



4123 Sarpy Ave., St. Louis, Missouri 63110
(314) 531-5253 • FAX (314) 531-4706
www.stlmetallizing.com

Date of Survey: _____
Company Name: _____
Division of: _____
Address: _____
City, State, Zip Code: _____
Country: _____
Telephone N°.: _____ Fax N°.: _____

Key Management Contacts at Your Company

General Manager / Owner

Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Operations/Production Manager

Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Sales Manager

Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Purchasing Manager

Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Quality Manager

Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____



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Type of Business (Please check all that apply)

Manufacturer / OEM / PMA <input type="checkbox"/>		Repair & Overhaul <input type="checkbox"/>	
Distributor/Supplier <input type="checkbox"/>	Service <input type="checkbox"/>	Other <input type="checkbox"/>	
Principal Products & Services:	Commercial <input type="checkbox"/>	Military <input type="checkbox"/>	

Major Customers:

Authorizations/Quality System Accreditation (Please check all that apply)

FAA	<input type="checkbox"/>	Certificate Number:
		Date of Last FAA Audit:
EASA	<input type="checkbox"/>	Certificate Number:
ISO 9001	<input type="checkbox"/>	Certificate Number:
AS 9100	<input type="checkbox"/>	Certificate Number:
ISO 14001	<input type="checkbox"/>	Certificate Number:
SFAR Authority	<input type="checkbox"/>	
PMA or TSO	<input type="checkbox"/>	
List Additional Approvals Held:		



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Please attach copies of supporting documentation as appropriate:

- | | |
|---|---|
| <input type="checkbox"/> Federal Air Agency Certificate | <input type="checkbox"/> FAA Anti-Drug /Alcohol Program |
| <input type="checkbox"/> Operations Specifications | <input type="checkbox"/> Company Organizational Chart |
| <input type="checkbox"/> EASA Approval | <input type="checkbox"/> Roster of Key Personnel |
| <input type="checkbox"/> PMA or TSO Approvals, etc... | <input type="checkbox"/> ISO / AS Certificate |
| <input type="checkbox"/> NADCAP Approvals | <input type="checkbox"/> Letters from OEM's authorizing |
-

Plant Size

Entire Facility (Including Production, Inspection and Offices) _____ Sq. Ft.

Aerospace Area (Including Production, Inspection and Offices) _____ Sq. Ft.

Employee Breakdown

Management _____ Inspection / Quality _____

Supervisory _____ Repairmen _____

Production _____ P & A Mechanics _____

Survey Approval

I certify that the information in this survey is true & complete and I am aware that it is subject to verification by an SLM representative.

Company Official (Print Name, Sign and Date)

Note:

If you are an FAA certified repair station, it is not necessary to complete pages 4 though 9. Send or FAX pages 1 to 3 and at a minimum the company's FAA certificate, Operational Specifications and A449-1 Anti-Alcohol and Anti-Drug letter to:

**St. Louis Metallizing Company
Attn: Chief Inspector
4123 Sarpy Avenue
St. Louis, Missouri 63110**

**Tel: 314-531-5253
FAX: 314-531-4706**



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For SLM use only

Discrepancies noted

Follow Up or Corrective Action required? No Yes

Date requested _____ Date completed _____

Physical Audit Required? No Yes Date scheduled _____

Review Conducted by: _____

Signature

Printed Name

Status: Active Inactive Pending



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Section A: General

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does the company have a written quality program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the company have an approved Quality Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the Quality Manual readily available to all personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the company have an Alcohol and Drug Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the Alcohol and Drug Program a DOT approved program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do the work instructions for inspections and tests include acceptance and rejection criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the quality program require that the acceptance status of inspections and tests be recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do the work instructions provide for the completion of production operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the quality program require that the completion of production operations be recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a roster of personnel maintained with signatures, initials, and/or stamps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a written corrective action system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Management Responsibility

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Are individual responsibilities and authorities documented for management personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Quality Manager report to the President/General Manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are individual responsibilities and authorities documented for inspection personnel and Repairmen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Training

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does the company have a written training program in place that provides for initial and continuous development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the training program included recurrent/refresher training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the qualifications of employees documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is formal and OJT training documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the company maintain a list of job descriptions and qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the company maintain a roster of personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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|----|--|--------------------------|--------------------------|--------------------------|
| 7. | Does the roster of personnel identify all management, supervisory and inspection personnel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Does the roster of personnel identify all personnel authorized for 'return to service' privileges? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section D: Housing and Facilities

YES NO N/A

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| 1. | Is the facility large enough to house all the necessary tooling, equipment, materials and parts to perform work? | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Does the facility have adequate lighting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do the shipping and receiving areas have adequate space, lighting, shelving, security and fire protection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are the storage areas separate from the shop and work areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are the work areas including the offices clean? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section E: Technical Data Control

YES NO N/A

Note: "Manuals" in this context includes any technical data, drawings, diagrams, specifications (process, inspection), work orders, routers necessary to perform the required work.

