

OVERVIEW PROCESS AUDIT COVER SHEET

Supplier: _____

I.D. No.: _____

Address Audited: _____

CAGE: _____

Audited by: _____ Lead: _____ Date/s Audited: _____

DCMA REP: _____ Phone: _____ e-mail: _____

DCMA Participated: Yes No

APPLICABLE CONTRACT/PURCHASE ORDER: _____

Supplier Personnel Contacted:

Name:	Title:	Phone:	Fax:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supplier Product/Capability Overview:

Indicate applicable Processes Audited this date: (check/x): (S)-Satisfactory, (U)-Unsatisfactory, (NA) –not applicable, i.e.: supplier does not have this process, (P) – Partial, (O) – Process is Offloaded to another company

I. Metallurgy/Chemical Lab Test	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
II. Hydrostatic Testing	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
III. Nondestructive Testing	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
IV. Calibration	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
V. Inspection and Testing	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
VI. Material Control	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
VII. Documents & Data Control	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
VIII. Painting/Surface Prep	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
IX. Control of Suppliers/Subcontractors Flow down of Customer Requirements	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
X. First Article, FAT & IAT	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XI. Receiving Inspection	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XII. Nonconforming Material Control	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XIII. Component/System Cleanliness	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XIV. Torque	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XV. Control of OQE	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XVI. Packaging & Preservation	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XVII. Final/Shipout Inspection	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XVIII. Electrical Testing	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XIX. Flame Spray	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XX. Customer Contract/PO Review	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXI. Internal Quality Audits	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXII. Welding	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXIII. Heat Treat	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXIV. Plating	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXV. Soldering	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXVI. Fastener Testing	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXVII. Teflon Coating	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXVIII. Brazing	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>
XXIX. Foundry Operations	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	P <input type="checkbox"/>	O <input type="checkbox"/>

PROCESS AUDIT CHECKLISTS

Administrative Instructions:

NOTE – Questions on these auditor guidelines are prioritized A, B or C, with “A” assigned the highest priority. This guide is for information to assist the auditor completion of the more critical process questions under time constraints.

1. Respond to each question on the checklist. Make specific observations to support each response and support the response below each question with some applicable objective data observed; e.g.:
 - a) For procedure questions, provide procedure number, revision and date.
 - b) For hardware related observations, identify specific hardware observed, citing drawings and piece number, part number, heat, batch or lot.
 - c) For test data observations, identify applicable traceability number.
 - d) For observations involving equipment, identify the make, model and/or serial number of the equipment sighted.
 - e) All UNSATs must be explained
 - f) All “NOs” must be explained
2. Blanks are provided at the end of each checklist to add appropriate extra questions, comments and concerns.
3. Complete the cover sheet. When performing a complete review of all processes, indicating NA for processes the supplier does not have. Indicate “P” Partial if part of a process was reviewed. Indicate "O" if the process is offloaded/subcontracted to another company. When reviewing Offloaded processes, request names of subcontractors and document same on Cover Sheet. The Cover Sheet is your Audit Summary, results of which are entered into a Shared Database viewable by all Supplier Audit Team members. The majority of the blocks are mandatory, thus when an auditor leaves the "Supplier Product/Capability Overview" blank, those audits are entered by clerical staff as "Auditor left blank". When DCMA is the auditor, "audited by" and DCMA Rep may be the same person. Supplier Product/Capability Overview should state a brief description of what the supplier makes and how the supplier makes the item. Examples might be – "Manufacturer of Navy Standard Valves – Performs welding and Nondestructive testing." Or "Machine Shop – Speciality is major superstructure" or "Speciality Fastener Manufacturer". Inspection System Indicator and Calibration System Indicator are also mandatory fields and must be answered. Failure by the auditor to specify same will result in an audit entered into the system as "Other – Auditor failed to answer". Questions regarding completion of the Cover Sheet should be directed to the Supplier Audit Team Lead Representative for that Supplier. If the CAGE Code is unknown, ask the supplier representative and assure that it agrees with the referenced Contract.
4. Originate Supplier Corrective Action Report for violations of purchase order/contract requirements.
5. Questions should be referred to Supervision.
6. Continuation sheets are to be used if required. Number each continuation sheet with an “A” page number, corresponding to the page the answer is on. Mark the question number/s to correspond to the answer provided.
7. There are no references to MIL-I-45208 and MIL-Q-9858. ISO references are provided as a guide only. A "No" answer, therefore, is not necessarily an Unsatisfactory condition if ISO is not contractually invoked.

8. Witnessing activities/processes is always preferred in lieu of verification by review of objective quality evidence.
9. Sample plans and size of the auditor's sample is a judgement decision by the auditor based on the company's/agencies' internal procedures. The recording of sample size is required for later audit.

LIST OF PROCESS AUDIT CHECKLISTS

- I. METALLURGICAL/CHEMICAL LABORATORY TESTING
- II. HYDROSTATIC TESTING
- III. NONDESTRUCTIVE TESTING
- IV. CALIBRATION
- V. INSPECTION & TESTING
- VI. MATERIAL CONTROL (INCLUDING LEVEL I/SUBSAFE)
- VII. DOCUMENT & DATA CONTROL
- VIII. PAINTING AND SURFACE PREPARATION
- IX. CONTROL OF SUPPLIERS AND SUBCONTRACTORS – FLOW DOWN OF CUSTOMER REQUIREMENTS
- X. FIRST ARTICLE, FACTORY ACCEPTANCE AND INDIVIDUAL ACCEPTANCE TESTING
- XI. RECEIVING INSPECTION
- XII. NONCONFORMING MATERIAL CONTROL
- XIII. COMPONENT/SYSTEM CLEANLINESS
- XIV. TORQUE
- XV. SUPPLIER CONTROL OF OBJECTIVE QUALITY EVIDENCE AND MATERIAL TRACEABILITY
- XVI. PACKAGING AND PRESERVATION
- XVII. FINAL/SHIPOUT INSPECTION
- XVIII. ELECTRICAL TESTING
- XIX. FLAME SPRAY
- XX. CUSTOMER CONTRACT/PURCHASE ORDER REVIEW
- XXI. INTERNAL QUALITY AUDITS
- XXII. WELDING
- XXIII. HEAT TREAT
- XXIV. PLATING
- XXV. SOLDERING
- XXVI. FASTENER TESTING
- XXVII. TEFLON COATING
- XXVIII. BRAZING
- XXIX. FOUNDRY OPERATIONS