

BOOK SECTION FOUR

FORMS MANUAL

OVERVIEW TO THE FORMS MANUAL

The forms in this manual represent actual and typical forms used in manufacturing shops to record work results. Without work results demonstration, there is no way to convince anybody that there is a controlled quality system in operation. The application of these forms has been linked to the specific work assignments elaborated in the Quality Operating Procedures. In a sense they are part of the operating procedures, but for the purpose of maintenance and control, they have been split off from the operating procedures. The experienced quality practitioner will immediately recognize that a number of these forms are typically used in metal cutting shops and, therefore, need no additional customizing. Other shops may want to customize them according to their product lines. Remember though that when you do need to customize a form, the product quality requirement, customer satisfaction, continuous improvement objectives, how minimal they are, will not change. Only the way you want to record the work results to prove accomplishment will change.

Because the forms have a controlled structure insofar as their title, form number, and revision control are concerned, any change in the body of the forms will not alter this controlled structure. But, if you add or remove a form, the controlled structure will be impacted. You will have to align any form addition or removal, first in the Master List, second in the applicable operating procedure and third in the form itself. Each form has a note on the left bottom of the page, indicating where the application of it is described. Also, QOP 002, Section Three, gives you details on the application of forms in addition to retention requirements. The form number is the control number and that is how each form should be remembered and referenced in communication.

There is a strict retention requirement for most forms because they demonstrate product quality enforcement and work results documentation. For this reason, clear instruction has been defined in QOP 002, Section Three, as to where the forms should be filed. This becomes a very important aid in filing control as you need to refer back to the records when traceability or audit is carried out.

Please refer to the “Guidance” section in front of the book should you need information on how to carry out changes to the forms.

Remember, ISO 9001/2000 requires a documented procedure to control records (forms). You may follow the controls I have already implemented.

MINFOR INCORPORATED				
SUMMARY OF FORMS (Master List)				
Form #	Title	Rev.	Dt.	Status
A-001	Purchase Order Review Sheet	0	1998	New
A-002	Maintenance Record	0	1998	New
A-003	Quality Operating Procedure Blank	0	1998	New
A-004	RFQ Worksheet (alternate provided)	0	1998	New
A-005	RFQ, PO, and Amendment Log	0	1998	New
A-006	Nonconforming Material Report (NCMR)	0	1998	New
A-007	Nonconforming Material Report Register	0	1998	New
A-008	Job Traveler	0	1998	New
A-009	Amendment to Procedures	0	1998	New
A-010	Document Issuance Control (QSM, QOP)	0	1998	New
A-011	Control of Customer Documents	0	1998	New
A-012	Rejected Material Ticket	0	1998	New
A-013	Acceptance Material Ticket	0	1998	New
A-014	Hold Ticket	0	1998	New
A-015	Record of Received Materials	0	1998	New
A-016	Training Log	0	1998	New
A-017	Purchase Order (internal)	0	1998	New
A-018	Inspection Report	0	1998	New
A-019	Inspection Report Continuation Sheet	0	1998	New
A-020	Calibration and Status Record	0	1998	New
A-021	Audit Schedule	0	1998	New
A-022	Audit Plan (Reporting)	0	1998	New
A-023	Rework/Repair Record	0	1998	New
A-024	Waiver Request	0	1998	New
A-025	Shipping Log	0	1998	New
A-026	Supplier Survey Questionnaire	0	1998	New
A-027	Material Identification Tag	0	1998	New
A-028	Packing Slip	0	1998	New
A-029	Certificate of Conformance	0	1998	New
A-030	Receiving Log	0	1998	New
A-031	Issue and Traceability of Customer Drawing	0	1998	New
A-032	Password and Inspection Stamp Control	0	1998	New
A-033	Operator Product Verification Record	0	1998	New
A-034	Management Review Status Record	0	1998	New
A-035	Supplier Survey Form (short form)	0	1998	New
A-036	Source Inspected Product Approval	0	1998	New
A-037	Supplier Corrective Action Request	0	1999	New
A-038	Customer Complaint and Evaluation Report	0	7/16/99	New
A-039	Training Evaluation Sheet	0	1999	New

A-001

MINFOR INCORPORATED**PURCHASE ORDER REVIEW SHEET** PO Date _____PO No _____ Rev _____ Formal Verbal Amendment

Cust _____ Ph _____ Fax _____

Cust Qual Rep _____ Ph _____ Fax _____

Part No _____ Rev _____ Matrl _____ Qty _____

Job No _____ New Repeat Other PO Qual Prov:

--	--	--	--	--	--	--	--

PO Item Qty: 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____

Del Date: 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____

List Contracted Rqmts _____ Incl Subs and Special Processes

1	5
2	6
3	7
4	8

Inspection Requirements:

SPC Requirement _____	ESA Requirement _____
Material Control _____	Vendor Source Insp _____
Marking and Ident _____	Special Gaging _____
First Pc Insp _____	Special Process _____
First Article Insp _____	Special Workmanship _____
Final Insp _____	Subcontracting _____
Cust Source Insp _____	Traceability _____
In-process Control _____	Special Packaging _____

Shipping Documents: Insp Rprt ____ C of C ____ Test Rprt ____ Deviations ____

Delivery Cond: Cust Pickup ____ Air ____ Land ____ Other ____

Additional Requirements:

