

SELF ASSESSMENT QUESTIONNAIRE

**Company Completing Survey
(name/address/phone)**

Person Completing Survey

**Quality Manager
(name and phone)**

Date Completed

**S.Q.A.M. Form 2.1-1
Revised 8/21/14**

Please type or write your answers legibly. Attach additional sheets as needed.

Quality Management System Certification

1. Is your company certified to a recognized quality management system? YES NO
2. If so, which one? ISO 9001
 TS16949
 Other _____
3. Please list the registrar and registration no. Registrar _____
Registration No. _____
4. What is your quality policy?

5. If you are not currently certified, are you planning to be certified in the future? YES NO
- ISO 9001
 TS16949
 Other _____
6. If so, when? Date _____

If you are currently certified to the TS16949 or ISO 9001 standards, you may stop here. Return this form, along with a copy of your certificate. If you are not certified, please continue to fill out the rest of this form.

Returned completed survey to:

**Olin Brass
305 Lewis and Clark Blvd
East Alton, IL 62024
ATTN: Purchasing Department**

OR

FAX: 618.258.5861

Quality Management System 4.0

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have documentation control systems in place to track revision levels of all specifications, drawings, forms and other documents? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are records maintained and retention times defined? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is a quality manual maintained that includes the scope of the system, the documented procedures and a process description? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Management Responsibility 5.0

- | | | |
|--|------------------------------|-----------------------------|
| 4. Have quality objectives been set and approved by top management? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Are long and short term plans a part of the quality planning process? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are management reviews completed on a regular basis? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Resource Management 6.0

- | | | |
|--|------------------------------|-----------------------------|
| 7. Is the effectiveness of training provided to employees evaluated? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Are training requirements defined for all positions that directly impact quality? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Product Realization 7.0

CUSTOMER RELATED PROCESSES

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 9. If documents and data are supplied by the customer, is there a documented procedure to control them? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 10. Is there a documented procedure for notifying customers of problems that may hinder delivery? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

11. Is there a documented procedure for identifying and recalling products that are nonconforming? YES NO

12. Is there a documented procedure for ensuring customers are informed when design changes affect contractual agreements? YES NO

DESIGN

13. Is there a documented procedure to ensure substitutions or changes to materials/components do not adversely affect product quality or performance? YES NO

14. Is a critical examination performed of the first unit processed after a significant change is performed? YES NO

15. Is there a documented procedure for providing traceability of design changes to a particular lot number, serial number, or other identifier? YES NO

PURCHASING

16. Is there a requirement that your suppliers conform to a quality system? YES NO

17. Is there a process for ensuring purchased product conforms with the required specifications? YES NO

18. Is there a supplier approval process in place? YES NO

TRACEABILITY

19. Is product given unique traceable identification that is recorded and linked to quality records? (e.g. lot number)? YES NO

CUSTOMER PROPERTY

20. Is there a process for ensuring customer supplied property is safe-guarded and any issues regarding said property are reported to the customer? YES NO

PRESERVATION OF PRODUCT

21. Are packaging and labeling audits performed? YES NO
22. Are stored materials with expiration dates controlled to ensure expired products are not used? YES NO

CALIBRATION

23. Are monitoring and measurement equipment calibrated against a national standard? YES NO
24. Is the calibration status identified on the equipment or is there a unique identifier which ties the equipment to the calibration record? YES NO

Measurement, Analysis and Improvement 8.0

25. Is data maintained on customer satisfaction? YES NO
26. Are internal audits performed on the quality system? YES NO
27. Are outputs monitored and measured to ensure they are meeting the specified requirements for:
- 1) Product? YES NO
 - 2) Processes? YES NO
28. Are products that are returned for rework subjected to the appropriate tests to ensure functionality to product specification? YES NO
29. Is nonconforming material segregated or controlled to prevent its accidental use? YES NO
30. Is data collected and analyzed for:
- 1) customer satisfaction? YES NO
 - 2) product conformity? YES NO
 - 3) product and process trends? YES NO
 - 4) supplier performance? YES NO

31. Are processes monitored and measured for continual improvement and is there an associated improvement plan? YES NO
32. Is there a documented procedure for
1) Corrective Action? YES NO
2) Preventive Action? YES NO
33. Is trend analysis performed on non-conforming products and used for corrective and preventive action? YES NO

If you would like to provide any comments, please do so below, or on additional sheets. Thank you for your assistance with the questionnaire.
