L. | Are parts which are susceptible to electrostatic discharge damage properly packaged, handled and stored? | ___ | ___ | ___ |
| 9. | <u>HOUSING AND FACILITIES</u> | | | |
| A. | Is ventilation, lighting, temperature, and humidity control adequate? | ___ | ___ | ___ |
| B. | Are good housekeeping procedures being maintained? | ___ | ___ | ___ |
| 10. | <u>CERTIFIED REPAIR STATION</u> | | | |
| A. | Is your company a certified repair station? | ___ | ___ | ___ |
| B. | Please attach a copy of the Repair Station Certificate | ___ | ___ | ___ |
| 11. | <u>DRUG & ALCOHOL POLICY</u> | | | |
| A. | Is there a Drug & Alcohol Policy in place? | ___ | ___ | ___ |
| B. | Please attach a copy of the Drug and Alcohol Program. | ___ | ___ | ___ |

NOTES:

