

Technical Review Record

Of contract Repair Stations and Vendors

Company Name:	FLIGHTPATH SERVICES Inc	
Address:	500 HOLISTER RD	
	TETERBORO NJ	
Certificate Number:	JGIR243K	
Date:	09 JAN 2019	
Accountable Manager	Quality Control	
Name: John Vayda	Name: David Schuster	
E-mail: jvayda@flightpathservices.com	E-mail: dschuster@flightpathservices.com	
Phone: 2014897950	Phone: 2014897950	
Fax: 2014897950	Fax: 2014898537	

General Questions		YES	NO	N/A
1.	Does the repair station have an FAA accepted repair station manual?	x	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the repair station only perform work for which it is authorized on its operation specifications?	x	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the repair station have a safety program?	x	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there sufficient fire protection system, and/or fire extinguishers of proper class in adequate numbers and locations?	x	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is all work performed in a suitable work environment?	x	<input type="checkbox"/>	<input type="checkbox"/>
Technical Data		YES	NO	N/A
6.	Does the repair station have the required technical manuals covering all the work performed?	x	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the repair station have a program to ensure that the technical data is current?	x	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is a specific individual, by title, responsible for the technical data program?	x	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are the required technical manuals properly identified and available to all personnel requiring them?	x	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the repair station have a documented system using a records package which includes work orders that outlines inspection and maintenance procedures?	x	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do the records include signature, certificate number and type of certificate of the person returning the article to service?	x	<input type="checkbox"/>	<input type="checkbox"/>

<u>Quality control</u>		YES	NO	N/A
12.	Does the company have an established quality control/quality assurance program?	x	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does the repair station have an internal audit system?	x	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are the control/quality assurance manuals current and available to employees?	x	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does the repair station have an established procedure to provide corrective action for discrepancies noted during audit findings?	x	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does the repair station maintain a file of audit findings and corrective action for a minimum of two years?	x	<input type="checkbox"/>	<input type="checkbox"/>
17.	Does the repair station periodically evaluate the effectiveness of the company's quality system and adjust policy and objectives accordingly?	x	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are you in agreement to allow the FAA to inspect your facility when relevant work is in process?	x	<input type="checkbox"/>	<input type="checkbox"/>
<u>Inspection</u>		YES	NO	N/A
19.	Are inspectors properly trained and certified?	x	<input type="checkbox"/>	<input type="checkbox"/>
20.	Is there proper separation of maintenance and inspection responsibilities?	x	<input type="checkbox"/>	<input type="checkbox"/>
21.	Does the repair station roster identify all supervisory and inspection personnel maintained with samples of signatures, initials and stamps?	x	<input type="checkbox"/>	<input type="checkbox"/>
22.	Does the repair station roster identify all personnel authorized for return to service? (and RII if applicable)	x	<input type="checkbox"/>	<input type="checkbox"/>
23.	Does the repair station have an employment summary for all personnel listed on the repair station roster?	x	<input type="checkbox"/>	<input type="checkbox"/>
24.	Does the repair station inspect each article for which it performed work before approving the article for return to service?	x	<input type="checkbox"/>	<input type="checkbox"/>
<u>Personnel</u>		YES	NO	N/A
25.	Does the company designate an accountable manager?	x	<input type="checkbox"/>	<input type="checkbox"/>
26.	Does the company determine the abilities of its non-certificated employees based on training, knowledge, experience, or practical test?	x	<input type="checkbox"/>	<input type="checkbox"/>
27.	Does the company have a sufficient number of employees with the training or knowledge and experience in the performance of maintenance?	x	<input type="checkbox"/>	<input type="checkbox"/>
28.	Does the repair station roster identify all supervisory and maintenance personnel maintained with samples of signatures, initials and stamps?	x	<input type="checkbox"/>	<input type="checkbox"/>
29.	Does the repair station have established shift turnover procedures?	<input type="checkbox"/>	<input type="checkbox"/>	x

