



Self Audit Form

Company Name Sunvair, Inc

Address 29145 THE OLD RD, VALENCIA, CA 91355

Phone Number (661) 294-3777

Email Address AHORNE@SUNVAIR.COM

Person to contact and title Alison Horne, Snr Mgr QA and Records

Total Number of Employees 205

Number of Direct Production Employees 160

Number of Inspectors 25

Number of Supervisors 12

Organizational Head Bob Dann

Title SR VP/GM

Quality Manager's Name Alison Horne

Title Snr Mgr QA and Records

QM reports to Mike Waschak

Title Accountable Mgr

SUNVAIR, INC SURVEY

A. Certification

	Questions	Yes	No	N/A
1.	Do you hold an FAA repair station certificate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Record certificate number:	WI2R267L		
3.	Certifications can be downloaded from https://sunvair.com/certifications			
4.	Is the certificate available on the premises for inspection by the public and the FAA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Antidrug and Alcohol Misuse Prevention Program (ADAMPP)

	Questions	Yes	No	N/A
1.	Do you have an FAA approved anti-drug testing plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The plan is:	<input type="checkbox"/> The vendor's <input checked="" type="checkbox"/> A consortium's <input type="checkbox"/> An air carrier's		
3.	Please choose one of the following: <input type="checkbox"/> No work is subcontracted. <input checked="" type="checkbox"/> All subcontractors have a FAA approved Anti drug testing plan and have provided written documentation to us as required.			

C. General

	Questions	Yes	No	N/A
1.	Do you only perform work for which you are authorized on your operations specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you perform work for a FAR 121 carrier?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a.	(if yes) Do you comply with FAR 121.377 Work Cycle Limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have an approved Training Program? And does it meet requirements under FAR 121.375 <input type="checkbox"/> or FAR 145.163 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	If you deal in non-aircraft parts, materials, and/or maintenance activities, are they adequately segregated from the aircraft functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

D. Quality Control

	Questions	Yes	No	N/A
1.	Is there an established Quality Control Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The Quality Control System is derived from one of the following systems: <input type="checkbox"/> -MIL-Q-9858 <input type="checkbox"/> -MIL-I-45208 <input type="checkbox"/> -FAR 21 <input checked="" type="checkbox"/> -FAR 145 <input checked="" type="checkbox"/> -EASA <input checked="" type="checkbox"/> -ISO 9001/AS 9100 <input type="checkbox"/> -C.A.S.E. <input checked="" type="checkbox"/> -Other, specify			
3.	Does manual detail duties, responsibilities and reporting relationship of the QA/QC department?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the QA/QC department maintain an up-to-date signature roster?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do your return-to-service documents meet FAA requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does QA/QC function ensure compliance with customer specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have a method of controlling quality of sub-contractor work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have an audit and surveillance program to ensure sub-contractor quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the audit program ensure appropriate corrective action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is there proper separation of inspection and maintenance responsibilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do supervisors, inspectors, & mechanics have A&P or Repairman certificates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you have an established procedure to provide corrective action for discrepancies noted during repair/overhaul?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you maintain an approved vendor list?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUNVAIR, INC SURVEY

E. Inspection

	Questions	Yes	No	N/A
1.	Are inspectors properly trained and certified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you maintain a list of items each inspector is authorized to inspect?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you perform any required inspections (RII) for any customers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Does inspection roster identify RII qualified/certified inspectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Do you have an established receiving inspection system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have an acceptable procedure to identify customer's parts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you maintain traceability certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have an approved vendor list?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you obtain certification on all raw materials received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are acceptable sampling procedures adequate to ensure quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Technical Data Control

NOTE: For the purpose of the following questions "Manuals" includes any technical data, i.e. drawings, overhaul manuals, service bulletin, wiring diagrams, test specs., necessary to perform the required service.

	Questions	Yes	No	N/A
1.	Do you have the required shop manuals and specifications to perform the repair/overhaul in accordance with customer manufacturer's requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are there established approved procedures controlling revisions in manuals deviating from OEM specifications? i.e. EO or EA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have an acceptable revision service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have records of manual revisions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are manual revisions up-to-date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are component overhaul manuals properly identified and available to mechanics?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have a system to control working copies of manuals to ensure they are revised with the masters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is technical data stored in a manner that will protect it from dirt & damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are adequate viewing devices in good condition available for viewing the technical data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you maintain a file of applicable FAA regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Please list FAR Parts you maintain.			
12.	Do you receive and maintain FAA Airworthiness Directives for large aircraft on a subscription basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are inspection manuals controlled to provide current inspection procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Did a sample audit of the manuals show they are up-to-date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is a specific individual responsible for the Technical Data Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Shelf Life Program

	Questions	Yes	No	N/A
1.	Do you have a documented shelf-life program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the program list parts, materials and applicable shelf-life limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the program assign program responsibility to a specific person/position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there an adequate system to ensure that no item will be issued or used past its expiration date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Were items sampled for shelf life within limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUNVAIR, INC SURVEY

