

**YOUNG & FRANKLIN / TACTAIR FLUID CONTROLS
QUALITY ASSURANCE SURVEY**

Company Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ e-mail: _____
Response Prepared By: _____ Title: _____

1.0 Is your company ISO, QS, AS, or NADCAP certified? **Yes** **No**

Certification:

ISO-9001 ISO-9002 ISO-9003 NADCAP
QS-9001 QS-9002 AS-9100

Name of registrar: _____

Please include a copy of your ISO - QS - AS - NADCAP Certifications.

If NADCAP certified, provide a list of all certified processes covered.

2.0 Does your company perform any of the following processes?

1) Heat Treat	Yes <input type="checkbox"/> No <input type="checkbox"/>	2) Welding	Yes <input type="checkbox"/> No <input type="checkbox"/>
3) Soldering	Yes <input type="checkbox"/> No <input type="checkbox"/>	4) Brazing	Yes <input type="checkbox"/> No <input type="checkbox"/>
5) Plating	Yes <input type="checkbox"/> No <input type="checkbox"/>	6) Impregnation	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) Liquid Penetrant	Yes <input type="checkbox"/> No <input type="checkbox"/>	8) Magnetic Particle	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) X-ray Inspection	Yes <input type="checkbox"/> No <input type="checkbox"/>	10) Ultrasonic Inspection	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, do you have written process procedures? Yes No

3.0 Total plant area, sq. ft.: _____
Number of buildings: _____

4.0 Number of employees _____

Design Engineering	_____	Purchasing	_____
Manufacturing Eng.	_____	Production	_____
Research & Development	_____	Quality Assurance	_____
In-process Inspection	_____	Other	_____

Work schedule: Hours: _____ Shifts: _____ Workdays: _____

5.0 Has your Quality Assurance System been approved by a major customer(s):

Yes No

If yes, who? _____

If ISO, QS, AS or NADCAP certified do not complete the remainder of this audit.

Machining - Supplier Quality System Requirements Audit

Reference: Young & Franklin / Tactair Fluid Controls, Inc. Quality Standard **YFTFC002**

Supplier Name _____ Audit Result: “ Not Approved “ Limited Approval “ Approved
 Address _____ Supplier Code _____ Audit Date _____
 Supplier Rep. _____ Title _____ Auditor Name _____ Title _____

1.0 Management Responsibility	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
1.1 Quality Policy – Published	Yes / No	Yes / No	_____
1.2 Responsibility & Authority	Yes / No	Yes / No	_____
1.3 Management Review	Yes / No	Yes / No	_____
1.4 Records maintained	Yes / No	Yes / No	_____
Auditor’s Comments:			

2.0 Quality System	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
2.1 Documented Quality Manual	Yes / No	Yes / No	_____
2.2 Quality System Procedures - review new projects / parts	Yes / No	Yes / No	_____
2.3 Quality Planning - Identify, provisions, necessary control	Yes / No	Yes / No	_____
Auditor’s Comments:			

3.0 Contract review	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
3.1 Contract/Purchase Order Review	Yes / No	Yes / No	_____
3.2 Amendments to Purchase Order/Contract – Review	Yes / No	Yes / No	_____
3.3 Review records – accessible	Yes / No	Yes / No	_____
Auditor’s Comments:			

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4.0 Document & Data Control	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
4.1 Standards - Specifications - Customer Drawings	Yes / No	Yes / No	_____
4.2 Document & Data Approval & Issue	Yes / No	Yes / No	_____
4.3 Document & Data Changes – review	Yes / No	Yes / No	_____
4.4 Controlled forms	Yes / No	Yes / No	_____
Auditor's Comments:			

5.0 Purchasing	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
5.1 Documented Procedures	Yes / No	Yes / No	_____
5.2 Evaluation of Subcontractors - Approve/Disapprove	Yes / No	Yes / No	_____
5.3 Verification of Purchased Product	Yes / No	Yes / No	_____
5.4 List of approved suppliers	Yes / No	Yes / No	_____
Auditor's Comments:			

6.0 Control of Customer Supplied Product	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a. Documented procedure	Yes / No	Yes / No	_____
b. Report deficiencies - damage	Yes / No	Yes / No	_____
Auditor's Comments:			

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7.0	Product Identification & Traceability	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a.	Documented procedure	Yes / No	Yes / No	_____
b.	Records	Yes / No	Yes / No	_____

Auditor's Comments:

8.0	Process Control	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a.	Documented procedures - Process flow charts	Yes / No	Yes / No	_____
b.	Acceptable system for "Age control"-FIFO	Yes / No	Yes / No	_____
c.	First Article Inspection - Process verification	Yes / No	Yes / No	_____
d.	Suitable production, servicing equipment & environment	Yes / No	Yes / No	_____
e.	Comply w/reference standards, quality plans or procedures	Yes / No	Yes / No	_____
f.	Control of identification and handling of fabricated product	Yes / No	Yes / No	_____
g.	Identification of inspection status of product in-process	Yes / No	Yes / No	_____
h.	Approved processes, equipment & personnel with record	Yes / No	Yes / No	_____
i.	Established Workmanship Standard	Yes / No	Yes / No	_____
j.	Preventative Maintenance Program on equipment	Yes / No	Yes / No	_____
k.	Machine/Process Capability Studies	Yes / No	Yes / No	_____

