

QUALITY MANAGEMENT SYSTEM DOCUMENTS EVALUATION CHECKLIST

1. COMPANY NAME _____
2. ADDRESS _____
3. QUALITY MANAGEMENT SYSTEM DOCUMENTATION REVIEWED (Description/Title/Revision/Date)
4. SPECIFICATION NO./WORK ORDER NO. _____ REVISION: _____ DATE: _____
5. COMMODITY/SERVICE
6. SUMMARY DESCRIPTION OF EVALUATION:

7. PROGRAM REQUIREMENTS	ISO 9001	ISO 9002	CONSTRUCTION CONTRACTOR	ARCHITECT ENGINEER
4.1 MANAGEMENT RESPONSIBILITY				
4.2 QUALITY SYSTEM				
4.3 CONTRACT REVIEW				
4.4 DESIGN CONTROL		N/A		
4.5 DOCUMENT AND DATA CONTROL				
4.6 PURCHASING				
4.7 CONTROL OF CUSTOMER SUPPLIED PRODUCT				
4.8 PRODUCT IDENTIFICATION AND TRACEABILITY				
4.9 PROCESS CONTROL				
4.10 INSPECTION AND TESTING				
4.11 CONTROL OF INSPECTION, MEASURING AND TEST EQUIPMENT				
4.12 INSPECTION AND TEST STATUS				
4.13 CONTROL OF NONCONFORMING PRODUCT				
4.14 CORRECTIVE AND PREVENTIVE ACTION				
4.15 HANDLING, STORAGE, PACKAGING, PRESERVATION AND DELIVERY				
4.16 CONTROL OF QUALITY RECORDS				
4.17 INTERNAL QUALITY AUDITS				
4.18 TRAINING				
4.19 SERVICING		N/A		
4.20 STATISTICAL TECHNIQUES				

LEGEND S-SATISFACTORY X-OMISSION N/A-NOT APPLICABLE

8. QUALITY SYSTEM IS:
ACCEPTABLE [] ACCEPTABLE W/COMMENTS [] NOT ACCEPTABLE []

9. RESPONSIBLE ENGINEER/EVALUATION DATE 10. MANAGER OF ENGINEERING DATE
TEAM MEMBER

11. QUALITY MANAGER DATE REMARKS