



SUPPLIER QUALITY SYSTEMS SELF-AUDIT

Please return to Welker within five business days Fax 248-528-0920 or email to mr@ewelker.com

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 (if a sales representative for an organization, is your supplier)? (i.e. ISO9001/TS, etc.)

Yes ___ No ___

If yes, please submit a copy of your certification with the above information. If no, answer the questions below

QUALITY SYSTEMS: Have you established a quality system that ensures your products meet customer requirements?
 Yes ___ No ___

CUSTOMER ORDER REVIEW: Does your company review customer orders prior to acceptance to ensure you have the capability to meet their requirements?
 Yes ___ No ___

INSPECTION & TEST: Are inspection and testing activities in place and effective for verifying that specified product requirements have been met?
 Yes ___ No ___

NONCONFORMING PRODUCT: Is there a process in place to ensure that products that do not meet requirements are prevented from shipment?
 Yes ___ No ___

CUSTOMER COMPLAINTS: Do you have a process for responding to customer complaints that includes root cause analysis, corrective and preventative actions?
 Yes ___ No ___

Welker Internal Use Only			
Approval Method:	___ Previous Experience	___ ISO/TS Certified	___ Survey Response
	___ Customer Specified		
Approved By:	_____	Date:	_____
Additional Notes:	_____ _____		
Name:	_____		Date: _____

Prepared by: Chad Edens	Date: 11-26-12
Approved by: MR	FRM-06-001