

(A) Company Information

1. Company Name	Asia AeroTechnic Sdn. Bhd.
2. Parent Company	MARA - Majlis Amanah Rakyat
3. Address	M14, Skypark Terminal Sultan Abdul Aziz Shah Airport 47200, Subang, Selangor
4. Telephone No.	+603-86053305
5. Website	https://asiaaerotechnics.com/aat_website/site/contacts.html

(B) Management Personnel

1. Accountable Manager	Mohd Roslan Bin Ismail
Email	mroslan@asiaaerotechnics.com
2. Quality Manager	Suzie Anak Mitw
Email	suzie.mitw@asiaaerotechnics.com
3. Engineering Manager	Wan Khairuzzaman Bin Wan Harun
Email	wankay@asiaaerotechnics.com

(C) Main Activities

1. Scope of Work	Refer attachment below
2. Rating & Limitations	Refer attachment below

(D) Certification (Please submit a valid copy of your approval certificate)

				<input checked="" type="checkbox"/> YES	NO	N/A
1	Do you hold any regulatory certificates?			<input checked="" type="checkbox"/> YES	NO	N/A
	a. CAA Malaysia	<i>Cert No:</i>	Refer attachment below	<i>Expiry Date:</i>		
	b. Director General Technical Airworthiness (DGTA)	<i>Cert No:</i>	N/A	<i>Expiry Date:</i>		
	c. EASA	<i>Cert No:</i>	Refer attachment below	<i>Expiry Date:</i>		
	d. FAA	<i>Cert No:</i>	Refer attachment below	<i>Expiry Date:</i>		
	e. Quality System	<i>Cert No:</i>	N/A	<i>Expiry Date:</i>		
	f. Safety System	<i>Cert No:</i>	N/A	<i>Expiry Date:</i>		
	g. Others			<i>Expiry Date:</i>	Refer attachment below	
2	Does your company have a drug & alcohol policy program			<input checked="" type="checkbox"/> YES	NO	N/A
3	Does your organization have an Internal Audit System?			<input checked="" type="checkbox"/> YES	NO	N/A
4	Does your company have safety policy in place?			<input checked="" type="checkbox"/> YES	NO	N/A
5	Do you have procedure for reporting defects or un-airworthy condition to the customer and authority?			<input checked="" type="checkbox"/> YES	NO	N/A
6	Have you been audited by any regulatory authority?			<input checked="" type="checkbox"/> YES	NO	N/A
7	Is your company familiar with CAA Malaysia rules & regulations?			<input checked="" type="checkbox"/> YES	NO	N/A
8	Is your company familiar with DGTA rules and regulations?			<input checked="" type="checkbox"/> YES	NO	N/A
9	Does your company have an OEM Support Letter? (If available, please provide a copy)			<input checked="" type="checkbox"/> YES	NO	N/A

(E) Personnel and Facility				
1	Total no. of employees			
	a. Engineering	Refer attach- ment below		
	b. Quality			
	c. Production			
2	Is the work environment secure and safe?	<input type="checkbox"/> YES	NO	N/A
3	Does the facility have adequate lighting, space, shelving, security, and fire protection?	<input type="checkbox"/> YES	NO	N/A
4	Does the storage area have temperature & humidity-controlled environment?	<input type="checkbox"/> YES	NO	N/A
(F) Training				
1	Do you have a documented training program?	<input type="checkbox"/> YES	NO	N/A
2	Are all employees properly trained, authorized and certified where necessary?	<input type="checkbox"/> YES	NO	N/A
3	Is continuation training provided to ensure procedural changes are maintained current?	<input type="checkbox"/> YES	NO	N/A
4	Is formal training and on-the-job training properly documented?	<input type="checkbox"/> YES	NO	N/A
5	Are the training records retained for a minimum of two years after the person leaves the company?	<input type="checkbox"/> YES	NO	N/A
6	Is human factor training part of the training program?	<input type="checkbox"/> YES	NO	N/A