Record of Shipments: 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____

Signature _____ Date _____ Audited by: _____ Date: _____

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A-002

MINFOR INCORPORATED

MAINTENANCE RECORD

Equipment No _____ Location _____ Dept _____

Frequency	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Requirement												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
Signature												
Date done												
Audited By												
Date Audited												

Notes:

A-003 (Blank Document for Recording and Internal Communication)

MINFOR INCORPORATED	Iss dt.	Rev dt.	Pg.
QUALITY OPERATING PROCEDURE	Sign	Rev #	

REQUIREMENT:**SUBJECT:****QOP** | DOCUMENT REQ'D:

**A-004
(ALTERNATE)**

**MINFOR INCORPORATED
RFQ WORK SHEET**

RFQ #	PART NUMBER		CUSTOMER		DUE DATE
PROCESS	QTY:	QTY:	QTY:	QTY:	QTY:
Total Hours					
SUBCONTRACTS					
COSTS US \$					
SUBCONTRACTS					
TOTAL PROCESS					
TOOLS, FIXTURE					
NON-RECURRING					
DELIVERY					
FINAL PRICE					
TERMS: FOB:			NET:	DATED:	
NOTES:					
Audited by:	Date:				
QOP 001, Section One (alternate form)					
Form A-004 Rev. 0 1999					

A-004

DATE		COMPANY					RFQ#		PART NUMBER					ENGINEER		
Raw Mat'l Setup & Tooling Machining 1 Machining 2 Machining 3 Machining 4 Machining 5 Secondary Op. Handling Prod Supp. Subcontract Inspection Gaging (Tool Room) Qual. Support Documentation																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	NOTE: 1. Computation papers are allowed separately. 2. Select items as req'd. 3. Take notes as needed. 4. Add additional cost on bottom.
			N	O	T	E	S						x			
												x				
											x					
									x							
								x								
									x							
										x						
											x					
												x				
													x			
														x		
															x	
Cost Per															Subtotal	
1 pc.																
10 pc. / ea.															Additional Cost	
50 pc. / ea.																
100 pc. / ea.															Final Cost	
200 pc. / ea.																
QOP 001 Section One															Audited by: _____ Date: _____	
Form A-004 Rev 0 1998																

460**A-005****MINFOR INCORPORATED****RFQ, PO, AND AMENDMENT LOG** Indicate Type: _____

LOG-IN			LOG-OUT	
COMPANY	Document #	DATE	STATUS	DATE

QOP 001, Section 1, 2, 3, and 4

Audited by: _____ Date: _____ Form A-005 Rev 0 1998

A-006

MINFOR INCORPORATED

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No _____

1

NONCONFORMING MATERIAL REPORT

Doc or P/N	Rev	P/Name	Mat'l	Job No
Op No/SN	Qty Insp	Qty Acc	Qty Rej	Insp By Date
PO No	Cust/Vend	Operator	Buyer	RM or Shipper No
Item	Rqmt	Description		
1	2			
2				
3				
4				
5				

Inspector Date Supervisor Date

CAUSE:

3

Supervisor	Date
MRB DISPOSITION	Instruction/Comment
RWK Item#	
RPR Item#	4
ACC Item#	
RTV Item#	
SCR Item#	
Waiver Item#	► <i>Regrade is determined by Customer on the submitted waiver!</i>

C/A Yes No Signature: Eng _____ Date _____ Qual _____ Date _____

Corrective Action: 5 Req'd By _____

Engineering _____ Date _____ Quality _____ Date _____

Follow up Audit By: Name _____ Date _____

C/A Completed Yes No N/A

If "No" action taken. Explain: 6

Audited by: _____ Date: _____

Mgmt Rep _____ Date _____
QOP 009 (all sections)

Form A-006 Rev 0 1998

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A-007

MINFOR INCORPORATED**MRB REGISTER**

ISSUANCE			CLOSEOUT		
NCMR S/N	JOB No	DATE	NOTES	BY	DATE

QOP 009 Section One, par. 3.04

Audited by:**Date:**

Form A-007 Rev. 0 1999

JOB TRAVELER

Issuer _____

Date _____

Page _____

JOB No _____

Part No _____ Revision _____

1

Req'd Date _____

Mat'l _____

Part Name _____

Scheduled _____

Qty _____

Prod Qty _____ S/N _____

Sched Due _____

HT Lot _____

CUSTOMER _____

Final Assembly
Part No _____ Rev _____
Qty _____

DESCRIPTION

PO No _____
NCMR No _____
PROCESS REV _____
APPROVED BY _____ Date _____

Prod Notes

2

OPERATIONAL PROCESSES

Seq	W/C	Operation	Process Description	Performance Status
10	Insp	Release	Inspected Yes <input type="checkbox"/> No <input type="checkbox"/> Sign _____ Date _____	
20	Shop	Turn	(Indicate what to do here) First pc. Insp. Yes <input type="checkbox"/> No <input type="checkbox"/> Sign _____ Date _____ Operator Acc. Sign _____ Date _____	(Indicate measurement requirements here)
				3