H. Tool & Test Equipment Calibration

	Questions	Yes	No	N/A
1.	Do you have a tool calibration program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have a person responsible for the tool calibration program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a backup person responsible for the program when the primary individual is out?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are all tools in use that require calibration listed on the tool calibration list?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does each tool have a specified frequency when its calibration is due to be checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are standards used to calibrate tools traceable to the controlling government agency, i.e. The National Institute of Standards and Technology?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there a system to identify each tool in the program and its calibration due date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have a procedure for controlling/preventing out-of-service and due-for-calibration tools & equipment from being used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have a procedure to control the calibration of personal tools?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Did a sample check of the calibration program indicate you are monitoring for compliance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are the tools & test equipment in a serviceable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are tools stored in an orderly manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do records? --Show date calibrated? --Identify individual or vendor that performed calibration or check? --Show calibration due date? --Show traceability to applicable standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Training

	Questions	Yes	No	N/A
1.	Do you have a documented training program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does it include all mechanics, inspectors, technical supervisors, and sub-contractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is formal and OJT properly documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you maintain training records for your mechanics, inspectors & supervisors at least two years even after the person leaves the company?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are all hazmat employees required by 49 CFR 171.8 for the repair station and its subcontractors trained as required by 49 CFR Part 172 Subpart H?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUNVAIR, INC SURVEY

J. Records and Reports

	Questions	Yes	No	N/A
1.	Are your work records complete, in order and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do the records contain a description of the work performed, the date the work was done, and the name of the person doing work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are all test and inspection records in work package?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do records contain the name, certificate number, and type of certificate of the person certifying the part as serviceable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are the persons doing the repair/overhaul, inspection, and test activities authorized by your procedure manual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you maintain traceability of parts and materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you maintain certification on sub-contract work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your record keeping system and retention time meet FAR requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have a procedure for reporting defects or unairworthy conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. Housing and Facilities

	Questions	Yes	No	N/A
1.	Do you have a facility of adequate size to house all necessary tooling, equipment, material, and parts to perform the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the housing adequately protect parts, materials and customer units from damage, theft, and contamination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the environment appropriate to protect workers so that the quality of workmanship is not impaired by physical efficiency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the facility have adequate lighting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are storage facilities separate from shop and work areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do shipping and receiving areas have adequate space, lighting, shelving, security, and fire protection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there adequate and appropriate storage space to safely store customer's shipping containers and protect them from damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L. Safety/Security/Fire Protection

	Questions	Yes	No	N/A
1.	Do you have a security system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you provide adequate security for customer parts in your possession?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the security system reviewed periodically by management or an outside vendor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are fire protection devices inspected periodically to local fire code or fire department requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are fire stations identified and extinguishers in serviceable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are fire lanes, doors, and fire extinguishers clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are safety guards in place on power equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your shop environmental controls meet industry standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are no smoking areas clearly identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUNVAIR, INC SURVEY

M. Storage

	Questions	Yes	No	N/A
1.	Are parts and material properly identified and properly stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have a method to separate serviceable and non-serviceable parts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do parts in bin match part number on bins?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are flammable, toxic, or volatile materials properly identified and stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are sensitive parts and equipment, i.e. oxygen parts, o-rings, ESD's, properly packaged, identified and stored to protect from damage and contamination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are oxygen and other high pressure bottles correctly identified and stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N. Work Processing

	Questions	Yes	No	N/A
1.	Do you have adequate tooling and test equipment to perform the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are mechanics, inspectors, and supervisors properly trained, authorized and certificated for the work they perform?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are adequate tools available at the mechanic's workstations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are proper current manuals available at mechanics' workstations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are mechanics using the manuals at the workstation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are customers' parts properly identified throughout the maintenance actions and in storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there a work turnover procedure used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the shop segregate serviceable from unserviceable components?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the facility provide adequate protection of parts in work? I.E. filtered air or clean room depending on type of part.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the work area, including supervisor's offices, clean?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are smoking, eating and drinking forbidden in the work area as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are fluid dispensing cans and servicing units properly identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O. Shipping

	Questions	Yes	No	N/A
1.	Are components shipped in ATA-300 containers or equivalent as specified by the OEM or the customer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you verify that identifying data (PN/SN nomenclature/mod. no.) on the parts tag and the data plate match ?.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P. Scrapped parts

	Questions	Yes	No	N/A
1.	Do you have a documented procedure to assure that scrapped parts are either returned to the customer or mutilated beyond repair?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the program identify an individual responsible for verifying that mutilation is accomplished?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUNVAIR, INC SURVEY

I hereby certify that to the best of my knowledge the information supplied is accurate, complete and current and that I am an official of the supplier who is duly authorized to sign this certification. I also understand that in accordance with FAA regulations, suppliers/vendors are hereby subject to FAA surveillance and investigation. A "Right of Entry" clause is in effect for all purchase orders/ contracts. This provision shall allow for customer and regulatory agencies to determine and verify the quality of work, records and material at any place, including the plant of any applicable sub-contractor.

Alison Horne *A Horne*
Name/(Signature)

Snr Manager, QA and Records
Title

10/1/2025
Date