(G) Quality Assurance/Quality Control


1	Are the Quality Control/Quality Assurance Manual current & available to all employees?	<input checked="" type="radio"/> YES	NO	N/A
2	Does your company have a method of checking or controlling the quality of sub-contractor work?	<input checked="" type="radio"/> YES	NO	N/A
3	Do you have a documented shelf life program?	<input checked="" type="radio"/> YES	NO	N/A
4	Is there an established system in place to trace all parts back to the manufacturer?	<input checked="" type="radio"/> YES	NO	N/A
5	Are parts supplied by your company acquired only from approved sources?	<input checked="" type="radio"/> YES	NO	N/A
6	Is material handled in an appropriate manner and protected from damage, theft, and deterioration?	<input checked="" type="radio"/> YES	NO	N/A
7	Does the company have a quarantine area for rejected parts and material waiting for disposal?	<input checked="" type="radio"/> YES	NO	N/A
8	Are shipped parts provided with material certification of conformance?	<input checked="" type="radio"/> YES	NO	N/A
9	Does material certification indicate that the certified item was not involved in any aircraft accident?	<input checked="" type="radio"/> YES	NO	N/A

(H) Tools and Equipment

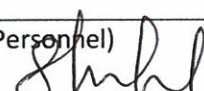
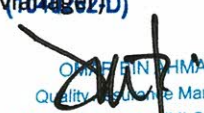
1	Does your company have a calibration program?	<input checked="" type="radio"/> YES	NO	N/A
2	Is the calibration of measuring and test equipment traceable to required standards?	<input checked="" type="radio"/> YES	NO	N/A
3	Are calibration records kept on file?	<input checked="" type="radio"/> YES	NO	N/A
4	Are employees owned tools subject to the same controls as the company tools?	<input checked="" type="radio"/> YES	NO	N/A
5	Are tools stored in an orderly and clean manner?	<input checked="" type="radio"/> YES	NO	N/A

(I) Declaration

I hereby certify that the information supplied in this questionnaire is true and correct at the time of issue.

Name: Suzie Anak Mitw	Date: 02 May 2023
Position: Director, Quality Assurance	Signature: 

(J) FOR GALAXY AEROSPACE MALAYSIA QUALITY ASSURANCE USE ONLY

1	Type of vendor:	
	<input type="checkbox"/> OEM/Manufacturer	<input type="checkbox"/> Distributor/Stockist <input type="checkbox"/> Service
	<input checked="" type="checkbox"/> Maintenance Organisation	<input type="checkbox"/> Others
2	Type of assessment:	
	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Renewal
3	Ensure the following certificates/documents are available for review	
	<input checked="" type="checkbox"/> Current regulatory approvals (if applicable) i.e. CAAM/FAA/EASA/DGTA	
	<input type="checkbox"/> Current Quality System Approvals (if applicable) i.e. IS9001, AS9100, AS9120 etc	
	<input type="checkbox"/> Current Safety Management System Approvals (if applicable) i.e. OSHAS 18001, ISO 14001 etc	
	<input type="checkbox"/> Others :	
4	Verify the authenticity of the supporting document(s) or certification(s).	
	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
5	Result:	
	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	Remarks:	
6	a) Reviewed by (QA Personnel)	Date:
	 NOORSUHADA BINTI LATEF Quality Assurance Inspector Galaxy Aerospace (M) Sdn. Bhd. (1040262-D)	11/09/2023
	b) Approved by (QA Manager)	Date:
	 OMAR BIN AHMAD Quality Assurance Manager Galaxy Aerospace (M) Sdn. Bhd. (1040262-D)	11/09/2023

**INSTRUCTIONS FOR COMPLETING FORM GAM/Q-003 VENDOR QUALITY ASSURANCE EVALUATION
QUESTIONNAIRE**

Section A – Company Information	Vendor to provide all the necessary information of the company which is self-explanatory.
Section B – Management Personnel	Vendor to provide names and emails of their nominated post holders or key personnel.
Section C – Main Activities	Vendor to provide its scope of approval or ratings.
Section D – Certification	Vendor to provide all the required certification information it holds and to provide current copies of certificates.
Section E – Personnel and Facility	Vendor to provide personnel and facility information which is self-explanatory.
Section F – Training	Vendor to provide training information which is self-explanatory.
Section G – Quality Assurance / Quality Control	Vendor to provide information on quality assurance / quality control which is self-explanatory.
Section H – Tools and Equipment	Vendor to provide information on their tool and equipment calibration and control.
Section I – Declaration	Vendor’s representative to sign the form declaring that the information given on the form is correct and accurate.
Section J – For Galaxy Aerospace Malaysia Used Only	Galaxy Aerospace’s Quality Department to review and approve the vendor.