YOUNG & FRANKLIN / TACTAIR FLUID CONTROLS
QUALITY ASSURANCE SURVEY

Company Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ e-mail: _____
Response Prepared By: _____ Title: _____

1.0 Is your company ISO, QS, AS, or NADCAP certified? **Yes** ☐ **No** ☐
Certification:

ISO-9001 ☐ ISO-9002 ☐ ISO-9003 ☐ NADCAP ☐
QS-9001 ☐ QS-9002 ☐ AS-9100 ☐

Name of registrar: _____

Please include a copy of your ISO - QS - AS - NADCAP Certifications**.**

If NADCAP certified, provide a list of all certified processes covered.

2.0 Does your company perform any of the following processes?

1) Heat Treat	Yes ☐ No ☐	2) Welding	Yes ☐ No ☐
3) Soldering	Yes ☐ No ☐	4) Brazing	Yes ☐ No ☐
5) Plating	Yes ☐ No ☐	6) Impregnation	Yes ☐ No ☐
7) Liquid Penetrant	Yes ☐ No ☐	8) Magnetic Particle	Yes ☐ No ☐
9) X-ray Inspection	Yes ☐ No ☐	10) Ultrasonic Inspection	Yes ☐ No ☐

If yes, do you have written process procedures? Yes ☐ No ☐

3.0 Total plant area, sq. ft.**:** _____
Number of buildings**:** _____

4.0 Number of employees _____

Design Engineering	_____	Purchasing	_____
Manufacturing Eng.	_____	Production	_____
Research & Development	_____	Quality Assurance	_____
In-process Inspection	_____	Other	_____

Work schedule: Hours: _____ Shifts: _____ Workdays: _____

5.0 Has your Quality Assurance System been approved by a major customer(s):
Yes ☐ No ☐

If yes, who? _____

_____

If ISO, QS, AS or NADCAP certified do not complete the remainder of this audit.

Raw Material - Supplier Quality System Requirements Audit

Reference: Young & Franklin / Tactair Fluid Controls, Inc. Quality Standard **YFTFC004**

Supplier Name _____ Audit Result: Not Approved Limited Approval Approved
Address _____ Supplier Code _____ Audit Date _____
Supplier Rep. _____ Title _____ Auditor Name _____ Title _____

1.0	**Management Responsibility**	Documented	Implemented	Document/Location
1.1	Quality Policy – Published	Yes / No	Yes / No	_____
1.2	Responsibility & Authority	Yes / No	Yes / No	_____
1.3	Management Review	Yes / No	Yes / No	_____
1.4	Records maintained	Yes / No	Yes / No	_____
	Auditor's Comments:			

2.0	**Quality System**	Documented	Implemented	Document/Location
2.1	Documented Quality Manual	Yes / No	Yes / No	_____
2.2	Quality System Procedures - review new projects / parts	Yes / No	Yes / No	_____
2.3	Quality Planning - Identify, provisions, necessary control	Yes / No	Yes / No	_____
	Auditor's Comments:			

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3.0	**Contract review**	Documented	Implemented	Document/Location
3.1	Contract/Purchase Order Review	Yes / No	Yes / No	_____
3.2	Amendments to Purchase Order/Contract – Review	Yes / No	Yes / No	_____
3.3	Review records – accessible	Yes / No	Yes / No	_____
	Auditor's Comments:			

4.0	**Document & Data Control**	Documented	Implemented	Document/Location
4.1	Standards - Specifications - Customer Drawings	Yes / No	Yes / No	_____
4.2	Document & Data Approval & Issue	Yes / No	Yes / No	_____
4.3	Document & Data Changes – review	Yes / No	Yes / No	_____
4.4	Controlled forms	Yes / No	Yes / No	_____
	Auditor's Comments:			

5.0	**Purchasing**	Documented	Implemented	Document/Location
5.1	Documented Procedures	Yes / No	Yes / No	_____
5.2	List of approved suppliers	Yes / No	Yes / No	_____
5.3	Verification of Purchased Product	Yes / No	Yes / No	_____
	Auditor's Comments:			

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6.0	**Product Identification & Traceability**	Documented	Implemented	Document/Location
a.	Documented procedure	Yes / No	Yes / No	_____
b.	Records	Yes / No	Yes / No	_____

Auditor's Comments:

7.0	**Process Control**	Documented	Implemented	Document/Location
a.	Documented procedures - Process flow charts	Yes / No	Yes / No	_____
b.	Acceptable system for "Age control"-FIFO	Yes / No	Yes / No	_____
c.	First Article Inspection - Process verification	Yes / No	Yes / No	_____
d.	Suitable production, servicing equipment & environment	Yes / No	Yes / No	_____
e.	Comply w/reference standards, quality plans or procedures	Yes / No	Yes / No	_____
f.	Control of identification and handling of fabricated product	Yes / No	Yes / No	_____
g.	Identification of inspection status of product in-process	Yes / No	Yes / No	_____
h.	Approved processes, equipment & personnel with record	Yes / No	Yes / No	_____
i.	Established Workmanship Standard	Yes / No	Yes / No	_____
j.	Preventative Maintenance Program on equipment	Yes / No	Yes / No	_____
k.	Machine/Process Capability Studies	Yes / No	Yes / No	_____

