

CALIBRATION VENDOR AUDIT

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Division of: _____ Phone: _____ Fax: _____

Years of Business: _____ Size-Number of Personnel: _____

Company Contacts:

Quality Control: _____ Phone: (____) _____

Inspection: _____ Inspection: (____) _____

Kings Avionics, Inc. Use Only

Vendor Category: _____

Audit Type: Pre-Award Survey _____ Surveillance _____ Follow-up _____

Auditor recommendations of surveillance audit interval _____ months

Accept: _____ Cond. Accept: _____ Not Accept: _____

Kings Avionics, Inc. , Register (Circle One): Add Delete Update Does Not Qualify

Next Scheduled Audit Date: _____

Auditor's Signature

Date

237 North 2370 West
Salt lake City, Utah 84116
CRS:KD6R661N

4550 South Airport Parkway #56
St. George, Utah 84790
CRS:KD6D661N

1430 Jet Stream Dr. #120
Henderson, NV 89052
CRS:KD62661N

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1. QUALITY ASSURANCE SYSTEM

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
A. Is there an established Quality Assurance Program?	___	___	___
B. Does the Quality Assurance Manual describe the complete Quality Assurance Program?	___	___	___
C. Is the Quality Assurance Manual current?	___	___	___
D. Does the Quality Assurance Manual identify persons, by title, responsible for various functions and programs?			
1. Quality Program	___	___	___
2. Inspection	___	___	___
3. Calibration	___	___	___
4. Technical Data Control	___	___	___
5. Shelf Life Program	___	___	___
E. Does the Quality Assurance Manual identify back-up persons, by title, for the various functions and programs?	___	___	___
F. Is there a roster of:			
1. Persons authorized to perform calibrations, and:	___	___	___
2. A list of calibrations they are authorized to perform?	___	___	___
G. Is current technical data available, and used, by calibration technicians?	___	___	___
H. Are calibrations performed by only authorized persons?	___	___	___
I. If inspection stamps are used:			
1. Is the control of stamps described in the Quality Assurance Manual?	___	___	___
2. Does each stamp have a unique number to identify Each inspector?	___	___	___
J. Do inspectors have all necessary technical data, tools, and instruments available to inspect the calibration process?	___	___	___

		YES	NO	N/A
2.	<u>TECHNICAL DATA</u>			
A.	Is there a documented system for obtaining technical data and maintaining it up to date?	___	___	___
B.	Is the appropriate, current technical data available to personnel that need it?	___	___	___
C.	Is there a system to prohibit hand entries or corrections to technical data?	___	___	___
3.	<u>TRAINING</u>			
A.	Does the facility have sufficient personnel with the necessary training, technical knowledge, and experience, for their assigned functions?	___	___	___
B.	Are training records:			
	1. Maintained on applicable personnel?	___	___	___
	2. Kept for two years after an employee leaves employment?	___	___	___
4.	<u>MEASURING AND TEST EQUIPMENT CALIBRATION (STANDARDS)</u>			
A.	Is there an established program to ensure the standards used are in current calibration, and traceable to the National Institute of Standards and Technology?	___	___	___
B.	Is there a procedure to prevent standards from being used that are out of calibration?	___	___	___
C.	Is there a listing showing the current calibration status of all calibration standards?	___	___	___
5.	<u>WORK PROCESSING</u>			
A.	Are all items to be calibrated properly identified?	___	___	___
B.	Are abnormalities from standard condition recorded?	___	___	___
C.	Are customers notified when suitability for calibration is in doubt?	___	___	___

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
D.	Is there a procedure before returning out of tolerance equipment to the customer?	___	___	___
6.	<u>RECORDS</u>			
A.	Are records maintained with sufficient information to permit the repeat of the calibration?	___	___	___
B.	Do these records include the names of personnel involved in the calibration process?	___	___	___
C.	Are all records, reports, certificates, safely stored and held secure, and in confidence to the customer, for a period of time specified in the Quality Assurance Manual?	___	___	___
7.	<u>FACILITIES</u>			
A.	Are the facilities such as to facilitate the proper performance of calibrations and verifications?	___	___	___
B.	Does the facility have the environmental conditions appropriate for the calibrations being conducted?	___	___	___
C.	Does the facility provide adequate security, and protection from fire?	___	___	___
D.	Are the security, fire protection systems, reviewed to assure they are adequate?	___	___	___
E.	Are operations conducted in a safe manner to avoid personnel injury and/or damage to customer property?	___	___	___
8.	<u>CERTIFICATES/REPORTS</u>			
A.	Are calibration certificates/reports issued with the following information:			
	1. Name/address of calibration facility?	___	___	___
	2. Name/address of customer?	___	___	___
	3. Identification of equipment calibrated?	___	___	___
	4. Characterization and condition of the calibration?	___	___	___
	5. Calibration date?	___	___	___
	6. Calibration procedure used?	___	___	___

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
7. Any deviation or exclusion from the calibration method?	___	___	___
8. Date of issue, and the person's signature and title, who accepted responsibility for the certificate or report content?	___	___	___
9. Special limitations of used?	___	___	___
10. Traceability to National Institute of Standards and Technology statement?	___	___	___
9. <u>SHIPPING</u>			
A. Are tools and/or test equipment returned to the customer in appropriate shipping containers, or one provided by the customer?	___	___	___
B. Are part, model, serial, and I.D. numbers recorded on calibration/report and shipping documents?	___	___	___
10. <u>SHELF LIFE PROGRAM</u>			
A. Is there a documented shelf life program?	___	___	___
B. Is there a listing of shelf life limited materials and/or parts, and their limits?	___	___	___
11. <u>ELECTROSTATIC DISCHARGE PROCEDURES (E.S.D.)</u>			
A. Is there an E.S.D. program/procedure to prevent damage to electrostatic discharge sensitive devices (E.S.D.S.)?	___	___	___
12. <u>DRUG/ALCOHOL</u>			
A. Attach copy of drug/alcohol program.	___	___	___
13. <u>REPAIR STATION</u>			
A. Attach copy of Repair Station Certificate, Operations Specifications.	___	___	___

NOTES: