

## Supplier Quality System Audit

Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Quality Contact:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Specific Commodity or Service to be provided by the Supplier: \_\_\_\_\_

\_\_\_\_\_

NOTE: Be advised that as an approved LTC Supplier, LTC personnel may visit your facility to verify the information provided in this audit package.

### QUALITY SYSTEMS AND CERTIFICATION:

What quality standards does your company work to:

ISO 9001: 2015

AS9100 Rev D

Other: \_\_\_\_\_

Is your company third-party certified to AS9100 and/or ISO 9001?

Yes If **Yes**, please enter your information and sign in the signature section on the last page. There is no need to complete the remainder of the questionnaire. Please include a copy of your company's certification along with this survey.

No If **No**, please enclose an uncontrolled copy of your Quality Manual with this audit and complete the remainder of the questionnaire.

**Instructions for completing the following sections:**

Answer each question by checking one:

- Y = Procedure or process exists and is consistently adhered to. If Yes, please indicate the procedure or process number and current revision level.
- N = Procedure or process does not exist.
- N/A = Not applicable.

<b>QUALITY MANUAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Does the Supplier have a Quality Manual? If yes, please attach/send a copy of your QM with this survey. COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOCUMENT CONTROL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is there a process to issue new or revised documents to the necessary departments? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a system to retrieve out-of-date or invalid documents? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a master list identifying current procedures or work instructions and their latest revisions? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRAINING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is there a formal training program for employees? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do in-plant training programs include safety considerations? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WORK ENVIRONMENT/PERSONNEL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Do procedures exist that establish and maintain the requirements for health, cleanliness, personal practices, and environmental conditions? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CUSTOMER-RELATED PROCESS (CONTRACT REVIEW)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Do procedures exist to assure an accurate review of customers' contracts or purchase orders? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are customers notified of changes in specifications or manufacturing processes? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CUSTOMER COMMUNICATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Do procedures exist for handling customer complaints including customer feedback? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PURCHASING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Do you have procedures for the selection and approval of your suppliers? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a list of Approved Suppliers? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VERIFICATION OF PURCHASED PRODUCT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is incoming material inspected to the requirements of a purchase order, specification, and/or applicable drawings? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there procedures in place to ensure that only acceptable material is received and issued to the manufacturing floor? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do individual lots or batches have a unique recorded identification code that is clearly visible? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are in-process inspections performed? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a final inspection performed? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are inspection results recorded, and do they indicate that the product has been tested or inspected to defined acceptance criteria? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe what sampling plans are used for inspection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRODUCTION &amp; SERVICE PROVISIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are manufacturing or process (work) instructions written, released, and available? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a manufacturing work order or traveler system that follows each product lot as it progresses through manufacturing? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does it indicate who performed the completed manufacturing step? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do procedures indicate workmanship criteria, special handling or process conditions, and specific equipment to be used in the manufacturing processes? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IDENTIFICATION &amp; TRACEABILITY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are there procedures established for identifying products during all stages of production? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CUSTOMER PROPERTY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is there a procedure establishing the care that will be exercised over customer property? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CALIBRATION – MEASURING EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is there a documented calibration program? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all measurement equipment clearly identified or tagged with calibration status? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are calibration records maintained for all measurement equipment? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program include equipment recall at established intervals for re-calibration? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are calibration standards traceable to the National Institute for Standards and Technology (NIST) or another recognized agency? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a procedure that describes a process for evaluating equipment that is found out of tolerance, and the impact it may have had on manufactured material? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NON-CONFORMING MATERIAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is there a procedure for the handling of non-conforming products? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are non-conforming products identified and segregated from that which is conforming? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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CORRECTIVE & PREVENTIVE ACTION	YES	NO	N/A
Is there a procedure for managing the corrective action and/or preventive action program? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does the procedure address external customer complaints and implement corrective action? COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL SUPPLIER COMMENTS**

I certify that the information provided in this Supplier Audit form is accurate and true to the best of my knowledge. I am authorized by the relevant personnel within my organization to provide this information.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**LTC Use Only**

Reviewed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Status:    Approved    Not Approved

Quality Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_