

# REDACTED

This document may not be disclosed or reproduced in whole or in part without prior written permission from a representative of the Company with the authority to grant such permission.

Copyright © JnF Specialties, LLC. All rights reserved worldwide. [www.quality-control-plan.com/copyright.htm](http://www.quality-control-plan.com/copyright.htm)

**Add to Cart**

**Tips:**

Double click grey area at top and bottom of page to edit header/footer

Search for the word “your” throughout doc and replace as required

## Quality System Supplier Rating

Mo/Yr

Revisions					Rev:			
Letter	E.O. Number	Description				Date		
Used On	Contract#:							
Prepared By:		Date	<b>Your Company Name</b>					
Your Dept:		Date						
Your Dept:		Date						
Your Dept:		Date	<b>YOUR PROGRAM</b>					
Your Dept:		Date	Your Procedure #					
Your Dept:		Date	Size:	A	CAGE:		Your Form # (mo/yr)	1 of 9

Your Company Logo

## TABLE OF CONTENTS

<b>Group 1: 1.0 Corrective Action.....</b>	<b>3</b>
1.1 Rating.....	3
<b>Group I: 2.0 External Audit.....</b>	<b>3</b>
2.1 Rating.....	3
<b>Group I: 3.0 Internal Audit.....</b>	<b>3</b>
3.1 Rating.....	3
<b>Group II: 4.0 Nonconformances .....</b>	<b>4</b>
4.1 Rating.....	4
<b>Group II: 5.0 Test Defects.....</b>	<b>4</b>
5.1 Rating.....	4
<b>Group II: 6.0 Delivered Defects .....</b>	<b>4</b>
6.1 Rating.....	5
<b>Group II: 7.0 Delivery Data.....</b>	<b>5</b>
7.1 Rating.....	5
<b>Group III: 8.0 Software Process.....</b>	<b>5</b>
8.1 Rating.....	5
<b>Group III: 9.0 Supplier Quality Management.....</b>	<b>6</b>
9.1 Rating.....	6
<b>Group III: 10.0 Management Effectiveness.....</b>	<b>6</b>
10.1 Rating.....	6
<b>11.0 Rating Formula.....</b>	<b>7</b>
11.1 Rating Issues.....	7
<b>12.0 Definitions.....</b>	<b>7</b>
<b>ASSESSMENT WORKSHEET.....</b>	<b>9</b>

**Group 1: 1.0 Corrective Action**

Data Source: Customer corrective action requests such as correspondence, contract actions, etc.

**1.1 Rating**

Yellow Rating:

Red Rating:

**Group I: 2.0 External Audit**

Data Source:

to include:

and

**2.1 Rating**

Green Rating:

Yellow Rating:

Red Rating:

**Group I: 3.0 Internal Audit**

Data Source: Effectiveness of the Supplier's

**3.1 Rating**

Green Rating:

Yellow Rating:

Red Rating:

Group II: 4.0 Nonconformances

Data Source: Effectiveness of the Supplier’s use of [redacted] but how effectively the Supplier uses [redacted]

4.1 Rating

Green Rating:

Yellow Rating:

Group II: 5.0 Test Defects

Data Source: Effectiveness of the Supplier’s use of [redacted]

5.1 Rating

Green Rating:

Yellow Rating:

Red Rating:

Group II: 6.0 Delivered Defects

Data Source: Material deliveries that are found [redacted]

6.1 Rating

Green Rating:

Yellow Rating:

Red Rating:

Group II: 7.0 Delivery Data

Data Source: Quality of the Supplier's

7.1 Rating

Green Rating:

Yellow Rating:

Red Rating:

Group III: 8.0 Software Process

Data Source: Effectiveness of the Supplier's and/or

8.1 Rating

Green Rating:

Yellow Rating:

Your Company Name	REV	CAGE	DOC#:	5 of 9
			Your Procedure #	

Red Rating:

[Redacted]

**Group III: 9.0 Supplier Quality Management**

Data Source: Effectiveness of the use of Supplier [Redacted]

**9.1 Rating**

Green Rating:

[Redacted]

Yellow Rating:

[Redacted]

Red Rating:

