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Your Form # (mo/yr)

ns ns Revisions Rev: E.O. Number Description Letter Date Contract#: Your Company Name Prepared By: Date Your Dept: Date **QUALITY POLICY** Your Dept: Date Your Dept: QA-1001-1 Date Your Dept: CAGE: Date Size: 1 of 2

| It is a policy of the Company to perform all activities in a manner that reflects a total commitment to quality. This means |
|---|
| the Company to prevent production and distribution of products that |
| It is a goal of the company to encourage all employees to strive for |
| The Company strives to motivate employees to achieve this excellence by Managers are to monitor Customer satisfaction on a continuing basis, making appropriate adjustments and corrections if problems occur. |
| The Company's Mission is to |
| The Company's Vision is to |
| The Company will design and maintain an effective and economical quality program, covering This is achieved by |
| This quality program was developed in coordination with all the Company administrative and technical processes and applies to |
| Cox |

| Your Company Name | REV | CAGE | DOC#: | 2 of 2 |
|-------------------|-----|------|-------|---------|
| 1 3 | | | QA- | -1001-1 |