

# QUALITY SYSTEM EVALUATION

## SELF SURVEY

|          |          |                       |      |
|----------|----------|-----------------------|------|
| DATE:    | CONTACT: | DUE DATE OF RESPONSE: |      |
| COMPANY: |          |                       |      |
| ADDRESS: |          |                       |      |
| CITY:    |          | STATE:                | ZIP: |
| PHONE:   |          | FAX:                  |      |

| QUESTION AREA   | POINTS (max) | NO                       | YES                      | TOTAL |
|---|--------------|--------------------------|--------------------------|-------|
| <b>1.0 QUALITY SYSTEM ORGANIZATION AND PLANNING</b>   |              |                          |                          |       |
| 1.1 Has management established a quality policy?  | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 1.2 Has management organized the business to meet customer needs?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 1.3 Has management identified organization resources and responsibilities?                                | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 1.4 Does management control documents and records?  | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 1.5 Has management established measurement against goals?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| <b>2.0 QUALITY SYSTEM OPERATION AND CONTROL</b>   |              |                          |                          |       |
| 2.1 Does management review customer orders?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 2.2 Does management have a system to control order changes?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 2.3 Does management control the design process?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 2.4 Does management have a process for control of customer supplied product?                              | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 2.5 Does management have a process for identification of product?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 2.6 Does management control the production process?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 2.7 Are there material handling, storage, packaging, & delivery methods                                   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 2.8 Is there a method for after sales servicing of the product?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| <b>3.0 QUALITY IMPROVEMENT</b>  |              |                          |                          |       |
| 3.1 Does management perform internal quality audits?  | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 3.2 Does management review the systems performance?   | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 3.3 Does management perform corrective and preventative actions?  | 10           | <input type="checkbox"/> | <input type="checkbox"/> |       |
| <b>4.0 PURCHASING</b>   |              |                          |                          |       |
| 4.1 Would you permit Acme Industrial Co. to perform an on-site Quality System audit if required?          | N/A          | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 4.2 Would you permit a customer of Acme Industrial Co. to perform an on-site part inspection if required? | N/A          | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 4.3 Will you notify Acme if major changes are made to your Quality System or upper management?            | N/A          | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 4.4 Have you made your employees aware of the importance of ethical behavior?                             | N/A          | <input type="checkbox"/> | <input type="checkbox"/> |       |
| <b>TOTAL</b>  |              |                          |                          |       |

|               |       |           |    |     |
|---------------|-------|-----------|----|-----|
| QUALIFIED BY: | DATE: | QUALIFIED | NO | YES |
|---------------|-------|-----------|----|-----|

REMARKS:

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