|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Please return to Welker within five business days*** | | | | | | | | | | | | | | | | | |
| Please provide the following information to Welker Engineered Products so we may assess the status of your quality management system and approve your organization as a supplier. | | | | | | | | | | | | | | | | | |
| Supplier name |  | | | | | | | | | | | | | | | | |
| Street address |  | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | State |  | | | | | Zip |  |
| Contact |  | | | | | | | | | | | | | | | | |
| Phone |  | | | | | | Email | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **GENERAL:** | | | | **Is your quality management system certified to a recognized standard? (ISO9001, TS, etc.).  *If yes, please submit a copy of your certification with this completed form.*** | | | | | | | | | | | | | |
| Yes | |  | | No | | | |  | |  | | | |
| Comments: | | | | | | | | | | | | | |
| QUALITY CONTROL: | | | | Have you established a quality operating system that ensures your products meet customer requirements through inspection and testing activities?  (Gage check process, CMM, Data collection and analysis, Gage Calibration, 1st Piece, Last Piece Inspection) | | | | | | | | | | | | | |
| Yes | |  | | No | | | |  | |  | | | |
| Comments: | | | | | | | | | | | | | |
| CUSTOMER ORDER REVIEW: | | | | Does your company review customer orders prior to acceptance to ensure you have the capacity to meet their requirements?  (ERP, MRP, OEE, Capacity Reporting, Machine/Equipment Allocation Plan) | | | | | | | | | | | | | |
| Yes | |  | | No | | | |  | |  | | | |
| Comments: | | | | | | | | | | | | | |
| PERFORMANCE MEASURES: | | | | Does your company have measurables in place for effective production analysis to ensure customer requirements are being met?  (KPI’s, Labor Reporting, Efficiency Tracking, Production Reports) | | | | | | | | | | | | | |
| Yes | |  | | No | | | |  | |  | | | |
| Comments: | | | | | | | | | | | | | |
| NONCONFORMING PRODUCT: | | | | Is there a process in place to ensure that products that do not meet requirements are prevented from shipment?  (ERP-Quality Hold, Hold Tag Procedure, NCR Reporting, Quality Hold Area) | | | | | | | | | | | | | |
| Yes | |  | | No | | | |  | |  | | | |
| Comments: | | | | | | | | | | | | | |
| CUSTOMER COMPLAINTS: | | | | Does your company have a process for responding to customer complaints that includes Containment, root cause analysis, corrective and preventative actions? (8D, 5-WHY, FISHBONE) | | | | | | | | | | | | | |
| Yes | |  | | No | | | |  | |  | | | |
| Comments: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Welker Internal Use Only** | | | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | |
| Approval Method: | |  | Previous Experience | |  | | ISO/TS Certified | | | | | |  | Survey Response | | | |
|  | |  | Customer Specified | | | | | | | | | | | | | | |
| Approved By: | |  | | | | | | | | | Date: | | |  | | | |
| Name: | |  | | | | | | | | | Date: | | |  | | | |