QOP 012, Sec. One Audited by: _____ Date: _____

Form A-008 Rev 0 1998

AMENDMENT TO PROCEDURES

Doc/Proc #	Name	P/N	Page /
Present Rev	Proposed Rev	Effective Date	
Process Eng	Date	NCMR No	

1. Describe reason for amendment: _____

_____2. Describe what is present requirement: _____

_____3. Describe what is new requirement: _____

Reviewed By _____ Date _____ Accepted By _____ Date _____

Action By Quality:

4. This document has been changed on: Date _____
5. This document has been issued on: Date _____6. List all affected documents within the Quality System _____

7. The affected documents have been updated on: Date: _____

8. Amendment is N/A to the quality documents Notes: _____

Signed By _____ Date _____ Audited by _____ Dt. _____

Audited by: _____ **Date:** _____

ISSUANCE CONTROL OF QSM & QOP

QUALITY SYSTEM MANUAL				QUALITY OPERATING PROCEDURE			
#	Issued To	Issued By	Date	#	Issued to	Issued by	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
#	Reissued To	Reissued By	Date	#	Reissued To	Reissued By	Date

CONTROL OF CUSTOMER DOCUMENTS

CUSTOMER:		PURCHASE ORDER:				DATE	
Documents	Document No	Rev	Amendment	Rev	Effective Dt.	Authorized By	Date
Contract							
Attachment							
Blueprint 1	1of _____ 2of _____ 3of _____ 4of _____						
Blueprint 2	1of _____ 2of _____ 3of _____ 4of _____						
Blueprint 3	1of _____ 2of _____ 3of _____ 4of _____						
Blueprint 4	1of _____ 2of _____ 3of _____ 4of _____						
Blueprint 5	1of _____ 2of _____ 3of _____ 4of _____						
Mat'l Spec 1							
Mat'l Spec 2							
Spl Proc 1							
Spl Proc 2							
Fixture 1							
Fixture 2							
Spl Tooling 1							
Spl Gaging 1							
Other							

Audited by _____ Date _____

REJECTED MATERIAL**REJECTED MATERIAL**

PO # _____ Job # _____

Part No _____ S/N _____

o Quantity: _____ Date: _____
NCMR # _____Reason for Rejection: _____

_____Insp. Stamp

Signature: _____

QOP 002, Sec. Three, par. 3.05h

Form A-012 Rev 0 1998

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A-013

MINFOR INCORPORATED

ACCEPTED MATERIAL

ACCEPTED MATERIAL

PO# _____ JOB# _____

Part No _____ S/N _____

o Quantity _____ Date _____

NCMR # _____

Insp. Stamp

Signature _____

QOP 006, Sec. One through Seven

Form A-013 Rev 0 1998

HOLD MATERIAL**HOLD MATERIAL**

PO # _____ JOB # _____

Part No _____ S/N _____

o Quantity _____ Date _____

NCMR # _____

Insp. Stamp Signature _____

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A-015

MINFOR INCORPORATED**RECORD OF RECEIVED MATERIAL****PRODUCT RELATED MATERIALS****NOTE TO RECIEVER:**

ATTACH THIS FORM TO ALL OTHER RECEIVED DOCUMENTS AND PASS IT ON TO THE QUALITY DEPARTMENT AFTER YOU HAVE RECORDED THE NEEDED INFORMATION. EACH PART NUMBER MUST HAVE SEPARATE REPORT.

CUSTOMER NAME _____
SHIPPER'S NAME _____
PACKING SLIP No _____
P/N OF MATERIAL _____

TOTAL QTY OF MATERIAL _____ COUNT EACH PIECE IN EACH HEAT LOT!

S/N'S OF MATERIAL	HEAT LOT	HEAT LOT	HEAT LOT	HEAT LOT

Do not rely on supplied Packing Slip for information. Confirm the whole shipment against the Packing Slip by counting and recording.

RECEIVER: _____ **Date:** _____ **Inspector:** _____ **Date:** _____

AUDITED: _____ **Date:** _____

QOP 006, Sec. Five, par. 3.02.1, step 3

Form A-015 Rev 0 1998

A-016

MINFOR INCORPORATED**471****TRAINING LOG**

EMPLOYEE NAME	DEPT	SUBJECT OF TRAINING	START DT	FINISH DT	BY

AUDITED BY:

Date:

PURCHASE ORDER

No _____

Rev _____

Page /

FROM: _____

Order Date: _____

Due Date: _____

FOB _____

Ship Via: _____

Terms: _____

Tax Exempt No: _____

Phone: _____

Fax: _____

TO: _____

BUYER _____

Phone: _____

Fax: _____

Line Item	Qty	Part Description	Tax	Unit price	U/M	Extended
1						

Purchase Quality Requirements: _____

 PRODUCT RELATED **NOT PRODUCT RELATED****CONFORMANCE CERTIFICATION REQUIRED****AUDITED BY:** _____**Date:** _____**QUALITY MANAGER** _____**DATE** _____

