



Aerotron Airpower Inc.

FAA CRS # XJ3R973L

Quality Audit

The CASE 1A Standard was used in conjunction with past experience in the preparation of this document.

Please direct all questions or concerns to:

Ron Jernigan
Director, Quality
706-812-1700
ron.jernigan@us.fokker.com

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

1. CERTIFICATION

YES NO N/A

A. Do you hold any FAA certificates?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

B. Record certificate number(s) and type:

XJ3R973L
Class I, II, III Accessories

C. Enclose a copy of certificate(s) and limitations.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

D. Is the certificate displayed unobscured in an area accessible to the Public?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

2. ANTI-DRUG TESTING PLAN

YES NO N/A

A. Do you have an FAA approved anti-drug & alcohol testing program?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

B. Record plan number:

E-SW-00099-U

C. Check the Plan that applies:

Vendor
Consortium
Air Carrier

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

D. Record the Consortium/Air Carrier name, if applicable:

Choice Point

3. GENERAL

YES NO N/A

A. Do you only perform work for which you are authorized on your FAA issued operations specifications?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

B. If you deal in non-aircraft parts, materials, are they adequately segregated from aircraft functions?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	-------------------------------------

C. Do you maintain a file of audit findings and corrective action for three years and are they accessible to the auditor?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

D. Is there a back-up person identified for all Quality programs?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

4. QUALITY CONTROL

YES NO N/A

- | | | | |
|---|---|--------------------------|--------------------------|
| A. Is there an established Quality Control Program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you have an up-to-date QA/QC Manual. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The Quality Program is based on the following:
MIL-Q-9858A
MIL-I-45208A
14 CFR 145
14 CFR 21
ISO 9001/2008
other, specify: | <input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> | | |
| D. Does the Manual detail duties, responsibilities and reporting relationship of the QA/QC Department? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are the QA/QC Manuals current and available to employees? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you have an internal audit and surveillance program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Does the program ensure compliance with customer specifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Does the audit program assure appropriate corrective action? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Do you have an organization adequate to perform the work intended? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Do supervisors have A & P, or Repairman Certificates? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Do you have an established procedure to provide corrective action for discrepancies? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Do you maintain a list of "sub-contracted" functions and approved vendors for those functions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Do you ensure that sub-contracted quality meets customer specifications and legal requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Do you maintain certification on sub-contract work? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Do you have a procedure for reporting defect or unairworthy conditions to the customer and the FAA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

5. INSPECTION	YES	NO	N/A
A. Are Required Inspection Items (RII) inspectors properly trained and certificated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Is there proper separation of maintenance and inspection responsibilities for vendors that perform RII inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Do you maintain a list of RII items each inspector is authorized to inspect?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Do you perform any RII inspections for any customers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does your Repair Station roster identify all supervisory and inspection personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Does your Repair Station roster identify all personnel authorized for Return To Service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the Repair Station have an employment summary for all personnel listed on the Repair Station roster?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you have an acceptable receiving inspection system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Do you have an acceptable procedure to identify customer parts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Do you maintain traceability certification on all parts and raw materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Are acceptable sampling procedures adequate to ensure quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Do you have an acceptable system for controlling stamps for both inspection and production personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

6. TECHNICAL DATA CONTROL

YES NO N/A

NOTE: "Manuals" in this context includes any technical data, i.e. drawings, wiring diagrams, test specs. necessary to perform the required service.

