



SUPPLIER QUALITY MANAGEMENT SYSTEM (QMS) ASSESSMENT

Supplier Name:

Date Completed:

COMPANY DATA

Name and Title of the person completing the assessment:		
Business Phone Number:		
Business Email:		
Company President:	Name:	Email:
Head of Quality:	Name:	Email:
Head of Engineering:	Name:	Email:
Head of Sales:	Name:	Email:
Square Feet of Manufacturing Area:		
Total Number of Employees:		
Number of Production Personnel:		
Number of Engineering Personnel:		
Number of Quality Personnel:		
Primary Service(s)/Product(s) You Provide:		
Industries You Supply to:		
Lab Testing Capabilities:		
Are you currently registered to a recognized standard (ISO9000, AS9100, IATF 16949, etc.)? If yes, please attach a copy of your current certificate. If no, please complete the QMS Assessment on the following pages as thoroughly as possible.		

QMS ASSESSMENT

(Minimum Requirements if not ISO9001 Certified)

Evaluation Key:

Y = "Yes" meets the requirements.

N = "No" not in effect

N/A = "Not applicable"

** All fields require at least a short explanation of "why" you answered the way you did in the Comments section. This is our evaluation of your Quality Management System that allows you to be an approved supplier to Flexfab. Please take your time and be thorough. **

REQUIREMENT	Y	N	N/A	COMMENTS
Quality System				
Are there any future plans to become ISO9001, AS9100, or IATF16949 certified? Please describe your situation.				
Is there a Quality Organization with authorities and responsibilities that are clearly defined?				
Are drawings, specifications, procedures, and work instructions maintained in such a way that only the latest is used in manufacturing, inspections, and training?				
Are inspection and test records maintained and kept for an adequate amount of time?				
Resource Management				
Are personnel performing work and inspections adequately trained?				
Are records of training kept and maintained?				
Is your company work environment in a good state of order, cleanliness, and repair?				
Product Realization				
Are contracts (purchase orders) reviewed and records kept from these reviews?				
Is on time delivery taken into consideration when orders are received?				
Is there a system in place for design control? (Can you assure design changes flowed from Flexfab will be realized in the final goods from your production team as requested on each PO?)				
Is there a purchasing system in place to make sure that the required products and services are purchased? Are suppliers controlled?				
Are purchased materials inspected and tested to the extent necessary before use?				
Is key equipment under a preventive maintenance schedule?				
Are production tools identified and				

maintained?			
Is there a system in place to ensure that materials and/or tooling provided by Flexfab are controlled in such a way as to prevent damage?			
Are materials and products in your facility properly marked and their status clearly identified?			
Are there documented work instructions (date or revision sensitive) that define methods to be used for: <ul style="list-style-type: none"> • Manufacturing? • Inspection? 			
Is the inspection and test status of product identified by suitable means so that the inspection and test status is recognizable and understood?			
Is product handled, stored, and packed in such a way as to: <ul style="list-style-type: none"> • Prevent damage? • Ensure only correct shipments? 			
Shipping: Are certified test reports and/or CofC's included with all shipments when requested?			
Is there a calibration system in place that ensures that inspection, measuring, and test equipment is accurate and traceable to NIST?			
Do you have Laboratory Testing capabilities? If yes, explain.			
Measurement, Analysis and Improvement			
Are internal quality audits performed via a scheduled plan?			
Is product subject to inspection through all stages of the manufacturing process? (describe) <ul style="list-style-type: none"> • Receiving? • In-process? • Final? 			
Is nonconforming product segregated and handled in such a way that it is prevented from accidental use?			
Is nonconforming product reviewed, and dispositioned by qualified personnel?			
Is there a system in place for Continuous Improvement?			
Is there a corrective action system in place that ensures internal, external, and customer requested Corrective Actions are answered adequately and in a timely manner? Are the Corrective Action responses verified for effectiveness?			

SUPPLIER REPRESENTATIVE SIGNATURE: _____

DATE: _____

RESULTS OF THE AUDIT

FLEXFAB AUDITOR SIGNATURE: _____

DATE: _____

POSITIVES:

OPPORTUNITIES FOR IMPROVEMENT:

For Flexfab Use Only

DATE RECEIVED: _____

APPROVED? YES NO

REASONING:

QUALITY SIGNATURE: _____ DATE: _____

PURCHASING SIGNATURE: _____ DATE: _____

FORM REVISIONS

LTR	EO/CO NO.	DATE		LTR	EO/CO NO.	DATE		LTR	EO/CO NO.	DATE
REL		03-23-07								
A	EO-53342	12-01-22								