INSPECTION REPORT

Indicate Type of Inspection: _____ 1 of

P/N	REV.	JOB#	OP#	CUST.	HT	DT				
Verify all items as required by the P O Review Sheet (A-001). PO Line Item:						Qty:				
Job Traveler	Verified	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Identification Marking	<input type="checkbox"/>	Verified	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Material Certification		<input type="checkbox"/>		<input type="checkbox"/>	Overall Documentation			<input type="checkbox"/>		<input type="checkbox"/>
Special Process Certification		<input type="checkbox"/>		<input type="checkbox"/>	Shipping Documentation			<input type="checkbox"/>		<input type="checkbox"/>
First Piece Inspection		<input type="checkbox"/>		<input type="checkbox"/>	Special Handling & Packaging			<input type="checkbox"/>		<input type="checkbox"/>
First Article Inspection		<input type="checkbox"/>		<input type="checkbox"/>	Source Inspection			<input type="checkbox"/>		<input type="checkbox"/>
In-process Inspection		<input type="checkbox"/>		<input type="checkbox"/>	NCMR Activity			<input type="checkbox"/>		<input type="checkbox"/>
Receiving Inspection		<input type="checkbox"/>		<input type="checkbox"/>	Other (1)			<input type="checkbox"/>		<input type="checkbox"/>
Final Inspection		<input type="checkbox"/>		<input type="checkbox"/>	Other (2)			<input type="checkbox"/>		<input type="checkbox"/>
Amendments Incorporated		<input type="checkbox"/>		<input type="checkbox"/>	Other (3)			<input type="checkbox"/>		<input type="checkbox"/>

Comments: (S/N's) _____ NCMR# _____

AQL _____ Sample Size _____ NCMR# _____

DIMENSIONAL, WORKMANSHIP & VISUAL INSPECTION RESULTS:						TOTAL QTY:	
SEQ	B/P dim & tol.	Method	S/N	S/N	S/N	S/N	S/N
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
Qty. Accepted		Qty. Rejected			Waiver: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Notes:

Inspector Sign _____ Date _____ Audited By _____ Date _____

Methods Legend

- | | | | | | |
|--------------------|---------------|---------------------|----------------------|--------------------|--------------------------------|
| 1. Micrometer | 6. CMM | 11. Layout Equip | 16. Surf. Comparator | 21. Ultrasonic | 26. Plating Thickness Analyser |
| 2. Vernier Caliper | 7. PI Tape | 12. Hardness Tester | 17. CNC Mach. Ck. | 22. FPI | 27. Demagnetiser |
| 3. Dial Caliper | 8. Scale | 13. Shadowgraph | 18. Visual (Optical) | 23. MPI | 28. Hipot |
| 4. Depth Gage | 9. Boroscope | 14. Profilometer | 19. Swing gage | 24. Chem. Analysis | 29. Volt Meter |
| 5. Gage Pin | 10. Rad. Gage | 15. Height Gage | 20. X-Ray | 25. Feeler Gage | 30. Other |

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A-018

MINFOR INCORPORATED

INSPECTION REPORT

Indicate Type of Inspection _____ 2 of _____

P/N	Rev.	Job #	Op #	Cust.	HT #	Date
Seq	B/P dim & tol.	Method	S/N	S/N	S/N	S/N
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51	Visual Inspection		Acc <input type="checkbox"/> Rej <input type="checkbox"/> Acc <input type="checkbox"/> Rej <input type="checkbox"/>			
52	Workmanship		Acc <input type="checkbox"/> Rej <input type="checkbox"/> Acc <input type="checkbox"/> Rej <input type="checkbox"/>			
53	Verify all B/P notes		Acc <input type="checkbox"/> Rej <input type="checkbox"/> Acc <input type="checkbox"/> Rej <input type="checkbox"/>			

Inspector Sign _____ Date _____ Audited By _____ Date _____

NOTE: If needed, use continuation sheet Form A-019.

QOP 006 All Sections

Form A-018 Rev 0 1998

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A-020

MINFOR INCORPORATED

GAGE CALIBRATION AND STATUS RECORD

OWNER:

Audited by _____ **Date** _____

OOP 007 par. 3.01, 3.03, and 3.04

Form A-020 Rev 0 1998

021**MINFOR INCORPORATED**

AR	AUDIT SCHEDULE												AUDIT CLOSEOUT		
O 9001	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	SIGNATURE/DATE	/	/
4.1	<input type="checkbox"/>														
4.2		<input type="checkbox"/>													
4.3			<input type="checkbox"/>												
4.5				<input type="checkbox"/>											
4.6					<input type="checkbox"/>										
4.7						<input type="checkbox"/>									
4.8							<input type="checkbox"/>								
4.9								<input type="checkbox"/>							
4.10	<input type="checkbox"/>							<input type="checkbox"/>							
4.11									<input type="checkbox"/>						
4.12									<input type="checkbox"/>						
4.13										<input type="checkbox"/>					
4.14										<input type="checkbox"/>					
4.15											<input type="checkbox"/>				
4.16											<input type="checkbox"/>				
4.17											<input type="checkbox"/>				
4.18											<input type="checkbox"/>				
4.20	Re: QOP 010														