[Redacted]

**Group III: 10.0 Management Effectiveness**

Data Source: Quality management system data that:

[Redacted]

**10.1 Rating**

Green Rating:

[Redacted]

Yellow Rating:

[Redacted]

Red Rating:

[Redacted]

Your Company Name	REV	CAGE	DOC#:	6 of 9
			Your Procedure #	

11.0 Rating Formula

Group I	“System”	Elements 1, 2, 3	pts each
Group II	“Defects”	Elements 4, 5, 6, 7	pts each
Group III	“Management”	Elements 8, 9, 10	pts each

Green:

Yellow:

Red:

Rating shall be developed by calculating:

Supplier Rating

100% -	GREEN
	YELLOW
	RED

11.1 Rating Issues

University Assessments - not all universities have

Build -To-Print Shop - limited numbers of elements are correct elements to use for

12.0 Definitions

This document may not be disclosed or reproduced in whole or in part without prior written permission from a representative of the Company with the authority to grant such permission.

[Redacted content]

Copyright © JnF Specialties, LLC. All rights reserved worldwide. [www.quality-control-plan.com/copyright.htm](http://www.quality-control-plan.com/copyright.htm)

Copyright © JnF Specialties, LLC. All rights reserved worldwide.

Your Company Name	REV	CAGE	DOC#:	8 of 9
			Your Procedure #	



## ASSESSMENT WORKSHEET

Criteria	Color Code: Green=g Yellow=y Red=r	Number Code:	Weighted Factors: Group I = Group II = Group III =	Grade: Number Code Times Weighted Factor
<b>GROUP I (SYSTEM)</b>				
<b>GROUP II (DEFECTS)</b>				
<b>GROUP III (MANAGEMENT)</b>				
TOTALS:				
Comments:				
		<b>Risk Rating</b> <div> <div>100% -</div> <div></div> </div> <div> <div>Green</div> <div>Yellow</div> <div>Red</div> </div>		

**Tips:**

Double click grey area at top and bottom of page to edit header/footer

Search for the word “your” throughout doc and replace as required

## Supplier Quality Requirements

Mo/Yr

Revisions					Rev:			
Letter	E.O. Number- Description				Date			
Used On	Contract#:		<b>Your Company Name</b>					
Prepared By:								
Your Group:								
Your Group:			<b>SUPPLIER QUALITY CONTROL</b>					
Your Group:			Your Procedure Number					
Your Group:			Size:	A	CAGE:		Your Form # (Mo-Yr)	1 of 4

Your Logo

☐ **PURPOSE and SCOPE**

To establish the minimum requirements for supplier Quality Systems necessary to ensure [REDACTED]

☐ **APPLICABILITY**

These requirements shall apply to all supplies and services when referenced on the Purchase Order and amendments thereto.

When (Your Co)'s Purchase Order includes Seller's Inspection System, (Your #), Level I, as a requirement, Seller's contractual commitment for an Inspection System shall be defined by [REDACTED]

When (Your Co)'s Purchase Order indicates Level II as a requirement then the Seller's contractual commitment for an Inspection System shall be defined [REDACTED]

☐ **DEFINITIONS and ABBREVIATIONS**

A. The term 'Buyer' or '(Your Co)' means (Your Co).

B. The term 'Seller' means the legal entity that is the contracting party with the Buyer with respect to the Purchase Order.

C. 'IAW' means in accordance with.

D. 'MRB' means Material Review Board

☐ **SELLER's QUALITY SYSTEM, GENERAL**

The Seller shall maintain an effective Quality System planned and developed in conjunction with [REDACTED]

The System shall provide [REDACTED]

☐ **NEGOTIATIONS**

It is not the intent of this specification to restrict the Seller in his mode of operation; therefore, it is possible [REDACTED]

☐ **PROPRIETARY INFORMATION**

The Seller must identify in writing the intended use in performance of the Purchase Order of an item, material, component or process with respect to which access by (Your Co) or (Your Co) Customer representatives for purpose of Quality Assurance by inspection, test or process surveillance is proposed to be restricted. The [REDACTED]

☐ **PROCESS CONTROL**

The Seller shall provide for complete review of contract requirements at the earliest practical phase of contract performance to make timely provisions for the special controls, processes, test equipment, fixtures, tooling and skills required for assurance of a quality product.