Auditor's Comments:

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9.0 Inspection & Testing	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
9.1 Applicable specifications, drawings, engineering change orders changes are used by inspection personnel	Yes / No	Yes / No	_____
9.2 Receiving Inspection & Test	Yes / No	Yes / No	_____
9.3 In-process Inspection & Test	Yes / No	Yes / No	_____
9.4 Final Inspection & Test	Yes / No	Yes / No	_____
9.5 Inspection & Test Records	Yes / No	Yes / No	_____
Auditor's Comments:			

10.0 Control Of Inspection, Measuring & Test Equipment	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a. Documented Procedure	Yes / No	Yes / No	_____
b. Identify measurements & accuracy required	Yes / No	Yes / No	_____
c. All (IM&TE) are identifiable to calibration due date, date of last calibration & person who performed calibration	Yes / No	Yes / No	_____
d. Calibrate at prescribed intervals	Yes / No	Yes / No	_____
e. Define Calibration Process	Yes / No	Yes / No	_____
f. Objective evidence of current calibration	Yes / No	Yes / No	_____
g. Maintain records	Yes / No	Yes / No	_____
h. Provide analysis of product impacted by out of tolerance (IM&TE)	Yes / No	Yes / No	_____
i. Environmental conditions suitable	Yes / No	Yes / No	_____
j. Safeguard adjustments which would invalidate calibration setting	Yes / No	Yes / No	_____
Auditor's Comments:			

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11.0	Inspection & Test Status	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a.	Product status clearly indicated & understood Auditor's Comments:	Yes / No	Yes / No	_____
12.0	Control of Nonconforming Product	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a.	Documented Procedure	Yes / No	Yes / No	_____
b.	Responsibility & disposition authority clearly defined	Yes / No	Yes / No	_____
c.	Nonconforming product is identified, segregated & documented	Yes / No	Yes / No	_____
d.	Product reworked to meet specification is 100% re-inspected	Yes / No	Yes / No	_____
e.	Accept with or without repair (Customer approval required)	Yes / No	Yes / No	_____
f.	Rejected and/or Scrapped	Yes / No	Yes / No	_____

YF/TFC does not delegate MRB authority to its suppliers

Auditor's Comments:

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13.0 Corrective & Preventive Action	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a. Documented Procedure	Yes / No	Yes / No	_____
b. Implement & record changes to documented procedures resulting from corrective & preventive action	Yes / No	Yes / No	_____
c. Response to Customer CA requests timely manner	Yes / No	Yes / No	_____
d. Control measures in place to verify CA is effective	Yes / No	Yes / No	_____
e. Control measures established to measure preventive action effectiveness	Yes / No	Yes / No	_____
Auditor's Comments:			

14.0 Handling, Storage, Packaging, Preservation & Delivery	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a. Maintain surveillance of all stored product to assure adequate package & storage conditions	Yes / No	Yes / No	_____
b. Handling - Instructions	Yes / No	Yes / No	_____
c. Storage - Instructions	Yes / No	Yes / No	_____
d. Packaging - Instructions	Yes / No	Yes / No	_____
e. Preservation - Instructions	Yes / No	Yes / No	_____
f. Delivery - Instructions	Yes / No	Yes / No	_____
Auditor's Comments:			

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15.0 Control of Quality Records (hard copy/electronic)		<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a. Documented procedure		Yes / No	Yes / No	_____
b. Identified	Yes / No _____	f. Access	Yes / No	_____
c. Collected	Yes / No _____	g. Storage	Yes / No	_____
d. Indexed	Yes / No _____	h. Maint	Yes / No	_____
e. Filed	Yes / No _____	i. Disposal	Yes / No	_____

Auditor's Comments:

16.0 Internal Quality Audits		<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a. Documented procedure		Yes / No	Yes / No	_____
b. Planned	Yes / No _____	e. Reviewed	Yes / No	_____
c. Scheduled	Yes / No _____	f. Follow-up	Yes / No	_____
d. Conducted	Yes / No _____			

Auditor's Comments:

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17.0 Training	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a. Documented procedure	Yes / No	Yes / No	_____
b. Identify needs	Yes / No	Yes / No	_____
c. Training performed	Yes / No	Yes / No	_____
d. Records	Yes / No	Yes / No	_____
Auditor's Comments:			

18.0 Statistical Techniques	<u>Documented</u>	<u>Implemented</u>	<u>Document/Location</u>
a. Documented procedure - Identification of need	Yes / No	Yes / No	_____
Auditor's Comments:			

Findings:

Opportunity for Improvement

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Corrective Action Issued: Yes/No _____

Auditor Signature _____

Date _____

' Not Approved ' Limited Approval ' Approve