This questionnaire is to assess what your organization currently has in place in terms of an ISO/AS 9K Quality Management System (QMS). Please answer as many of the questions that pertain to the organization as completely as possible. This will help us better determine what your implementation needs are and develop an appropriate project management timeline in order to better prepare you for certification.

Please note that if you do not manufacture, repair, or produce a product and purely provide service, consider the word “product” to mean “service” in this form. You may see within this form something like “product/service” or “product or service” to denote their interchangeability.

**Email** the questionnaire to the email address indicated in the footer below once completed.

In the address block, be sure to provide the address for the site in which your ISO/AS Certification will apply or the site headquarters if there are multiple sites that will fall within scope of the ISO/AS Certification. Do not forget to mark Yes or No for additional sites and describe the number of locations and/or where each site is located.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: | Click or tap here to enter text. | | | | | | |
| Contact First Name: | Click or tap here to enter text. | | |  | Last Name: | | Click here to enter text. |
| Address Line 1: | Click or tap here to enter text. | | | | | | |
| Address Line 2: | Click or tap here to enter text. | | | | | | |
| City: | Click or tap here to enter text. | State/Province: | | | | Click or tap here to enter text. | |
| ZIP/Postal Code: | Click or tap here to enter text. | Country: | | | | Click or tap here to enter text. | |
| Contact Phone: | Click or tap here to enter text. |  | Contact Email: | | | Click or tap here to enter text. | |
|  | | | | | | | |
| NAICS Code: | Click or tap here to enter text. | Employee Count: | | | | Click or tap here to enter text. | |

Are there additional sites/locations?  **Yes** (describe below)  **No**

|  |
| --- |
| Click or tap here to enter text. |

## ISO/AS – Conformity or Prior Certification

1. At any point in time, did the organization conform to an ISO/AS Standard  **Yes**  **No** (skip section)(or similar requirements) or attempt to develop/maintain a working QMS?
2. State the standard(s) the organization is trying to conform or does conform to below.

|  |
| --- |
| Click or tap here to enter text. |

1. Do you have any of the following documented information currently in use? Check all that apply.4.4, 7.5

|  |  |  |  |
| --- | --- | --- | --- |
|  | Quality Manual |  | Corrective Action Procedure |
|  | Control of Documents Procedure |  | Preventive Action Procedure |
|  | Control of Nonconforming Product |  | Control of Records Procedure |
|  | Internal Audit Procedure |  | Quality Objectives |
|  | Quality Policy |  | Calibration Procedure and/or Records |

## Context of the Organization and Leadership

1. How would you best describe the site (organization) seeking certification?4.3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Manufacturing |  | Distribution Center |  | Professional Services |
|  | Machine Shop |  | Warehousing |  | Fabricator |
|  | Assembly |  | Logistics |  | Plastic/Injection Molding |
|  | Real Estate |  | Publication / Print |  | Other Click or tap here to enter text. |

1. Provide titles and names of those who are of the top management team for the site seeking certification.5.3

|  |  |  |
| --- | --- | --- |
| ***Title*** |  | ***Name*** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

1. If the organization has a stated Quality Policy, briefly state or summarize it below along with where it is maintained (i.e., within a policy or quality manual) and whether or not it is communicated to the organization. Otherwise, just put “None” below.5.2

|  |
| --- |
| Click or tap here to enter text. |

1. Regardless if the organization currently has a QMS, provide the title and name of the person who would be assigned responsibility for that system.5.3

|  |  |  |
| --- | --- | --- |
| ***Title*** |  | ***Name*** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

## QMS Planning

1. Briefly describe how the organization takes action to address risks and opportunities.6.1

|  |
| --- |
| Click or tap here to enter text. |

1. List any Quality Objectives or Quality Measures your organization tracks and discusses during any management meetings.6.2

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

## Support: Resources, Competence, Awareness, Communication, Documented Information

1. Does the organization have any formal documented information specific to human resource (HR) functions? Documents may have been developed internally or provided by a third party. Check all that apply.7.1.2, 7.2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Hiring Procedure |  |  | Employee Handbook |
|  | HR Procedure |  |  | Job Application form/records |
|  | Evaluation forms/records |  |  | Interview forms/records |
|  | Training forms/records |  |  | Intake (orientation) forms/records |
|  | Vacation Request forms/records |  |  | Other Click or tap here to enter text. |