Work instructions for all work affecting quality shall [REDACTED]

Your Company Name

REV  
Orig

CAGE

DOC#:

Your Procedure #

2 of 4

[REDACTED]

[REDACTED]

(Your Co) may refuse to accept items delivered under the Purchase Order if the Seller fails to submit the certifications, documentation, test data, or reports required by this specification or the Purchase Order.  
(Your Co) reserves the right to [REDACTED]

[REDACTED]

Seller MRB is not authorized. Seller shall notify (Your Co) within 48 hours of detected failure. (Your Co) and/or (Your Co) Customer representatives shall participate in the disposition of nonconformances.  
Formal Failure Analysis and Corrective Action shall be required.  
A Seller Failure Review Board is [REDACTED]

☐ **SUBCONTRACTOR CONTROL**  
The Seller shall be responsible for adequate and effective control over his procurement sources to ensure [REDACTED]

☐ **DRAWING and CHANGE CONTROL**  
The Seller shall have a procedure and designate a responsible department for the distribution of all current specifications and drawings to the required Production and Inspection areas.  
The procedure shall also provide [REDACTED]

☐ **RECEIVING INSPECTION**  
The Seller shall inspect incoming material to assure that purchased raw materials, parts, assemblies, components, tests, processes, hardware, etc. conform to drawings, Purchase Order, and specification requirements. When it is not practicable or feasible to assure quality upon receipt, the Seller shall make provision for source inspection.  
Acceptance requirements shall include [REDACTED]



# Your Company Name

<b>Company Name:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone No:</b>		<b>Fax No:</b>			

## GENERAL INFORMATION

Quality Program Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Does the above have other responsibilities? Yes\_\_\_\_ No\_\_\_\_

If yes, explain: \_\_\_\_\_

Describe/List Company's major products/services:\_\_\_\_\_

Plant/Facility Area \_\_\_\_\_ Mfg. Area \_\_\_\_\_

Quality System: Commercial:\_\_\_ MIL-I-45208:\_\_\_ ~~✕S~~ MIL-Q-9858:\_\_\_

Does your Company have a Quality Control Manual? Yes\_\_\_ No\_\_\_

If yes, indicate Features that are included:

[illegible]

QC-121-4 (mo/yr)

Specification(s) to which your Company works? \_\_\_\_\_

Does your Company have a Material Review Board (MRB)?

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

If yes, person responsible: \_\_\_\_\_ Title \_\_\_\_\_

BUYER USE ONLY BELOW LINE

APPROVAL STATUS:      Conditionally Approved \_\_\_\_\_      Approved \_\_\_\_\_

[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	

### Tips:

Double click grey area at top and bottom of page to edit header/footer

Search for the word “your” throughout doc and replace as required

## Supplier Survey Disposition

Mo/Yr

Revisions				Rev:	
Letter	E.O. Number	Description	Date		
Used On	Contract#:	Your Company Name			
Prepared By:	Date				
Your Dept:	Date				
Your Dept:	Date	YOUR PROGRAM			
Your Dept:	Date	Your Procedure #			
Your Dept:	Date	Size:	A	CAGE:	1 of 1

