

## 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: (\_\_\_\_) \_\_\_\_\_

**Alta Avionics, LLC Use Only**

**Vendor Category:** \_\_\_\_\_

Audit Type: Pre-Award Survey \_\_\_\_\_ Surveillance \_\_\_\_\_ Follow-up \_\_\_\_\_

Auditor recommendations of surveillance audit interval \_\_\_\_\_ months

Accept: \_\_\_\_\_ Cond. Accept: \_\_\_\_\_ Not Accept: \_\_\_\_\_

Alta Avionics, LLC. , Register (Circle One): Add Delete Update Does Not Qualify

Next Scheduled Audit Date: \_\_\_\_\_

\_\_\_\_\_  
Auditor's Signature

\_\_\_\_\_  
Date

CRS# 7AYR463B  
1887 SOUTH 1800 WEST  
Woods Cross, UT 84087

