

**Newcor Precision Machining Group
SUPPLIER PRE-ASSESSMENT
(APPENDIX - G)**

Supplier Pre-Assessment			
Company Name:	Date:		
Address:	Phone:		
Respondent:	Title:		
Statistical Methods			
Please check your implementation of each item as Full, Partial or None by checking the appropriate box – answer all questions.	Full	Partial	None
1. Designation of critical characteristics for each part/process based on fit, form or function and processing methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Formal control plans are created for the system, subsystem, component and/or material level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Preliminary process capability studies are conducted prior to start of production.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. On-going process capability studies are conducted at appropriate intervals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Variable gauge repeatability and reproducibility (GR&R) studies are conducted initially and at appropriate intervals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Statistical methods are determined during advanced product quality planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In-process SPC charting is performed by production personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fishbone and Pareto analysis is used to assess and evaluate problem areas for effective corrective actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. A reaction program is in place for out-of-control conditions utilizing statistical methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Design of Experiments is employed for process improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Employee Training programs in statistical methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Control of suppliers/subcontractors using statistical methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Supplier Pre-Assessment (cont.)		
Quality System		
Please place a check in the appropriate box – answer all questions.	YES	NO
1. Do you have a documented Quality System?	<input type="checkbox"/>	<input type="checkbox"/>
2. What quality specifications do you work to?		
3. Do you currently use a calibration system?	<input type="checkbox"/>	<input type="checkbox"/>
4. What calibration specifications do you work to?		
5. Have you ever been audited to any quality standards?	<input type="checkbox"/>	<input type="checkbox"/>
6. Who has audited your facility?		
7. What were the results of the audited?		
8. Who is responsible for quality of the product(s)?		
Name: _____	Title: _____	
9. Do you have written Quality Assurance Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have written Manufacturing Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have written Gauge Calibration Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have Drawing and Change Control Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have Non-Conforming Material Controls?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a Material Review Board (MRB) area?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have Receiving Inspection?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have In-Process Inspection?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have Final Inspection?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have a Formal Scheduling Program?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have Lot Control Procedures to ensure material traceability?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you perform Internal Process Audits?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have formal Corrective Action Procedures to prevent recurrence of defects?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you have a documented Contingency Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:		
Please include any product literature, brochures, and equipment lists		
Signature: _____	Title: _____	