Auditor's Comments:

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8.0	**Inspection & Testing**	Documented	Implemented	Document/Location
8.1	Applicable specifications, drawings, engineering change orders changes are used by inspection personnel	Yes / No	Yes / No	_____
8.2	Receiving Inspection & Test	Yes / No	Yes / No	_____
8.3	In-process Inspection & Test	Yes / No	Yes / No	_____
8.4	Final Inspection & Test	Yes / No	Yes / No	_____
8.5	Inspection & Test Records	Yes / No	Yes / No	_____
	Auditor's Comments:			

9.0	**Control Of Inspection, Measuring & Test Equipment**	Documented	Implemented	Document/Location
a.	Documented Procedure	Yes / No	Yes / No	_____
b.	Identify measurements & accuracy required	Yes / No	Yes / No	_____
c.	All (IM&TE) are identifiable to calibration due date, date of last calibration & person who performed calibration	Yes / No	Yes / No	_____
d.	Calibrate at prescribed intervals	Yes / No	Yes / No	_____
e.	Define Calibration Process	Yes / No	Yes / No	_____
f.	Objective evidence of current calibration	Yes / No	Yes / No	_____
g.	Maintain records	Yes / No	Yes / No	_____
h.	Provide analysis of product impacted by out of tolerance (IM&TE)	Yes / No	Yes / No	_____
i.	Environmental conditions suitable	Yes / No	Yes / No	_____
j.	Safeguard adjustments which would invalidate calibration setting	Yes / No	Yes / No	_____
	Auditor's Comments:			

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10.0	**Inspection & Test Status**	Documented	Implemented	Document/Location
a.	Product status clearly indicated & understood	Yes / No	Yes / No	_____

Auditor's Comments:

11.0	**Control of Nonconforming Product**	Documented	Implemented	Document/Location
a.	Documented Procedure	Yes / No	Yes / No	_____
b.	Responsibility & disposition authority clearly defined	Yes / No	Yes / No	_____
c.	Nonconforming product is identified, segregated & documented	Yes / No	Yes / No	_____
d.	Product reworked to meet specification is **100%** re-inspected	Yes / No	Yes / No	_____
e.	Accept with or without repair (Customer approval required)	Yes / No	Yes / No	_____
f.	Rejected and/or Scrapped	Yes / No	Yes / No	_____

YF/TFC does not delegate MRB authority to its suppliers

Auditor's Comments:

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12.0	**Corrective & Preventive Action**	Documented	Implemented	Document/Location
a.	Documented Procedure	Yes / No	Yes / No	_____
b.	Implement & record changes to documented procedures resulting from corrective & preventive action	Yes / No	Yes / No	_____
c.	Response to Customer CA requests timely manner	Yes / No	Yes / No	_____
d.	Control measures in place to verify CA is effective	Yes / No	Yes / No	_____
e.	Control measures established to measure preventive action effectiveness	Yes / No	Yes / No	_____
	Auditor's Comments:			

13.0	**Handling, Storage, Packaging, Preservation & Delivery**	Documented	Implemented	Document/Location
a.	Maintain surveillance of all stored product to assure adequate package & storage conditions	Yes / No	Yes / No	_____
b.	Handling - Instructions	Yes / No	Yes / No	_____
c.	Storage - Instructions	Yes / No	Yes / No	_____
d.	Packaging - Instructions	Yes / No	Yes / No	_____
e.	Preservation - Instructions	Yes / No	Yes / No	_____
f.	Delivery - Instructions	Yes / No	Yes / No	_____
	Auditor's Comments:			

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14.0	**Control of Quality Records** (hard copy/electronic)			Documented	Implemented	Document/Location
a.	Documented procedure			Yes / No	Yes / No	_____
b.	Identified	Yes / No _____	f. Access	Yes / No	Yes / No	_____
c.	Collected	Yes / No _____	g. Storage	Yes / No	Yes / No	_____
d.	Indexed	Yes / No _____	h. Maint	Yes / No	Yes / No	_____
e.	Filed	Yes / No _____	i. Disposal	Yes / No	Yes / No	_____

Auditor's Comments:

15.0	**Internal Quality Audits**			Documented	Implemented	Document/Location
a.	Documented procedure			Yes / No	Yes / No	_____
b.	Planned	Yes / No _____	e. Reviewed	Yes / No	Yes / No	_____
c.	Scheduled	Yes / No _____	f. Follow-up	Yes / No	Yes / No	_____
d.	Conducted	Yes / No _____				

Auditor's Comments:

16.0	**Training**	Documented	Implemented	Document/Location
a.	Documented procedure	Yes / No	Yes / No	_____
b.	Identify needs	Yes / No	Yes / No	_____
c.	Training performed	Yes / No	Yes / No	_____
d.	Records	Yes / No	Yes / No	_____

Auditor's Comments:

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Findings:

Opportunity for Improvement

Corrective Action Issued: Yes/No _____

Auditor Signature _____ Date_____ Not Approved Limited Approval Approve