

Supplier Quality System Audit			
Date:			
Company Name:			
Company Address:			
Phone Number:			
Fax Number:			
Email Address:			
Website:			
Management Personnel			
First & Last Name	Title	Phone	Email Address
Head of Quality Reports to:			
Total Number Of Employees			
Production:		Engineering:	
Inspection:		Support Staff:	
Other: _____		Other: _____	

Basic Quality System Questions			
1	Is your company registered to an accepted quality standard? If "YES" please submit a copy of the certification. <input type="checkbox"/> Yes <input type="checkbox"/> No	1a	Please select a Standard of Certification (if other please specify) <input type="checkbox"/> AS9100 <input type="checkbox"/> ISO9001 <input type="checkbox"/> TS16949 <input type="checkbox"/> Other
2	Does your company maintain current approval by "NADCAP"? If "YES", please submit a copy of the certification. <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Are you currently (select one) <input type="checkbox"/> ITAR compliant <input type="checkbox"/> DFARS Compliant	3a	(if not) Can you be ITAR & DFARS compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Will you allow Roush Yates Manufacturing Solutions authorized representative to inspect and audit your quality system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Will you allow Roush Yates Manufacturing Solutions authorized representative to conduct On-Site Evaluations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

This survey was completed and performed by: (electronic signature acceptable)

First & Last Name	Title	Date

**If "Yes" to questions 1 and 1a, please submit a copy of your certification and complete the Supplier Requested Required Information only**

<b>5.1</b>	<b>Leadership</b>	<b>Select One</b>
A	Is there a Quality policy and are quality objectives established for commitment to quality?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B	Does top management communicate to the organization the importance of meeting customer, regulatory and statutory requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>5.1.2</b>	<b>Customer Focus</b>	<b>Select One</b>
A	Does top management ensure that risks and opportunities that can affect conformity of products and services and the ability to enhance customer satisfaction are determined and addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B	Is product and service conformity and on-time delivery performance measured? Is appropriate action taken when planned targets are not achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
C	Is appropriate action taken when planned targets are not, or will not be achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>6.1</b>	<b>Actions to address risk and opportunities</b>	<b>Select One</b>
A	Does the organization determine the risk and opportunities that need to be addressed to prevent, or reduce, undesired effects and achieve improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>7.1.5</b>	<b>Monitoring and measuring resources</b>	<b>Select One</b>
A	Has the organization determined and provided the resources needed to ensure valid and reliable results when monitoring or measuring is used to verify the conformity of products and services to requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B	Does the organization retain appropriate documented information as evidence of fitness for purpose of the monitoring and measurement resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>7.1.5.2</b>	<b>Measurement Traceability</b>	<b>Select One</b>
A	Does the organization maintain a process for gage and testing equipment calibration or verification to a traceable standard, with documented records that state frequency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B	Does this process safeguard from adjustments, damage, or deterioration that would invalidate the calibration status and subsequent measurement results?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Supplier Required Information to Complete

For Non-Certified Suppliers to Complete Only

<b>7.5.3</b>	<b>Control of Documented Information</b>	<b>Select One</b>
<b>A</b>	Does the organization adequately protect documented information to prevent the loss confidentiality, improper use, or the loss of integrity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.1</b>	<b>Operational Planning and Control</b>	<b>Select One</b>
<b>A</b>	Does the organization have a process to plan, implete and control the processes needed to meet the requirements for the provision of products and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>B</b>	Does the process include personal and product safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>C</b>	Does the process include handling, packaging, and preservation of the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.2.1</b>	<b>Customer Communication</b>	<b>Select One</b>
<b>A</b>	Are there processes in place to communicate to the customer regarding product information, feedback and complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.4</b>	<b>Control of Externally Provided Processes, Products and Services</b>	<b>Select One</b>
<b>A</b>	Are processes in place that ensure that purchase product conforms to specified purchase requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>B</b>	Are supplies periodically reviewed for their performance and are controls implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.5.1</b>	<b>Control of Production Process Changes</b>	<b>Select One</b>
<b>A</b>	Does the organization flow down requirements to its suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>B</b>	Are validation processes in place verifying the change maintains conformity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.5.2</b>	<b>Identification and Traceability</b>	<b>Select One</b>
<b>A</b>	Are monitoring and measurement requirements used to identify product status and are records maintained for traceability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>B</b>	Is product identification maintained throughout production and assembly processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.5.5</b>	<b>Post-delivery Activities</b>	<b>Select One</b>
<b>A</b>	Does the organization control the unique identification of the outputs when traceability is a requirement, and shall retain the documented information necessary to enable traceability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.7</b>	<b>Control of Non-Conforming Product</b>	<b>Select One</b>
<b>A</b>	Is there a documented procedure for identifying and controlling nonconforming product to prevent its unintended use or delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>B</b>	Is there a documented procedure for identifying and controlling nonconforming product to prevent its unintended use or delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>C</b>	Does the organization have a process the obtain authorization for acceptance under concession by a relevant authority and, when applicable, by the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>9.1</b>	<b>Monitoring, measurement, analysis and evaluation</b>	<b>Select One</b>
<b>A</b>	Are there requirements to ensure that in-process or incoming product cannot be used or processed until it has been inspected or otherwise verified as conforming to specified requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>B</b>	Are there documented procedures for inspecting and testing product? Are inspection and testing documentation controlled and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>C</b>	Are failures analyzed systemically if order to determine root cause and to make effective decisions for the corrective and preventive actions required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>10.2</b>	<b>Corrective Action</b>	<b>Select One</b>
<b>A</b>	Is there a documented procedure established for the corrective action process, including the review, root cause analysis, action verification and records of results taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

For Non-Certified Suppliers to Complete Only

**\*\*\*\*\* For Roush Yates Manufacturing Solutions Internal Use \*\*\*\*\***

Quality Ratings: \_\_\_\_\_ Delivery Ratings: \_\_\_\_\_

As a result of the survey and prior performance, it is recommended the supplier be:     Approved     Rejected     Re-evaluated

\*\*\*Re-evaluation date to be conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Corrective Action Is Required for Further Consideration

Comments:

\*\*Corrective Action:

**\*\*\*\*RYMS Signatures for Approval\*\*\*\***

Quality Manager: \_\_\_\_\_ Date: \_\_\_\_\_

RYMS Only