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A-022

MINFOR INCORPORATED**Checklist:****AUDIT PLAN****Reporting:**

Paragraph Requirement to be Audited	Non-conformance Found		
Quality Manual Section _____			
Quality O.P. Number _____			
Section _____			
Paragraph _____			
Quality Manual Section _____			
Quality O.P Number _____			
Section _____			
Paragraph _____			
Quality Manual Section _____			
Quality O.P. Number _____			
Section _____			
Paragraph _____			
Quality Manual Section _____			
Quality O.P. Number _____			
Section _____			
Paragraph _____			
Quality Manual Section _____			
Quality O.P. Number _____			
Section _____			
Paragraph _____			
Comments:			
_____ NCMR _____			
Auditor _____	Date _____	Mgmt Rep _____	Date _____
QOP 010		Form A-022 Rev 0 1998	

A-023

MINFOR INCRPORATED

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REWORK/REPAIR PROCEDURE

Job No	Part No	Customer	NCMR No	Date
--------	---------	----------	---------	------

REWORK INSTRUCTION	Engineer:	Date:	
Description	Requirement	Result	

Operator Acc:	Date:	Insp Acc:	Date:
---------------	-------	-----------	-------

REPAIR INSTRUCTION	Engineer:	Date:	
Description	Requirement	Result	

Operator Acc:	Date:	Insp Acc:	Date:
---------------	-------	-----------	-------

Attach all required drawings:

Audited by _____ Date _____

QOP 009, Sec. Two, par. 3.01.4.1 & 3.01.4.2

Form A-023 Rev 0 1998

WAIVER REQUEST

Date _____ Customer _____ NCMR No _____

Job Number: _____ Purchase Order No _____

Raw Material: _____ Shipping Memo: _____

Part Number: _____ Rev. _____ Part Name: _____ S/N _____

Operation: _____ QTY: _____ Dept. Resp. _____

NONCONFORMANCEDescription: _____

_____Cause: _____

_____Corrective/preventive action: _____

Quality Manager _____

CUSTOMER DISPOSITION

Date: _____

Accept Special Instruction _____

_____Rework Repair Scrap Regrade Other

Authorized Authority _____

Audited by _____ Date _____
QOP 009, Sec. Two, par. 3.01.4.2.1

Form A-024 Rev 0 1998

A-025

MINFOR INCORPORATED

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SHIPPING LOG

Audited by _____ **Date** _____

Optional usage as may be required. Not a procedural requirement of this QMS

Form A-025 Rev 0 1998

SUPPLIER SURVEY QUESTIONNAIRE

Company Name: _____

Address (street): _____ City: _____

State: _____ Country: _____ Zip Code: _____

Phone: _____ Fax: _____

List Your Product and/or Service: _____

Number of employees: Total: _____ Production: _____ Inspection: _____

Your Quality System conforms to the following standard(s):

ISO 9001 ISO 9002 ISO 9003 QS 9000 AS 9000 MIL-Q-9858 MIL-I-45208 FAR

Other (Specify): _____

List third party which has registered your Quality System: _____

ORGANIZATION:

Title	Name
President/Gen. Mgr.:	
Senior Quality Position:	
Senior Eng'g Position:	
Senior Mkt'g Position:	
Mfrg. Mgr.:	
Comments:	

MANAGEMENT RESPONSIBILITY

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1 Do you have a company Quality Policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do procedures describe the authority of those responsible for managing, performing, and verifying work affecting quality? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Are resources for inspection, test, and audits of the quality system provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Is the Quality System reviewed at least annually by executive management? | <input type="checkbox"/> | <input type="checkbox"/> |

QUALITY SYSTEM

- | | | |
|--|--------------------------|--------------------------|
| 5 Do you have a company approved Quality Manual? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, specify current revision level and date: Rev: _____ Date: _____ | | |
| 6 Are quality plans written, approved and used as required? | <input type="checkbox"/> | <input type="checkbox"/> |

CONTRACT REVIEW

- | | | |
|--|--------------------------|--------------------------|
| 7 Do procedures include contract review activities and are records maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

DESIGN CONTROL

- | | | |
|---|--------------------------|--------------------------|
| 8 Do procedures include the control and verification of product design? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are plans written and approved for each design and development activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do the plans include verification that design output meets input requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Are all design changes and modifications documented, reviewed, approved, and maintained? | <input type="checkbox"/> | <input type="checkbox"/> |

DOCUMENTATION CONTROL

- | | | |
|---|--------------------------|--------------------------|
| 12 Do procedures include the control of external and internal documents identified within the Quality System? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Are the documents available and controlled where they are needed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Are obsolete documents promptly removed from all points of issue or use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Are document changes reviewed and approved by those who issued them? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Where appropriate, are document changes identified or referenced? | <input type="checkbox"/> | <input type="checkbox"/> |

PURCHASING

- | | | |
|--|--------------------------|--------------------------|
| 17 Are your suppliers controlled to meet your purchase quality requirements and are your records maintained to prove this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Do purchase orders correctly define the product ordered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Does Quality review and approve product related purchase orders? | <input type="checkbox"/> | <input type="checkbox"/> |

CUSTOMER SUPPLIED PRODUCTS

- | | | |
|--|--------------------------|--------------------------|
| 20 Are procedures written and maintained for the control of customer supplied products with adequate feedback on lost, damaged or unacceptable conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

PRODUCT IDENTIFICATION AND TRACEABILITY

- | | | |
|---|--------------------------|--------------------------|
| 21 Where applicable, does documentation cover product identification during all stages of production, installation, and delivery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Where traceability is a requirement, do you have documented control for it? | <input type="checkbox"/> | <input type="checkbox"/> |

PROCESS CONTROL

- | | | |
|---|--------------------------|--------------------------|
| 23 Do you have written instructions for planned product quality verification during the various processing stages before product release? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

PROCESS CONTROL continued

24 Do you perform special processes? If so, please list them:

YES NO

25 Are records maintained for qualified processes, equipment, and personnel?

INSPECTION AND TESTING

26 Do procedures ensure that incoming material is identified, documented, verified and controlled to ensure product recall in case of in-process rejection?