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| A. Do you have the required shop manuals and specifications to perform the work in accordance with customers' requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are there established approved procedures controlling revisions in manuals deviating from OEM specifications? e.g. Engineering Authorizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do you have a system to ensure technical data is current? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you have records of manual revisions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are manual revisions up to date? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are component overhaul manuals properly identified and available to technicians? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. 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"/> |
| H. Is the technical data stored in a manner that will protect it from dirt and damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Are adequate viewing devices in good condition available for viewing the technical data? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Is a specific individual, by title, responsible for the Technical Data Program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. If you have SFAR 36 authority, do you have a system for receiving customer approval prior to use of the data? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| L. Do you have an approved SFAR 36 manual and roster? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

7. SHELF LIFE PROGRAM	YES	NO	N/A
A. Do you have a documented shelf life program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does the shelf life program list parts and materials that have shelf life limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the shelf life program assign program responsibility to a specific person by title?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does each shelf life item have the shelf life expiration limit displayed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is there an adequate system to assure that no item will be issued or used past its expiration date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Were items sampled for shelf life within limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

8. TOOL & TEST EQUIPMENT CALIBRATION	YES	NO	N/A
A. Do you have a tool calibration program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you have a person, by title, responsible for the tool calibration program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all tools in use listed on the tool calibration list?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are standards used to calibrate tools traceable to the controlling government agency, e.g. National Institute of Standards and Technology?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is there a system to identify each tool in the program, its calibration frequency, and its calibration due date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you have a procedure for controlling and/or preventing out-of-service and due-for-calibration tools and equipment from being used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Do you have a procedure to control the calibration of personal tools?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Did a sample check of the calibrated tooling indicate that the tooling is within calibration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Are the tools & test equipment in a serviceable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Do records:			
Show date calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify individual or vendor that performed calibration or check?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show calibration due date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contain a calibration certificate for each item calibrated by an outside agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record details of adjustments and repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show the P/N & S/N of the standard used to perform the calibration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

9. TRAINING

YES NO N/A

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| A. Do you have a documented training program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does it include all technicians, inspectors and technical supervisors? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Is formal and OJT training documented? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are training records for technicians, inspectors and supervisors retained for two years after the person leaves the company? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. HOUSING AND FACILITY

YES NO N/A

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| A. Do you have a facility of adequate size to house all necessary tooling, equipment, material and parts to perform work? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. 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"/> |
| C. 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"/> |
| D. Does facility have adequate lighting? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are storage facilities separate from shop and work areas? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do shipping and receiving areas have adequate space, lighting, shelving, security and fire protection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. 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"/> |
| H. Is the work area, including supervisors' offices clean? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

11. SAFETY/SECURITY/FIRE PROTECTION (9)	YES	NO	N/A
A. Do you provide adequate security for customer parts/material in your possession?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the security system reviewed periodically by management or an outside vendor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are fire protection devices inspected periodically?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are fire stations identified and extinguishers in serviceable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are fire lanes, doors and fire extinguishers clear of obstruction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are safety guards in place on power equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are your shop operations conducted in a safe manner and environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. STORAGE	YES	NO	N/A
A. Are parts and material properly identified and properly stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you have a quarantine area for rejected parts and materials awaiting disposition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Do parts in bin match part number on bins?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are parts and material properly protected from damage and deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are flammable, toxic, or volatile materials properly identified and stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are sensitive parts and equipment (oxygen parts, o-rings, electrostatic sensitive devices, etc.) properly packaged, identified and stored to protect from damage and contamination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are oxygen and other high-pressure bottles correctly identified and stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

13. WORK PROCESSING	YES	NO	N/A
A. Do you have adequate tooling & test equipment to perform the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If you use test equipment that differs from the OEM specified equipment:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it properly certified as equivalent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have operating and maintenance manuals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is maintenance and servicing performed per the manual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is maintenance and servicing recorded and records retained for two years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is equipment listed in the calibration program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has equipment been accepted by the FAA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are technicians, inspectors and supervisors properly trained, authorized and certificated, if required, for the work they perform?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are adequate tools and current manuals available to the technicians' at their workstation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are customers' parts properly identified throughout the maintenance actions and in storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is there a work turnover procedure used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the shop segregate serviceable from unserviceable components?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the facility provide adequate protection of parts in work? e.g. filtered air or clean room depending on type of part?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Are smoking, eating and drinking forbidden in the work area as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Are fluid dispensing cans and servicing units properly identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