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| 1. | Does the company have the required shop manuals to perform the work, repair/overhaul, etc in accordance to the customer specifications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is there a written procedure for the preparation and approval of written work instructions, drawings, specifications, and other technical data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is there a written procedure for the control of technical data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does the company have a written procedure to ensure that the technical data is current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are revisions to technical data reviewed and approved by Manufacturing and/or Quality? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are changes in technical data effectively identified and affected work instructions revised promptly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Do production personnel have access to approved current technical data required to maintain conformance with customer contract requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Do inspection personnel have access to approved current technical data required to determine product acceptance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Section F: Purchasing / Suppliers

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
1.	Does the company have a written procedure for acquiring, receiving and inspecting materials, equipment, supplies and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are sub-tier suppliers for maintaining/repair aerospace work used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the company have a list of approved suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are customer contract requirements flowed down to sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the company flow down current technical data to the sub tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the company have a supplier audit program / records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the quality program provide for the control of suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the Quality System provide a method of qualifying suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is supplier performance monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section G: Control of Records and Documents

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
1.	Does the company have a written procedure for recordkeeping and record retention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the company maintain an index of records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are records of work including work instructions, certifications, and inspection results maintained for 2 years minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are records of employee training maintained for 2 years minimum after termination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do the recordkeeping procedures include provisions for maintenance, security, and protection against loss or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are records traceable to the certification of conformance provided to customers upon completion of the customer contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the company have a written procedure for document control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do the document control procedures include provisions for creating, approving, revising, removing and identifying controlled documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the company have a Master List and Distribution List of Controlled Documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the company have provisions for submitting revisions to the FAA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Section H: Quality Control: Receiving Inspection

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
1.	Are all incoming materials and parts subjected to a documented receiving inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are certifications of conformance required to accompany incoming materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are said certifications reviewed to ensure conformance to contract requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are said certifications maintained on file and available for customer review upon request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is raw material identified and traceable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are all incoming materials segregated from the production floor until acceptance has been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I: Work Processing and Inspections

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
1.	Does the supplier have adequate tooling and test equipment to perform the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are mechanics, inspectors, and supervisors properly trained, authorized and certificated, if required, for the work they perform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are adequate tools and current manuals available or at the mechanics work stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are customer's parts properly identified throughout the maintenance actions and in storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the company have a written procedure for 'work turnover' or 'continuity of inspection responsibility'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the company have a written procedure for hidden damage inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the company segregate serviceable from unserviceable components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the company provide adequate protection of parts in work (e.g. filter air, FOD program) depending on the part?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are documents such as work orders, routers, inspection sheets, kept clean and orderly in the shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the company have an acceptable system for controlling stamps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does the company have a system for tagging and identifying parts and materials – including those parts and materials that are nonconforming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are material and parts in storage properly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are rejected materials and parts quarantined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does the company have an acceptable system for packaging and shipping parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does the company have a written procedure for maintaining the traceability of parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Section J: Quality Control: Final Inspection

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does the company have a written procedure to ensure that all inspection and operation steps are completed before the component is shipped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are adequate facilities provided for layout inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section K: Measurement & Test Equipment

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does the quality program require that measurement & test equipment be controlled in accordance with ANSI Z540.1 or ISO 10012-1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the quality program require that measurement & test equipment be maintained in a serviceable and calibrated condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a calibration system in place to ensure that calibrations are performed when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are calibrations performed using standards traceable to N.I.S.T.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are fixtures and/or hard gauging used in determining product acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are said fixtures and/or gages included within the calibration system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a recall system in place to determine if inaccurate or damaged equipment was used in determining product acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section L: Nonconforming Material and Corrective Action

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Is there a written system for segregation and disposition of nonconforming materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are records maintained and used to detect recurring discrepancies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the quality program require that corrective action be taken for nonconforming items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a written procedure for corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the company have a procedure for reporting defects or unairworthy conditions to the customers and the FAA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>