27 Are in-process inspections and tests performed and documented for first piece acceptance according to quality plans?

28 Do final inspection procedures ensure that all previous inspections have been reviewed and correctly documented including MRB activities?

29 Do final inspection procedures ensure that all the customer's purchase order requirements have been verified and documented prior to product release?

30 Are records maintained which provide evidence that the final product has passed all the required inspections and tests prior to product release?

31 Are procedures clearly defined document control for product released for shipment?

INSPECTION, MEASURING AND TEST EQUIPMENT

32 Is measuring and test equipment which is used for product conformance verification identified, calibrated and procedurally controlled?

33 Is all measuring and test equipment calibrated at prescribed intervals or prior to use?

34 Are calibration masters traceable to national or international Standards?

35 Are calibration technique sheets used and are they present and up to date?

36 Is calibration, measuring and test equipment identified with suitable indicators to show calibration status? Is it traceable to individual equipment?

37 Are environmental conditions suitable for the calibration of equipment?

38 Is test hardware (such as jigs and fixtures) including software checked to ensure it is capable of verifying the product?

INSPECTION AND TEST STATUS

39 Is inspection and test status of products identified by using markings (such as controlled stamps, tags and/or labels) throughout production and installation?

40 Do inspection and test records identify the inspection authority responsible for the release of conforming product?

CONTROL OF NON-CONFORMING PRODUCT

41 Do documented procedures prevent the inadvertent use or installation of non-conforming product?

42 Is non-conforming product identified, documented, segregated (when practical). Is notification given to concerned parties?

43 Do documented procedures describe the MRB activities?

CONTROL OF NON-CONFORMING PRODUCT continued **YES** **NO**

44 Do you have a waiver procedure in place to request customer disposition on non-conforming product? Is reworked and repaired product re-inspected?

CORRECTIVE/ PREVENTIVE ACTION

45 Do procedures describe how corrective/preventive action is implemented?

46 Do procedures describe how follow-up of corrective/preventive action implementation is carried out and how documentation is closed out?

HANDLING, STORAGE, PACKAGING AND DELIVERY

47 Do you have procedures written for handling, storage, packaging and delivery of the conforming product? Are they adequate to protect product quality?

CONTROL OF QUALITY RECORDS

48 Do procedures describe the retention and control of quality records, the process of retention, period of retention, retrieval and accessibility?

49 Do procedures describe the safe-keeping of records and the accessibility to them by customers?

INTERNAL QUALITY AUDITS

50 Are internal quality audits at least annually scheduled, performed and documented in accordance with written procedures? Are follow-up actions scheduled and documented to ensure any corrective action implementation?

TRAINING

51 Do you maintain records of training activities for all personnel?

52 Are personnel who perform special processes certified to do so?

SERVICING

53 When servicing is specified by contract, do procedures include that verification servicing meets the specified requirements?

STATISTICAL TECHNIQUES

54 Where appropriate, do procedures adequately define the application of statistical techniques for verifying and controlling process capability and product characteristics?

COMPLETED BY: _____ **SIGNATURE:** _____

TITLE: _____

DATE: _____

Please mail or fax to:

Audited by _____ **Date** _____ **Approved by** _____ **Date** _____
QOP 003, Section Two

Form A-026 Rev 0 1998

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A-027

MINFOR INCORPORATED

MATERIAL IDENTIFICATION TAG

MATERIAL IDENTIFICATION TAG

DATE RECEIVED: _____

CUSTOMER: _____

PART NUMBER: _____

PO NUMBER: _____

LOCATION: _____

COMMENTS: _____

SIGNATURE OF RECEIVER: _____

Pg 1

*Packing Slip #***From:** Minfor Incorporated

Phone: _____**Fax:** _____**Bill To:** _____

Ship To: _____

Ship Date: _____**Your Order:** _____**FOB** _____**Ship Via:** _____**Terms:** _____**Our Order:** _____**Sales Person:** _____**Order Qty****Ship Qty****Part Name/description****U/M****Each****Released By:** _____ **Date:** _____**Received By:** _____ **Date:** _____

No _____

CERTIFICATE OF CONFORMANCE

Purchase Order _____ Packing Slip _____ Shipping dt. _____

Part No: _____ Rev: _____ Part Name: _____ Qty: _____

This is to certify that the below listed item(s) correspond to the requirements of blueprint, standard, specification or clauses stipulated in the Purchase Order and which are supported by the appropriate records on file available on request.

