



WORKSHOP CAPABILITY DEVELOPMENT

PART NAME :
PART NUMBER :
MANUFACTURER :
ATA CHAPTER :
AIRCRAFT :
WORKSHOP :



GMFAeroAsia
GARUDA INDONESIA GROUP
CAPABILITY LIST SHEET REQUEST

PART NAME : A N/A

PART NUMBER : A N/A

CAPABILITY LIST EVALUATION SHEET REQUEST

SHOP ABILITY

COMPONENT MAINTENANCE MANUAL

PLANNING DATA SHEET

EQUIPMENT TOOLS/EQUIPMENT ANALYSIS REPORT

PERSONAL ABILITY LIST

OTHER REFERENCE

NOTE :

A : AVAILBILE

N/A: NOT AVAILABLE

CAPABILITY LIST EVALUATION SHEET REQUEST

COMPONENT DATA

P/N to Add / Delete - (*)

(*) Cross as required

Compononent Name :

Vendor of Manufacture Code :

Aircraft Type :

ATA Chapter :

Workshop :

FOR RATTING :

Approval Request to carry out : Inspection / Testing / Repair / Modification / Overhauled (*)

(*) CROSS as Required

WORKSHOP GENERAL MANAGER STATEMENT

I certify that my department has the capability to maintain the above mentioned items, according to the AMO Manual 1.9.3 requirements :

- | | | |
|----------------------------------|---|--------------------------|
| Facilities | <input type="checkbox"/> Qualified Personel | <input type="checkbox"/> |
| Special Tool | <input type="checkbox"/> Approved Data | <input type="checkbox"/> |
| Special Equipment/Test Equipment | <input type="checkbox"/> Appropriate Rating | <input type="checkbox"/> |

Workshop General Manager

Date :

Riviewed & Disposed by Lead Auditor

Aproved Disapproved

Reason of Disapproval:

.....



1. SHOP MAINTENANCE :	SHOP ABILITY		2. No. :		
3. SUMMARY OF MAINTENANCE RESOURCES : OWNER CODE : AIRCRAFT TYPE : TBO : NOMENCLATURE : ATA CHAPTER : CHECK PERIOD : PART NUMBER : SYSTEM : TYPE MODEL : MANUFACTURER : 4. DOCUMENTATION REQUIRED					
4. DOCUMENTATION REQUIRED	5. TEST EQUIPMENT REQUIRED		6. SPECIAL TOOL REQUIRED		7. REMARKS
	PART NUMBER	PART NAME	PART NUMBER	PART NAME	
Doc No. 01110C Rev. 60 , Rev Date 2019-08-21	N/A	N/A	N/A	N/A	N/A

1. SHOP MAINTENANCE :	SHOP ABILITY	2. No. :		
8. AVAILBIBLE MANUFACTURERS DOCUMENTATION DRAWING :				
9. AVAILBIBLE INSPECTION SCHEMA, TEST INTRUCTION, CHECK LIST ETC : 				
10. AVAILBIBLE TOOLS/EQUIPMENT :				
11. SPECIAL WORK TO BE ORDER OUTSIDE :				
12. PARTICULARS :				
13. AVAILBIBLE QUALIFIED PERSONNEL : AGUS HARRI ASTONO 520692, ERIE PERMADI 519132,				
14. ABILITY				
<input type="checkbox"/> YES INSPECTION :	<input type="checkbox"/> YES TESTING :	<input type="checkbox"/> YES REPAIR :	<input type="checkbox"/> YES MODIFICATION :	<input type="checkbox"/> YES OVERHAULED :
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

1. SHOP MAINTENANCE :		SHOP ABILITY		2. No. :
15. CONSUMABLE MATERIAL				
NO	PART NUMBER	DESCRIPTION	QTY	REMARKS
PREPARED BY PRODUCTION ENGINEER			CHECKED BY PRODUCTION ENGINEER	
NAME : DATE :			NAME : DATE :	



VENDOR APPROVAL QUESTIONNAIRE

Respondent Company

Name : Asdas
 Street : Dasda
 PO BOX :
 City : Asdsad State : Asdsda ZIP : 2323
 Telephone : 232 Fax : 23
 Primary Contact : Asdasd
 Title : Sales Manager
 Email : Achsya.handsome@gmail.com