13. WORK PROCESSING (cont.)	YES	NO	N/A
K. Are work records complete, in order, and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Do the records contain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The description of the work performed or reference to data acceptable to the administrator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The date of completion of the work performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The name of the person performing the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The name of the person performing the inspection of the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The name of the certificated technician or repairman who performed or supervised the work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The signature, certificate number, and type of certificate of the person returning the article to service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Are all test and inspection records in the work package?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Do your record keeping system and retention time meet FAR requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Does your return-to-service documents meet customer and FAA requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

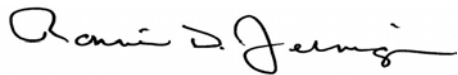
14. SHIPPING	YES	NO	N/A
A. Are components returned in an appropriate shipping container or as specified by the customer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you verify that the data (PN/SN/nomenclature/mod no) on the parts' tag and data plate match?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

15. SCRAPPED PARTS (13)	YES	NO	N/A
A. 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"/>
B. Does the scrap program identify an individual, by title, responsible for verifying that mutilation is accomplished?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you maintain a record of life-limited parts scrapped for two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Does the life limited parts record include the P/N and S/N of the part and the date scrapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby certify to the best of my knowledge the information supplied is accurate complete and current and that I am authorized to sign this certification.

Vendor Self-Audit Checklist Completed By:

Name: 
Title: Director, Quality
Date: 4/15/10

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

1.0 GENERAL COMPANY INFORMATION

Company Name: Aerotron AirPower, Inc. Phone: 706-812-1700
Street Address: 456 Aerotron Parkway Fax: 706-812-9666
City, State, Zip: LaGrange, GA 30240 Web Address: www.fokkeraerotron.com

2.0 KEY ORGANIZATIONAL PERSONNEL

Name: Wouter van Dis Title: Director of Operations Phone: 706-812-1700
Name: Ron Jernigan Title: Director, Quality Phone: 706-812-1700
Name: Stacey Karr Title: Director, Purchasing /
Materials Phone: 706-812-1700
Name: Mark Sindone Title: Director, Customer Service Phone: 706-812-1700

3.0 EMPLOYEE BREAKDOWN

QA/QC, Inspection: 5 Engineering: 2
Production: 31 Other: 33
Total: 71

4.0 QUALITY SYSTEM

The quality system at Aerotron Airpower Inc is established in accordance with the following requirements:

14 CFR-145	<input checked="" type="checkbox"/>
CCAR-145	<input checked="" type="checkbox"/>
EASA.145	<input checked="" type="checkbox"/>
ISO 9001/2008	<input checked="" type="checkbox"/>

AEROTRON AIRPOWER, INC.
FAA CRS #XJ3R973L

5.0 MAJOR CUSTOMERS

<u>Boeing</u>	<u>American Airlines</u>
<u>Evergreen Airlines</u>	<u>Cathay Pacific Airways</u>
<u>United Airlines</u>	<u>SkyWest Airlines</u>

6.0 QUALITY AUDITS

The following is a list of customers and/or Government Agencies that have most recently audited and accepted our Quality system and facility.

FAA

National Quality Assurance U.S.A.

C.A.A.C.

Boeing Aerospace

7.0 TYPES OF PRODUCTS AND/OR SERVICES SUPPLIED

Maintenance, Repair and Overhaul of Accessories, Class I, II and III Unlimited

8.0 HOUSING AND FACILITIES

45,000 sq. ft. concrete and steel construction. Three HVHP air compressors with approximately 4500 cubic feet of reserve capacity. Two hydraulic test stands. All of our test equipment or its equivalent has been accepted by the FAA. Fully automated test cells for pneumatic valves, air turbine hydraulic pumps, leading edge flap drives, thrust reversers, air cooling machines, center drives, air turbine starters, and fuel boost pumps. The facility is environmentally controlled and electronically monitored for security.

APPROVED	DENIED
REVIEWED BY: _____	
Quality Manager/Chief Inspector	Date