Product Identification		YES	NO	N/A
30.	Does the repair station have documented procedures for identifying the articles sent for repair from receipt and during all stages of repair?	x	<input type="checkbox"/>	<input type="checkbox"/>
31.	Does the repair station have a documented system to control non-conforming articles?	x	<input type="checkbox"/>	<input type="checkbox"/>
32.	Does the repair station use FAA form 8130-3 for the maintenance release conforming to FAA regulations?	x	<input type="checkbox"/>	<input type="checkbox"/>
Contract Maintenance		YES	NO	N/A
33.	Does the repair station maintain a list of contract maintenance functions and approved vendors for those functions?	x	<input type="checkbox"/>	<input type="checkbox"/>
34.	Does the repair station audit its vendors?	x	<input type="checkbox"/>	<input type="checkbox"/>
Tools and Test Equipment		YES	NO	N/A
35.	Does the repair station a tool/test equipment calibration program?	x	<input type="checkbox"/>	<input type="checkbox"/>
36.	Do you have a person, by title, responsible for the tool calibration program?	x	<input type="checkbox"/>	<input type="checkbox"/>
37.	Is there a system to identify each tool/test equipment in the program, its calibration frequency, and its calibration due date?	x	<input type="checkbox"/>	<input type="checkbox"/>
38.	Are all tools/test equipment (including personal tools) in use within calibration standards?	x	<input type="checkbox"/>	<input type="checkbox"/>
39.	Does the repair station have a program to ensure tools out of calibration or out of tolerance are removed from service?	x	<input type="checkbox"/>	<input type="checkbox"/>
Parts and Storage		YES	NO	N/A
40.	Are parts and materials properly identified and properly stored?	x	<input type="checkbox"/>	<input type="checkbox"/>
41.	Are all incoming parts and materials subject to a documented receiving inspection?	x	<input type="checkbox"/>	<input type="checkbox"/>
42.	Do you provide segregation, proper identification and protection of customer owed parts and materials throughout the facility?	x	<input type="checkbox"/>	<input type="checkbox"/>
43.	Are parts and materials properly protected from damage, theft, deterioration, and contamination?	x	<input type="checkbox"/>	<input type="checkbox"/>
44.	Does the repair station have a program for suspected unapproved parts?	x	<input type="checkbox"/>	<input type="checkbox"/>
45.	Does the repair station have a documented shelf life program?	x	<input type="checkbox"/>	<input type="checkbox"/>
46.	Does the program assign program responsibility to a specific person by title?	x	<input type="checkbox"/>	<input type="checkbox"/>
47.	Does the shelf life program list parts and materials that have shelf life limits?	x	<input type="checkbox"/>	<input type="checkbox"/>
48.	Does each shelf life item have the shelf life expiration date displayed?	x	<input type="checkbox"/>	<input type="checkbox"/>
49.	Is there an adequate system to assure that no item will be used past its expiration date?	x	<input type="checkbox"/>	<input type="checkbox"/>
50.	Is there a procedure for identifying, handling, and storage of aircraft components and materials containing hazardous materials?	x	<input type="checkbox"/>	<input type="checkbox"/>

Training		YES	NO	N/A
51.	Does the repair station have and approved training program?	x	<input type="checkbox"/>	<input type="checkbox"/>
52.	Are documented procedures established and maintained for identifying training needs and providing training for all personnel?	x	<input type="checkbox"/>	<input type="checkbox"/>
53.	Does the company document that each employee is properly trained for the work performed?	x	<input type="checkbox"/>	<input type="checkbox"/>
54.	Are training records retained for at least two years after personnel leave the company?	x	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol		YES	NO	N/A
55.	Does the repair station have an approved alcohol misuse prevention program?	x	<input type="checkbox"/>	<input type="checkbox"/>
56.	Does the repair station have an approved anti-Drug program?	x	<input type="checkbox"/>	<input type="checkbox"/>

Audit by: David Schuster , Chief Inspector

June 19, 2019