Document No	Rev.	Process Description	Manufacturer	Quality Standard

Supplier Name and Address

Signature of Quality Manager

Date: _____

RECEIVING LOG

Quantity Received	Date Received	Received From	Part No or Description	Material Belongs to	Heat Code	Condition Received	Rec'd By

Optional usage as required. Not a procedural requirement of this QMS

Form A-030 Rev 0 1998

ISSUE AND TRACEABILITY OF DRAWINGS

Customer:

Part No:

Job No:

Document Number ↓	Rev.	No of Copies Issued Qty	Area	Date Issued	Issued By	Obsolete Date	Destroyed Date	Returned Date	Returned By
			Engineering						
			Production						
			Inspection						
			Tool Room						

FILE NOTES: _____

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PASSWORD, INSPECTION STAMP, AND SIGNATURE CONTROL

The following passwords and/or inspection stamps have been assigned or inactivated to the indicated personnel and are to be controlled as defined in QOP 008, paragraph 3.01 and 3.02.

Stamp Type and Stamp #	Password (encoded)	Issued to	Signature (of owner)	Issued By	Date Issued	Inactivation Date and/or Limitation Notes

Audited by _____ **Date** _____

QOP 008, par. 3.01 and 3.02

Form A-032 Rev 0 1998

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A-O33

MINFOR INCORPORATED

OPERATOR PRODUCT VERIFICATION RECORD

Sht 1 of

Part Number: _____ OP #: _____ Part Name: _____

→ Name of Empl						
Date: →						
S/N →						
B/P Dimension						
↓						
Insp Acc. →						
NCMR # →						

**MANAGEMENT REVIEW
QUALITY SYSTEM REVIEW RECORD**

SYSTEM STANDARD ISO 9001

MANAGEMENT REPRESENTATIVE _____

ATTENDEES: _____

PLACE OF MEETING:

DATE OF MEETING:

1. Agenda to review present state of the Quality System:

2. Agenda for proposals of new goals and objectives:

3. Summary of Management Review Decisions:

4. Corrective/Preventive Action Summary: NCMR No _____

Management Representative _____ Date _____

SUPPLIER SURVEY FORM (Short Form)

Supplier Name: _____ Date: _____

Address: (street) _____ City: _____ Zip Code _____

Phone: _____ Fax: _____

Contact Person: _____ Title: _____

Survey Performed By: _____ Title: _____

Reason for Survey: _____

No. of Employees: Production: _____ Quality: _____ Other: _____ Total: _____

Quality System Used: ISO 9001 AS9000 QS9000 Other: _____**Survey results reported for the following requirements:****INSPECTION AND TESTING**

- Do procedures ensure that incoming product is inspected and documented?
 Are in-process inspections and tests performed and documented to quality plans?
 Do final inspection records indicate a complete review and documentation of
 Identify Purchase Order imposed requirements, including workmanship?

YES**NO****CONTROL OF NON-CONFORMING PRODUCTS**

- Is non-conforming product identified, documented, and segregated (when practical)?
 Is there a corrective action system?
 Is reworked and repaired product re-inspected and controlled to written procedures?

CONTROL OF INSPECTION, MEASURINGS AND TEST EQUIPMENT

- Is measuring and test equipment controlled and calibrated?
 Are all measuring and test equipment identified and calibrated at determined
 intervals or prior to use and are the records traceable to individual equipment?
 Are environmental conditions suitable? Are the test masters traceable to standards?
 Do records indicate a recall system is in place? Can the stickers prove this out?

DOCUMENTATION CONTROL

- Are documents traceable and controlled according to written procedures in purchasing,
 engineering, production, and inspection for revisions, retrieval, and retention?

Summarize deficiencies found: _____

Signature: _____

Approved By _____ Date: _____

Audited by _____ Date _____

QOP 003, Sec Two, par. 3.02.1 & 3.02.2

Form A-035 Rev 0 1998

SOURCE INSPECTED PRODUCT APPROVAL

Purchase Order No: _____ Part No: _____ Rev: _____

Part Name: _____ Job Number: _____

Supplier Name: _____ Location: _____

Total Qty: _____ Total Submitted: _____ Total Accepted: _____

S/N of accepted product: _____

S/N of rejected product: _____

NCMR No: _____

Comments: _____

Source Authority: _____ Date: _____ Stamp:

NOTE: Must be attached to shipment Audited _____ Date _____

**MINFOR INCORPORATED
SUPPLIER CORRECTIVE ACTION REQUEST****NCMR No:****Date****Issued to:** _____**Part No:** _____**Name:** _____**Part Name:** _____**Address:** _____**PO No:** _____**Location:** _____**Packing Slip No:** _____**Tel:** _____**Qty. Rec'd:** _____ **Qty. Rej:** _____**Fax:** _____**S/N:** _____**DESCRIPTION OF DISCREPANCY:** _____

_____**DISPOSITION:**

- Returned for Evaluation**
 Use As Is
 Other (Specify) _____

- Returned for Rework**
 Returned At Your Expense

Authorized Authority: _____ **Purchasing:** _____**SUPPLIER TO COMPLETE THE FOLLOWING AND RETURN IT BY:** _____**CAUSE OF DISCREPANCY:** _____