A. Quality Assurance Evaluation

- | | | |
|----|---|--|
| 1. | <input checked="" type="checkbox"/> Airline | <input type="checkbox"/> Supplier |
| | <input checked="" type="checkbox"/> Certificate Repair Station | <input type="checkbox"/> Machine / Welding |
| | <input checked="" type="checkbox"/> Original Equipment Manufacturer | <input type="checkbox"/> Fabricator |
| | <input type="checkbox"/> Plating / Special process | <input type="checkbox"/> Calibration Lab |
| | <input type="checkbox"/> Accessory Repair | <input type="checkbox"/> GSE |
| | <input type="checkbox"/> NDI / NDT | <input type="checkbox"/> Others |
| | <input type="checkbox"/> Distributor | |
| 2. | Age of Organization : Ad | |
| 3. | Total Number of Employee : 232 | |
| | Total Number of Supervisors : 2 | |
| | Total Number of Inspectors : 2 | |
| | Total Number of Production Personnel : 2 | |
| 4. | Name, Designation, and Stamp of Approval signatories on approved certificate or certificate | |

Name	Designation	Stamp
Asd	Asdsda	

5. List of Customer Asdasd
 6. List of Current Capability
 7. Representative in Indonesia :
 Asdsad

B. Quality Assurance Evaluation

No	Requirements	Yes	No	N/A
1.	Is your organization in any way approved by Indonesian DGCA, FAA, EASA, any others National Civil Aviation Authority or International/National Accreditation Body e.g.: LBA, Bureau Verities, etc. If Yes, Specify	X		
2.	Do you have a Quality Assurance Program. If yes, is it the form of written Procedure ?		X	

3.	<p>Is your QA system bases upon military, National, or International Quality system standards ? If applicable, indicate which of the following were in practice.</p> <p>MIL-STD-9858A MIL-I-45206A ASQC-C1 Series(American) Can 3-x 299, Cat. 1 through 4 (Canadian) BS5750, Parts 1 through 4 (British) AS1821, 1822, 1823 (Australian) ISO/DIS 9000 (All levels) (International Standards Organization) ISO/IEC 17025:2005 ANSI/NCSL Z540-1:1994 AQAP-1,-4,-9(NATO) Others:(specify)</p>	X	
4.	<p>Indicate your source/s of supply :</p> <p>Original Equipment Manufacturer's (OEM) OEM-Licensed sub-contractors. Alternate source vendors approved by OEM. PMA-Approved sources Sources as defined in Military Qualified Products List (for AN, MS, NAS standards) Surplus Airline Inventory Other industry source</p>	X	
5.	<p>Are all Part inspected upon receipt ? An reinspected prior to shipment ?</p>		X
6.	Do you maintained any quality records or rating on your suppliers ?		X
7.	Do you have a program to re-certify your stock of routable and repairable periodically ?		X
8.	Do you have shelf life control policies and procedure ?		X
9.	Do you maintain trace-ability of all parts ?		X
10.	<p>(for suppliers in the USA only)</p> <p>Can you provide a material certification for new parts like the example below</p> <p>All part covered by this document were produced by a manufacturer holding a FAA approved production inspection system issued under FAR 21, sub-part F, or sub-part G</p> <p>there parts were produced by the prima manufacturer. None of these parts have been subjected to reverse stress or heat and unless otherwise stated are new and unused. (or words to that effect)</p>		X
11.	<p>can you provide the folowing should need arise ?</p> <p>your Purchase Order, use to acquire the part. Repair Order, if applicable. Part incoming certificate/serviceable tag, or invoice from tour supplier. Factory/Manufacturing Certificate (for fasteners). Any other documents tracing back the birth history of the part.</p>		X
12.	Does Your company implement Safety Management System (SMS) ?		X

C. Document Evidence

Please a current copy of the following :

(Check those applicable and attach list)

- Indonesia DGCA Certificate
- FAA Certificate
- EASA Certificate
- EASO Certificate
- ASSA Certificate
- Calibration Lab Accreditation Certificate
- OEM
- STC / TSOA
- Current Capability List
- Inspection Procedural manual/ Exposition Manual /Quality Procedure manual/Quality Manual
- Others Specify

Date of last DGCA / FAA / EASA audit : 28 June 2019

*** Tick (v) if Available, otherwise, Cross (X), (Bulky Print may be dispatched to us separately. if you so decided, give indicated)

Signature :

Printed name :

Title : Date :



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Signature :

Printed name :

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