Your Company Logo



STEP	RESPONSIBILITY	ACTION
1	Quality Group	
1.1	Quality Group	
--	IF	THEN
1.2	MIL-I-45208	
1.3	MIL-Q-9858	
1.4	ISO 9001, [REDACTED]	Check the Supplier's response against the ISO 9001, [REDACTED] matrix herein.
1.5	Commercial	Forward the Supplier Survey to the CCB to determine contract flowdown requirements.
	IF	THEN
1.6	No flowdown	
1.7	Flowdown required	
STEP	RESPONSIBILITY	ACTION
2	Quality Group	Identify procedures that should be checked for each quality system.
--	IF	THEN
2.1	Supplier check marked all applicable procedures	
2.2	Supplier did not check mark all applicable procedures	Evaluate Supplier for [REDACTED]
2.3	Supplier record is defect-free	
2.4	Supplier record is not defect-free	Check mark "Conditionally Approved" on survey form QC-121-4, record findings in "Comments" and [REDACTED]
2.5	Supplier did not complete survey	[REDACTED]
2.6	Supplier record is defect-free	Schedule on-site survey.
2.7	Supplier record is not defect-free	Record findings in "Comments" on survey form QC-121-4 and forward completed form to the CAB for follow-up instructions.
2.8	Supplier check marked incorrect procedures (checking more than required is Ok)	[REDACTED]
2.9	Supplier record is defect-free	Check mark "On Site Survey Required" and schedule survey.
2.10	Supplier record is not defect-free	[REDACTED]
STEP	RESPONSIBILITY	ACTION
3	Quality Group	Update Approved Supplier's list QC-121-3 for survey check marked "Approved" and complete [REDACTED].

<b>Quality System Cross-Reference Matrix</b>					
<b>Quality System Elements</b>	<b>MIL-I 45208</b>	<b>MIL-Q 9858</b>			
Management Responsibility:	(3.1)	(1.3, 3.1)			
Quality System, Initial Quality Planning:	(1.1)	(1.3, 3.2)			
Contract Review:	(1.2)	(3.2, 1.4)			
Design Control:	N/A	(4.1)			
Document and Data Control:	(3.2)	(4.1)			
Purchasing:	N/A	(5)			
Control of Customer Supplied Product:	(3.6)	(7.2)			
Product Identification and Traceability:	N/A	(6.1)			
Process Control:	(3.4)	(6.2)			
Inspection and Testing:	(3.1, 3.2.1, 3.12)	(6.1, 6.2, 6.3)			
Control of Inspection, Measuring and Test Equipment:	(3.3)	(4.2-4.5)			
Inspection and Test Status:	(3.5)	(6.7)			
Control of Nonconforming Product:	(3.7)	(6.5)			
Corrective and Preventive Action:	(3.2.3)	(1.3, 3.5)			
Handling, Storage, Packaging, Preservation, and Delivery:	(3.6)	(6.4)			
Control of Quality Records:	(3.2.2)	(3.4)			
Internal Quality Audits:	N/A	N/A			
Training:	N/A	N/A			
Servicing:	N/A	(1.3)			
Statistical Techniques:	N/A	(6.6)			
					QC-121-5 (mo/yr)

Your Logo		<b>Authorization to Ship</b>				ATS#	
Supplier#		Contract#		PO#		Requisition#	
Supplier Name		Program Name		Part Name		P/N	
Address		[Redacted]		[Redacted]		[Redacted]	
		Phone#	[Redacted]	Rev:	[Redacted]	S/N-Lot#:	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	RFW#
Description of Inspection Operation				Sample Qty	Accept Qty	Reject Qty	Conditional
Documentation, Configuration, PO Baseline:							<input type="checkbox"/>
Visual Inspection:							<input type="checkbox"/>
Item Marking:							<input type="checkbox"/>
[Redacted]							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
Date	Comments			Date	Comments		
Mil-Spec / Society Spec#:						Rev:	
Mil-Spec / Society Spec#:						Rev:	
[Redacted]						[Redacted]	
						Rev:	
Inspector Signature:						Date:	

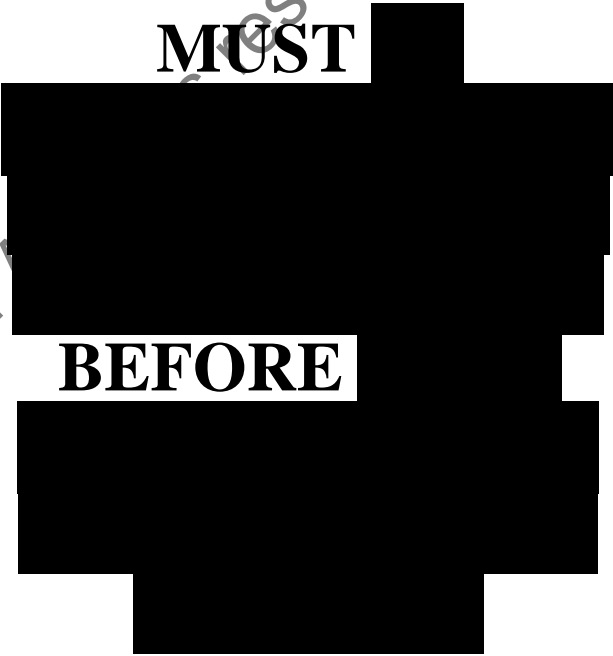

Your Form# (mo/yr)

