

SQA-01c
Revision: 12a
4-1-06

SSI Technologies, Inc. (SSI)
SAMPLE CHECKLIST AND STATUS REPORT

Supplier Quality Assurance Specification SQA 9001 is controlling with respect to all requirements listed hereunder

SUBMISSION TYPE: (Check one - note required items below)	<input type="checkbox"/> (1) LEVEL 1 AIAG - WARRANT ONLY	<input type="checkbox"/> (2) LEVEL 2 AIAG - PROCESS CHANGE Specify change _____	<input type="checkbox"/> (3) LEVEL 3 AIAG - ISIR	<input type="checkbox"/> (4) LEVEL 4 - ANNUAL RECERTIFICATION	<input type="checkbox"/> (5) LEVEL 5 - ON-SITE ISIR
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SSI PART NUMBER:	REVISION#:	SUPPLIER NAME:			
PART NAME:	SHELF LIFE: (See 4.8 SQA 9001)	ADDRESS:			
SAMPLE LOT SIZE: (300 pcs per SQA 9001)	Sample Lot#:	ADDRESS:			
PURCHASE ORDER #:	SRFCA# (if any):	CITY:	STATE:	COUNTRY:	ZIP:
SUPPLIER CONTACT: (Quality Engineer/Manager)		DATE:	TELEPHONE:	FAX:	
WEBSITE (IF ANY):			E-MAIL (IF ANY):		

CHECKLIST ITEMS:	SUBMISSION TYPE:	INITIAL APPROPRIATE RESULT							
		1	2	3	4	5	N/A	ACCEPT	REJECT
SUPPLIERS USE: (CHECK OR "X" ITEMS INCLUDED)									
1	SAMPLES: (50 required per SQA 9001)			X					
2	LAYOUT SAMPLES (6 min or 1 per cavity):			X					
3	SAMPLE INSPECTION REPORT: (Use Sample Inspection Report form SQA 9001 APPENDIX)			X					
4	LABORATORY ANALYSIS: (Analysis required for each material type per SQA9001)	AFFECTED ITEMS ONLY AS DETERMINED BY SSI			X				
				X	X	X			
				X	X	X			
				X	X	X			
5	PROCESS FLOW CHART:			X					
6	PROCESS CONTROL PLAN:			X					
7	PROCESS FAILURE MODES & EFFECTS ANALYSIS:			X					
8	PROCESS POTENTIAL STUDY: (Ppk 1.67 min)			X					
9	PROCESS CAPABILITY STUDY: (Cpk 1.33 MIN)			X					
10	CORRECTIVE ACTION PLAN: (Use CAR/PAR form in SQA9001 Appendix)			X					
11	COPY OF QMS CERTIFICATE (LOT TRACEABILITY)			X					
12	If a SUPPLEMENT applies "X" appropriate type below: OEM ___ Non-Discrete ___ Wire ___ Documents Semiconductor ___ Molded Plastic ___ Submission Location			X					
13	NAFTA CERTIFICATE OF ORIGIN			X					
14	MSDS (ATTACH EXPLANATION IF NONE APPLICABLE)			X					
15	GMW 3059/IMDS MODULE			X					
16	APOP DOCUMENTS			X					
17	RUN @ RATE/CAPACITY VERIFICATION			X					
18	EMERGENCY PLAN ON FILE WITH SSI?			X					
19	GAGE R&R			X					
20	MMOG CERTIFIED (SELF ASSESSMENT COMPLETE)			X					
21	CONTRACT REVIEW/FEASIBILITY STUDY			X					
22	AIAG FORM CFG-1001 (PSW):		X	X	X				

SSI USE ONLY BELOW THIS LINE!!!!									
23	NON CONFORMANCE REVIEW	X			X	X	TREND FOUND?		
24	PURCHASE ORDER REVIEW	X			X	X	PO CORRECT?		
25	SYSTEM REVIEW	X			X	X	SYSTEM CORRECT?		
26	SUPPLIERTRAK REVIEW (update alarms!!)	X			X	X	ST CORRECT?		
27	PROCESS/SYSTEM AUDIT REQUIRED?	X			X	X	AUDIT DATE SCHEDULED?		

SSI DISPOSITION: _____

ACTION ITEMS/CONTINGENCIES FOR APPROVAL:

NTT NUMBER IF APPLICABLE _____

If additional space is needed attach sheets or use reverse side and check here

LAYOUT TECHNICIAN:	APPROVED BY:	DATE:	CC: PURCHASING - SUPPLIER
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