1. Does the organization use equipment for the manufacturing  **Yes**  **No** (skip question)of products, assembling of products, or execution of services?7.1.3

Are there any related maintenance documents (e.g., maintenance logs)?  **Yes**  **No**This includes securing IT data (e.g., backing up) and in general, maintaining  
infrastructure. This is not equipment requiring calibration.7.5

Check all that apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Equipment Maintenance |  |  | Scheduled Server Backups |
|  | Equipment Maintenance Log |  |  | Server Backup Logs |
|  | Equipment Inspection forms/records |  |  | IT Related Procedures / forms / records |
|  | Scheduled Maintenance forms/records |  |  | Preventive Maintenance forms/records |
|  | Other Click or tap here to enter text. |  |  | None |

1. Are there any special work environment controls and/or related  **Yes**  **No** (skip question)documented processes in place to protect product or service?  
   This may include the safety of your work environment.7.1.4, 7.5, 8.2

Check all that apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ESD Procedure |  |  | ESD Testing forms/records |
|  | Clean Room Procedure / Controls |  |  | Clean Room related forms/records |
|  | Safety Procedure |  |  | HAZMAT Procedures / Controls |
|  | Safety forms/records |  |  | MSDS (company developed) |
|  | Shelf-life Logs |  |  | Materials that have shelf-life |
|  | Temperature / Humidity Control |  |  | Other Click or tap here to enter text. |

## Operation: Product and Service Requirements

1. Who by title/name and department handles the initial interaction with your clients/customers? This person or department is ultimately responsible in determining the requirements of your client and they may be responsible for communicating back to them if there are any changes needed to their order or request. List as many that may apply.8.2.1, 8.2.4

|  |  |  |
| --- | --- | --- |
| ***Title*** |  | ***Name*** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

1. How are client/customer orders confirmed? Are there any formal means of review (e.g., RFQ/RFP review, bid review, contract review, order entry review, etc.) and/or a documented procedure? Briefly describe below.8.2.2, 8.2.3

|  |
| --- |
| Click or tap here to enter text. |

1. Who by title/name and department would handle reviews of client/customer orders?8.2.3

|  |  |  |
| --- | --- | --- |
| ***Title*** |  | ***Name*** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

## Operation: Design and Development of Products and Services

1. Does the organization design and develop (D&D) product or service?4.3, 8.3  **Yes**  **No** (skip section)
2. Is the D&D process documented?7.5, 8.3.2  **Yes**  **No**
3. Are D&D planning inputs and outputs recorded?8.3.3, 8.3.5  **Yes**  **No**
4. Are appropriate controls in place (e.g., reviews, validation,  **Yes**  **No**verification) as part of the D&D process?8.3.4
5. Are records kept regarding D&D changes?8.3.6  **Yes**  **No**

## Operation: Control of Externally Provided Processes, Products, and Services

1. Are materials or services bought to build product or execute services?8.4  **Yes**  **No**
2. Does a documented purchasing procedure exist?7.5, 8.4  **Yes**  **No**
3. Who by title/name and department would manage the purchasing process?8.4

|  |  |  |
| --- | --- | --- |
| ***Title*** |  | ***Name*** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

1. Are purchase orders or something of an equivalent used?8.4.3  **Yes**  **No**

## Operation: Production and Service Provision

1. Regardless of area or department, does the organization have any  **Yes**  **No**written work instructions?8.5.1
2. Does the organization provide work orders or job travelers?8.5.1  **Yes**  **No**
3. As applicable, check any of the following types of *special processes* that are conducted at the site.8.5.1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Welding |  |  | Soldering |
|  | Destructive Testing |  |  | Painting |
|  | Other Click or tap here to enter text. |  |  | None |

If any of the items above are checked, do the people performing that  **Yes**  **No**particular function have certification in those areas?