Ref:		Your Company Name		
Page 1 / of /		SURVEY REPORT		
[REDACTED]		[REDACTED]		
[REDACTED]		[REDACTED]		
[REDACTED]		[REDACTED]		
[REDACTED]		[REDACTED]		
Survey Designation:				
[REDACTED]				
[REDACTED]				
[REDACTED]		[REDACTED]		
[REDACTED]		[REDACTED]		
[REDACTED]		[REDACTED]		
Writer:				
Participant:	Manufacturer	Contractor	Prime	Customer
Company:				
Name:				
Signatures:				
Other Participants:				
<p>Copyright © JnF Specialties, LLC. All rights reserved worldwide. <a href="http://www.quality-control-plan.com/copyright.htm">www.quality-control-plan.com/copyright.htm</a></p>				

Ref:	Your Company Name SURVEY REPORT
Page 2 / of /	Continuation...
As Designed / As Built:	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
Batch and Witness Sample Test Results (crimping, painting):	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
<div><div></div></div>	
Materials and Component Traceability:	
Copyright © JnF Specialties, LLC. All rights reserved worldwide. <a href="http://www.quality-control-plan.com/copyright.htm">www.quality-control-plan.com/copyright.htm</a>	

[illegible]

# CERTIFICATE OF COMPLIANCE

From:	<div><b>NOTICE</b></div> <div><b>THIS CERTIFICATE OF COMPLIANCE MUST</b></div> <div></div> <div><b>BEFORE</b></div>
To:	
Attention: Receiving Inspection	
PO#:	
Customer P/N:	
Your Co P/N:	
Quantity:	
Shipping Date:	
We hereby certify that all items in the above shipment have been produced, inspected and found to be in	
	
Name:	
Title:	

Your Form# (mo/yr)

Your Logo

[illegible]



Your Company Name

[illegible]

Copyright © JnF Specialties, LLC. All rights reserved worldwide. [www.quality-control-plan.com/copyright.htm](http://www.quality-control-plan.com/copyright.htm)

☐ ☐ ☐

SHEET OF

[illegible]

Products/Date	Manufacturing/Date	Quality/Date	Referee/Date
Rework/Repair Operator	Rework/Repair Date	Rework Inspector/Date	Customer/Date
Rework Time:	---	Rework QC Time:	Sum of Time Consumed by MRB:

# Property Certificate

Purchase Order Number:		
The undersigned certifies:		
1	<input type="checkbox"/>	
2	<input type="checkbox"/>	
3	<input type="checkbox"/>	

Company:	
Signature:	
Title:	
Date:	

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

<b>PROPERTY CONTROL</b>		Your Logo	
<b>CUSTOMER SUPPLIED PRODUCT</b>			
Customer Name:			
PO#:		Qty:	
ID#:			
Initials:			

Your Form# (mo/yr)

## Helpful Hints:

Purchase “presentation” paper in your choice of color and then print and cut labels whenever you need.

Purchase peel-and-stick labels of the correct size and then print whenever you need.

Copyright © JnF Specialties, LLC. All rights reserved worldwide.

