

# SELF-ASSESSMENT OF THE QUALITY MANAGEMENT SYSTEM



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Company: .....

Street: .....

Post Code and Location: .....

Country: .....

POINTS	Yes 10	Partial 5	No 0	Points:
1. Has the company management defined both quality objectives and a quality policy? Have quality objectives and quality policy been communicated to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
2. Has an independent quality system been established within the organisation? Has the management nominated a quality management responsible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
3. Has the QM-system been described in a handbook?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
4. Have internal audits been scheduled to support the processes of continuous improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
5. Have statistical methods been implemented to measure process capability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
6. Are contracts, orders and change notices reviewed at detail for completeness and feasibility before an offer is made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
7. Has it been ensured that the distribution of documents (drawings, delivery instructions) is controlled in a correct way to prevent the unintentional use of outdated documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
8. Has a system been implemented that allows the identification and traceability of material (e.g. 3.1.B-material) and all products during all phases of the production process, if this has been required in the order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
9. Have the operating sequences in the production been planned for each product? Have they been documented on a process card? Is the production status monitored for schedule effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

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POINTS	Yes 10	Partial 5	No 0	Points:
10. Have employees been assigned to prepare the test specifications and work instructions? Are visualisations of the processes available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
11. Have employees been trained and qualified for their specific work processes? Training sessions are planned, implemented and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
12. Has it been assured that non-conforming products are removed from the production flow or the storage to prevent them from reaching the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
13. Are methods used to analyse root causes of failures to prevent their reoccurrence and initiate both corrective action and preventive action (e.g. 8D-report)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
14. Production equipment as well as inspection, measuring and tests equipment are undergoing regular maintenance in compliance with a documented planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
15. All inspection, measuring and tests equipment is calibrated at regular intervals? Calibration results are documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
16. Personnel using the inspection, measuring and test equipment can recognise the calibration status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
17. Has software been installed for the control of the inspection, measuring and tests equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
18. Does a list of qualified or proven suppliers for materials or providers of services exist? Is their quality evaluated at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
19. Has an incoming goods inspection been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
20. Has the processing of queries been organised (responsibilities, root cause analysis, corrective action)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

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POINTS	Yes	Partial	No	Points:
	10	5	0	
21. Are customers informed without undue delay about time shifts or other non-conformities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
22. Packing materials used can be recycled? Returnable packaging is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
23. Can customer satisfaction be demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
24. Will sub-contractors who supply materials or provide services be qualified whether or not they are capable of complying with the customer requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
25. Standards and laws are complied with as a non-contestable requirement for the products and services offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
26. Do you have a set of documented procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
27. Have you installed a CIP process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
28. Inspection results are documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
29. Has the control of non-conforming products been implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

Points scored (max. 290 Points):                     

If questions are answered with "partial" or "no", please let us know the appropriate measures for this:

Planned measures:	Due date:	Person responsible:
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

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Has any other organization conducted an audit of your business undertaking? If so, please complete the table below.

Name of the organization:	Scoring achieved:	Comments:
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

We hereby confirm that all information provided in this document reflects the current state of our QM-system.

Date:	Name:	Function:	Signature:
.....	.....	.....	.....

Released by Seeberger:

Date:	Name:	Function:	Signature:
.....	.....	.....	.....