**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** |

PAGE 11

1. QUALITY ASSURANCE SYSTEM

**YES NO N/A**

1. Is there an established Quality Assurance Program? \_\_\_ \_\_\_ \_\_\_
2. Does the Quality Assurance Manual describe the complete \_\_\_ \_\_\_ \_\_\_

Quality Assurance Program?

1. Is the Quality Assurance Manual current? \_\_\_ \_\_\_ \_\_\_
2. 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 \_\_\_ \_\_\_ \_\_\_
6. Does the Quality Assurance Manual identify back-up persons, \_\_\_ \_\_\_ \_\_\_

by title, for the various functions and programs?

1. Is there a roster of:
2. Persons authorized to perform calibrations, and: \_\_\_ \_\_\_ \_\_\_
3. A list of calibrations they are authorized to perform? \_\_\_ \_\_\_ \_\_\_
4. Is current technical data available, and used, by calibration \_\_\_ \_\_\_ \_\_\_

technicians?

1. Are calibrations performed by only authorized persons? \_\_\_ \_\_\_ \_\_\_
2. If inspection stamps are used:
3. Is the control of stamps described in the Quality \_\_\_ \_\_\_ \_\_\_

Assurance Manual?

1. Does each stamp have a unique number to identify \_\_\_ \_\_\_ \_\_\_

Each inspector?

1. Do inspectors have all necessary technical data, tools, and \_\_\_ \_\_\_ \_\_\_

instruments available to inspect the calibration process?

PAGE 12

**YES NO N/A**

2. TECHNICAL DATA

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. TRAINING

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. MEASURING AND TEST EQUIPMENT CALIBRATION (STANDARDS)

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. WORK PROCESSING

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? \_\_\_ \_\_\_ \_\_\_

PAGE 13

**YES NO N/A**

D. Is there a procedure before returning out of tolerance equipment to the customer? \_\_\_ \_\_\_ \_\_\_

6. RECORDS

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. FACILITIES

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. CERTIFICATES/REPORTS

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? \_\_\_ \_\_\_ \_\_\_

PAGE 14

**YES NO N/A**

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. SHIPPING

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. SHELF LIFE PROGRAM

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. ELECTROSTATIC DISCHARGE PROCEDURES (E.S.D.)

A. Is there an E.S.D. program/procedure to prevent \_\_\_ \_\_\_ \_\_\_ damage to electrostatic discharge sensitive devices (E.S.D.S.)?

12. DRUG/ALCOHOL

A. Attach copy of drug/alcohol program. \_\_\_ \_\_\_ \_\_\_

13. REPAIR STATION

A. Attach copy of Repair Station Certificate, Operations Specifications. \_\_\_ \_\_\_ \_\_\_

PAGE 15

NOTES:

PAGE 16