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| ***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: |  |