Property Management Log							
	Unit #	Owner Name	Address	City	State	Zip	Phone
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Copyright © JnF Specialties, LLC. All rights reserved worldwide. [www.quality-control-plan.com/copyright.htm](http://www.quality-control-plan.com/copyright.htm)

## Property Record

[illegible]

Your Form # (mo/yr)

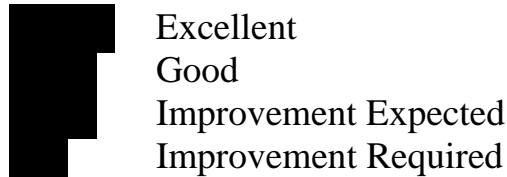
# SUPPLIER PERFORMANCE RATING REPORT

Job #:

### Performance Reporting Dates:

Supplier:

OVERALL PERFORMANCE RATING **100**



Points (100 Max)

Weight %

**Quality..... 100**

**Delivery**..... 100

**Documentation..... 100**

Cooperation.....	100
------------------	-----

## Quality:

### Delivery:

## Documentation:

## Cooperation:

Purchasing Agent\_\_\_\_\_ Date\_\_\_\_\_

Your Form# (mo/yr)



# SUPPLIER RATING WORKSHEET

Supplier:

P/N:

## QUALITY


## DELIVERY


## DOCUMENTATION

100			

## COOPERATION

100			

Quality: Items Accepted ( )

--	--

--	--

Delivery: Date Received ( )

--	--

--	--

Documentation: Possible 100 points

--	--

Cooperation: Possible 100 points

--	--


Your Form# (mo/yr)

## Supplier Overall Performance Rating

										Remarks
Perception of Supplier Quality:										

## Supplier


Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Your Form# (mo/yr)

# SUPPLIER PERFORMANCE RATING REPORT

Job #:

Performance Reporting Dates:

Supplier:

Dear QC Manager,

We have developed a Supplier Report Card that indicates [REDACTED]  
[REDACTED] which includes [REDACTED]  
[REDACTED]

If you have any questions, please call or email us.

Sincerely,

---

(Your name)

Your Logo

Business Name

Address

City, State, Zip

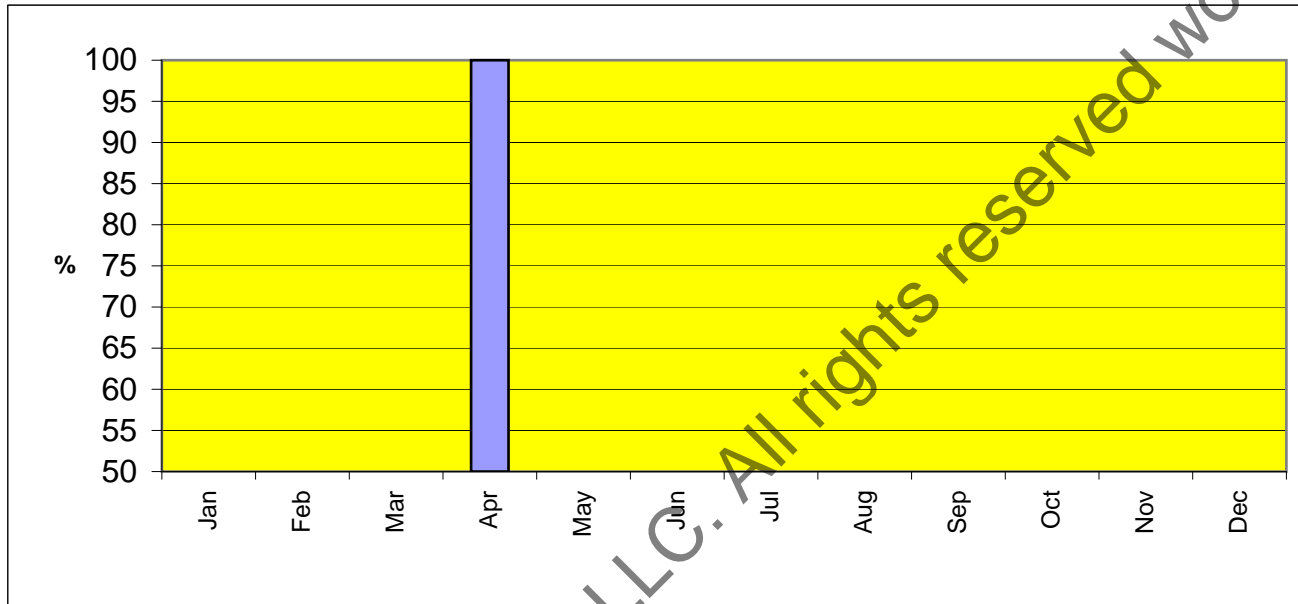
Phone

Fax

Email

Copyright © JnF Specialties, LLC. All rights reserved worldwide. [www.quality-control-plan.com/copyright.htm](http://www.quality-control-plan.com/copyright.htm)