_____**CORRECTIVE ACTION TAKEN TO ELIMINATE CAUSE:** _____

_____**SUPPLIER SIGNATURE:** _____ **TITLE:** _____ **DATE:** _____

CORRECTIVE ACTION ACCEPTED **CORRECTIVE ACTION REJECTED**

COMMENTS: _____

_____**SIGNATURE:** _____ **Date:** _____ **Audited** _____ **Date:** _____

CUSTOMER COMPLAINT AND EVALUATION REPORT**NOTE:** Return the completed form to the Quality Manager without delay. *Put return address in this block or put N/A***CUSTOMER RELATED INFORMATION:**

Company: _____ Location: _____

Name of customer representative who is reporting the complaint or evaluation:

Name: _____ Title: _____ Tel: _____ Fax: _____

Product Information:

Purchase Order No: _____ Packing Slip No: _____

Part No: _____ Part Name: _____

Qty: _____ Serial Number: _____

What is the complaint or satisfaction evaluation: _____

Taken by: _____ Date: _____

INTERNAL INVESTIGATION AND ACTION TAKEN: NCMR: _____Cause of the problem:

_____Corrective action taken:

Followed up by: _____ Title: _____ Date: _____

Instruction to the Quality Department:

After the cause has been investigated and the corrective action implemented, this report must be sent back to the customer as official reply and a copy of it retained in the Customer Complaint File. Customer satisfaction evaluations must be tabulated and reported to upper management.

**TRAINING EVALUATION SHEET
ORAL EXAMINATION**

DATE OF TEST: _____

NCMR # _____

NAME OF STUDENT: _____ DEPT: _____

TRAINING METRICS QOP # _____

LIST PARAGRAPH NUMBERS AND TOTAL STEPS IN EACH PARAGRAPH ON WHICH TRAINING WAS GIVEN:

Par #						
Steps						

TOTAL QUESTIONS ASKED FROM STUDENT: _____ (10) (b)

TOATL QUESTIONS ANSWERED CORRECTLY: _____ (7) (a)

DIVIDE THE NUMBER OF TOTAL QUESTIONS ASKED INTO THE TOTAL NUMBER OF CORRECT ANSWERS GIVEN BY THE STUDENT:

FORMULA: $7 \text{ (a)} \div 10 \text{ (b)} = .7 \text{ (c)}$ (a/b = c)

(Take your calculator, press 7, press division sign, press 10, press % button and your answer is given in percentage. That's your scoring)

INDICATE SCORE: _____

*Note: The figures given in the parentheses are only examples.**Base your questions on the subject you have taught.***INSTRUCTION:**

1. Less than 70% scoring requires retraining the student in the wrong answers.
2. Maintain this test record in the Training Log (Binder).

Mgmt Rep Signature: _____

NOTES: _____

APPENDIX ONE

This matrix represents the alignment compatibility of the QSM to ISO 9001/2000

QUALITY SYSTEM MANUAL	ISO 9001/2000
1.0 Scope	5.1
1.1 Mission	5.2
1.2 Objectives	5.4.1
2.0 Exclusion	1.2
3.0 Definition	
3.1 References	
3.2 Revision History	5.5.6
3.3 Annual Review	5.3
4.0 Quality System Requirements	4.1
4.1 Management Responsibility	5, 5.1
4.1.1 Quality Policy	5.3
4.1.2 Organization Chart	5.1, 5.5, 5.5.1
4.1.2.1 Responsibility and Authority	5.5.2
4.1.2.2 Resources	6, 6.1, 6.2.1, 6.3, 6.4
4.1.2.3 Management Representative	5.5.3
4.1.3 Management Review	5.6, 5.5.7, 5.6.1, 5.6.2, 5.6.3
4.2 Quality System	4.1, 5.5.4, 5.5.5
4.2.2 Quality System Procedures	4.2
4.2.3 Quality Planning	5.4, 5.4, 5.4.2
4.3 Contract Review	5.2, 5.5.7, 7, 7.1, 7.2, 7.2.1, 7.2.2, 7.2.3
4.4 Design Control	N/A
4.5 Document and Data Control	5.5.6, 5.5.7
4.6 Purchasing	7.4, 7.4.1, 7.4.2, 7.4.3, 5.5.7, 8.4d
4.7 Control of Customer Supplied Product	7.5.3
4.8 Product Identification and Traceability	5.5.7, 7.5.2
4.9 Process Control	5.5.7, 7.5.1, 7.5.5, 8, 8.2.3
4.10 Inspection and Testing	5.5.7, 7.5.1, 8, 8.1, 8.4, 8.2.3, 8.2.4
4.11 Control of Inspection, Measuring and Test Equipment	5.5.7, 7.6
4.12 Inspection and Test Status	7.5.1
4.13 Control of Non-conforming Product	5.5.7, 7.2.3, 8, 8.1, 8.2.4, 8.3, 8.4
4.14 Corrective and Preventive Action	5.5.7, 8.3, 8.5, 8.5.1, 8.5.2, 8.5.3
4.15 Handling, Storage, Packaging, Preservation, and Delivery	7.5.4
4.16 Control of Quality Records	5.5.7
4.17 Internal Quality Audits	5.5.7, 8, 8.1, 8.2.2, 8.2.3, 8.4
4.18 Training	5.5.7, 6.2.2, 8.1
4.19 Servicing	N/A
4.20 Statistical Techniques	7.5.1, 8.1, 8.4