1. Briefly describe the organization’s methods for product/service release and activities surrounding delivery and post-delivery. For example: are inspections or tests conducted to qualify a product/service for release/execution; do you have a final approval prior to shipping product or executing service; do you do warranty repairs?8.5.1

|  |
| --- |
| Click or tap here to enter text. |

1. Is provision made for the organization to progressively identify work output by  **Yes**  **No**subdividing work into lots or discrete work areas and is each lot or work area  
   uniquely identified?8.5.2

Is provision made to identify samples and test results against the lot or work area  **Yes**  **No**to which they relate?8.5.2

Are there any client/customer or organizational requirements for product/service  **Yes**  **No**traceability?8.2.3.1, 8.5.2

Examples may include serializing parts, product, or materials so that they can be traced back to where they were originally made, manufactured, or assembled. Records for heat-treated materials used to produce a product is another example of traceability.

1. Does the organization manage or maintain any customer proprietary  **Yes**  **No**information?8.5.3
2. Does the organization handle or incorporate the use of any customer  **Yes**  **No** (skip question)supplied property?8.5.3

Is provision made to identify, verify, protect, and safeguard the  **Yes**  **No**customer’s property?8.5.3

Does the provision include maintaining a log to track  **Yes**  **No**customer property?8.5.3

Regarding customer property, is provision made to inform the customer  **Yes**  **No**of any loss, damage, or its unsuitability of use?8.2.1

Regarding customer property, is provision made to take action to  **Yes**  **No**correct any problems and are appropriate records kept?8.2.1

Who by title, name, or department would be responsible for contacting the client/customer with regard to any issues regarding their property?8.2.1

|  |  |  |
| --- | --- | --- |
| ***Title*** |  | ***Name*** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

1. Is provision made for the organization to preserve the product/service  **Yes**  **No**  
   during internal processing and delivery to maintain conformity to  
   requirements?8.5.4

Preservation may include identification, handling, packaging, storage, and protection.

1. Does the organization have measuring or monitoring equipment  **Yes**  **No** (skip question)  
   that require calibration?7.1.5

What types of measuring equipment are used? Check all that apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Micrometer |  |  | Gage Blocks |
|  | Height Gage |  |  | Depth Gage |
|  | Scales |  |  | Tape Measures/Rulers |
|  | Test Equipment |  |  | Other Click or tap here to enter text. |

If software is used for measuring (e.g., CNC machines, data loggers, computer based test stations, etc.), briefly describe below how it is confirmed to be accurate.

|  |
| --- |
| Click or tap here to enter text. |

## Performance Evaluation

1. Is there any specific process monitoring and measuring techniques used? (9.1.3)  **Yes**  **No**

Some examples are performance statistics, COPQ, CRpkR, SPC, etc.

Briefly describe below any techniques used.

|  |
| --- |
| Click or tap here to enter text. |

1. Are customer surveys or feedback from customers taken?9.1.2  **Yes**  **No**May include tracking and investigating complaints from customers.
2. Does the organization follow a determined method to monitor and measure performance, as the customer perceives it, and act to address any underperformance and/or misconceptions? Briefly describe below how this is done.9.1.2

|  |
| --- |
| Click or tap here to enter text. |

1. Are internal audits conducted and reported?9.2, 10.3  **Yes**  **No** (skip question)

If yes, are internal audits conducted on an established schedule?  **Yes**  **No**

1. Are audits conducted by other interested parties (e.g., customers, government, etc.)?  **Yes**  **No**
2. Briefly describe actions taken to eliminate detected nonconformities. This may include issuing a nonconformity report (NCR), corrective action report (CAR), supplier corrective action report (SCAR), incident report, inspection report, quality control report, etc.8.7, 10.2

|  |
| --- |
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Are records of the above actions maintained?7.5  **Yes**  **No**

Who by title, name, or department would manage these records?7.5

|  |  |  |
| --- | --- | --- |
| ***Title*** |  | ***Name*** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

*Congratulations!*

*You are one step closer to getting your organization certified.*

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*to discuss a Trident QMS recommended program that will best fit your organization.*