



QUALITY SYSTEM AUDIT

Company: _____ Date: _____

- 1) Location(s): _____
Own or Lease: _____ Size (ft²): _____
- 2) Number of employees: _____
- 3) Annual sales (\$): _____
- 4) Customer Base: _____
- 5) Quality Department
Personnel: _____
Equipment: _____
CMM: _____ Software: _____
Calibration Schedules: Yes No
Quality Certifications/Accreditations (list): _____

GD&T Literate Yes No
- 6) Quality System
Quality Manual: Yes No
Quality Procedures: Yes No
Work Instructions: Yes No
- 7) Incoming Materials
Verification (description): _____



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8) Process Control

- Process creation responsibility: _____
- Capability Studies (Cpk, Ppk): _____
- Monitors: _____
- Part verification (1st Article, PPAP, etc.): _____
- Other Quality Processes employed;
 - PFMEA Yes No
 - Control Plans Yes No
 - Operator Control Records Yes No
 - APQP Yes No

9) Document Revision Control

- Processes: Yes No
- Prints: Yes No
- ECOs: Yes No

10) Maintenance schedules (tooling, etc.): Yes No

11) Audits

- Internal Schedule: _____
- 3rd party (ISO, etc.): _____

12) Development Tools

- | | | | |
|---------------------|------------------------------|-----------------------------|------------|
| CAD | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type _____ |
| TEST | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type _____ |
| Timing Controls | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type _____ |
| Development Control | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Description | _____ | | |
| | _____ | | |