



SIKORSKY AUDIT REPORT

*****This document contains no technical data subject to the ITAR or the EAR.*****

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SUPPLIER: IMR Test Labs
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Lansing, New York 14882
 CONTACT: Deena Crossmore
 TITLE: Vice President- Quality

CODE: SP 955

FLIGHT SAFETY: YES NO

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FAX: _____

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SIKORSKY
 REP: Peter Laoretti

AUDIT
 DATE: 4-10-2018

SPECIAL PROCESS SURVEYS/AUDITS:

DISPOSITION CODE:

CODE:	SPECIFICATION:	A	C	W	REMARKS/LIMITATIONS:
Lab 1	ASTM-E-8	X			7, 9, 6
Lab 3	ASTM-E-548, E-882, E-416, E-743, E-851	X			7, 9, 6
Lab 5	ASTM-E-3	X			7, 9,
Lab 7	ASTM-E-10, E-18, E-384	X			7,9,6
Lab 9	Per Drawing	X			7, 9

DISPOSITION CODES: A = APPROVED, C = CONDITIONAL APPROVAL, W = WITHHELD

REMARK CODES:

- 1 = INTERNAL USE ONLY (CAPTIVE)
- 2 = APPROVAL OF FACILITIES ONLY - A WRITTEN PROCEDURE FOR EACH PART NUMBER MUST BE APPROVED.
- 3 = LIMITED TO PRECIPITATION AGING ONLY.
- 4A = LACK OF ACTIVITY 4B = PROCESS DISCONTINUED 4C = QUALITY PROBLEM
- 5A = EXCLUDING 7075T73 5B = INCLUDING 7075T73
- 6 = NOT AUDITED AT THIS TIME. CONTINUED APPROVAL BASED ON AUDIT OF: A2LA Approval & NADACP /
- 7 = NADCAP APPROVED (NON CAPTIVE)
- 8 = INTERPRETATION OF INDICATIONS IN ACCORDANCE WITH SS8802, SS8805, OR SS8806
- 9 = Approved for A2LA certification&Nadcap #3262166353

APPROVED UNITS (i.e. FURNACES / TANKS): _____

NDI CERTIFIED LEVEL III PERSONNEL: _____

PRODUCT ORIENTED (QUALITY SYSTEM) ASSESSMENTS:

DISPOSITION CODE:

TYPE:		A	C	W
<input type="checkbox"/>	(CHECK BELOW AS APPLICABLE)			
<input type="checkbox"/>	INITIAL ASQR-01 GROUP 1 (FLIGHT SAFETY)			
<input type="checkbox"/>	INITIAL ASQR-01 GROUP 1 (NON-FLIGHT SAFETY)			
<input type="checkbox"/>	INITIAL ASQR-01 GROUP 2			
<input type="checkbox"/>	GROUP 1 PRODUCT/PROCESS CONFORMITY AUDIT			
<input type="checkbox"/>	PRODUCT/PROCESS CONFORMITY AUDIT INCLUDING F/S			
<input type="checkbox"/>	FOCUSED FLIGHT SAFETY AUDIT (BLITZ)			
<input type="checkbox"/>	GROUP 2 PRODUCT/PROCESS CONFORMITY AUDIT			
<input type="checkbox"/>	OTHER			

S/A MANAGEMENT REVIEW: _____

DATE: 4/19/18