# Supplier Performance Rating



Supplier Number: #

## Quality Performance

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Rating %			0	100								
Pieces Received			5	5								
Pieces Accepted			0	5								

Copyright © JnF Specialties, LLC. All rights reserved worldwide. [www.quality-control-plan.com/copyright.htm](http://www.quality-control-plan.com/copyright.htm)

### Performance Rating Standards

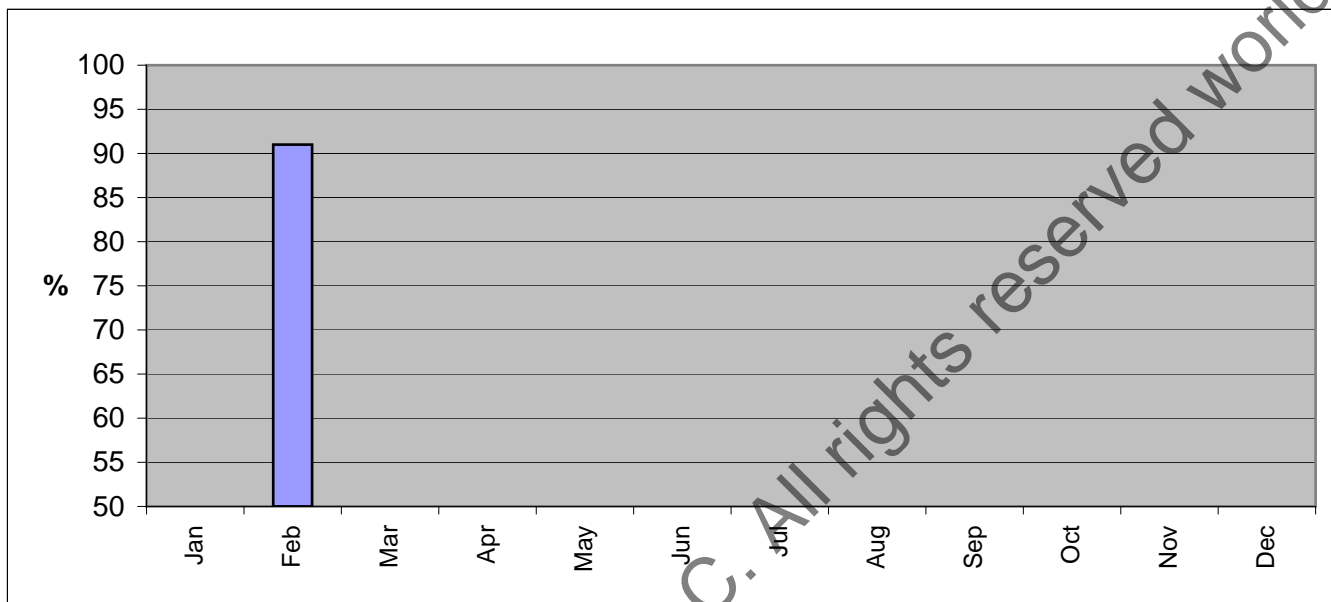
Gold -	
Silver -	
Bronze -	
Yellow -	
Red - <50%	

Supplier Name: (name)

Overall Rating %: 50

Your Company Name  
Address  
Phone  
Fax  
Email

# Supplier Performance Rating



Supplier Number: #

## Production Quality Performance

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Performance Report		91									
PDR Score		1									
PQR Score		.7									
PC Score		1									
RFCA Score		1									

### Performance Rating Standards

Gold -	
Silver -	
Bronze -	
Yellow -	
Red - <50%	

Supplier Name: (name)

Overall Rating %: 91

Your Company Name

Address

Phone

Fax

Email

# ISO 9001:2015 Quality Systems Assessment

Origination Date: (Your Date)

## Abstract:

This document is used to record observations and findings from auditing the quality management system.



