Aerospace Supplier Audit and Risk Assessment Form

Supplier Name: _____ **Date of Audit** _____

Plant Location: _____ **PPG Lead Auditor(s):** _____

Supplier Team: _____ **PPG Audit Team:** _____

(Names & Positions) _____ _____

_____

Type of Business: **Manufacturer** ☐ **Distributor** ☐ **Other** _____

Type of Audit: **Desk Top** ☐ **On-Site** ☐

Products manufactured, or plan to manufacture, for PPG:	
Special Processes / Services Offered:	
List any Quality Management System Certifications awarded to organization:	
List any Quality Management System requirements that the organization is compliant to:	
List any other Customers that have approved the organization's QMS:	

Please note information for individual in the organization who is considered the Quality "Point of Contact" (POC):

Name: _____ Telephone Number: _____

Title: _____ Email address: _____

NOTES:

A. If completing a Desk Top Audit, please include a copy of the organization's Quality Policy, Organization Chart, and Quality System Certification (if applicable) when returning the completed audit form.

B. If your organization is certified to AS9100 (D), ISO9001, IATF16949 (Automotive), AS9120 and NADCAP accredited , or your organization is classified as a Distributor, please complete page 1 and 2, add signature on page 7, and provide a copy of the certification.

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Supplier Organizational Information (Financial Health):

Type of company - Ownership? (Public / Private / Government / Other)	
If private, who owns the company?	
Number of years in business for primary business / product / service?	
Current Total Company Headcount	
Number of employees according to the following areas?	
Management	
Sales	
Purchasing	
Production	
Supply Chain	
Technical Services	
Customer Service	
Quality	
Total Annual Sales for each of the last three (3) completed years?	
Current revenue expectation compared to last reported completed year?	
Are any employees of your main manufacturing plant or warehouse represented by a labor union?	
If yes, what is the name of the union an the current contract expiration date?	
Please provide % on time customer delivery for last 12 month period?	
Does the organization have a documented contingency plan in case of disaster? If yes, please provide a copy of the plan.	

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Note: In sub-titled sections below, numbers in parenthesis ( ) reference the appropriate section in the AS9100(D) Aerospace Standard

1.0 (4) CONTEXT OF THE ORGANIZATION	YES	NO	N/A	COMMENTS
1.1 - Does the organization determine and monitor external and internal issues that are relevant to its purpose and its strategic direction?	☐	☐	☐	
1.2 - Has the organization determined the interested parties that are relevant to the QMS (Quality Management System) and the requirements of the relevant parties?	☐	☐	☐	
1.3 - Has the scope of the QMS been determined?	☐	☐	☐	
1.4 - Has the organization established, implemented, maintained, and continually improve a QMS including the processes needed and their interactions?	☐	☐	☐	
2.0 (5) LEADERSHIP	**YES**	**NO**	**N/A**	**COMMENTS**
2.1 - Does top management demonstrate leadership and commitment with respect to the QMS (e.g. taking accountability for the effectiveness of the QMS, promoting use of the process approach and risk-based thinking, ensuring the QMS achieves its intended results, etc.)	☐	☐	☐	
2.2 - Does top management demonstrate leadership and commitment with respect to customer focus by determining, understanding, and meeting customer and applicable statutory and regulatory requirements?	☐	☐	☐	
2.3 - Does the organization verify product and service conformity and on-time delivery performance through measurement and assignment of associated actions based on results?	☐	☐	☐	
2.4 - Has a quality policy been established, implemented and maintained?	☐	☐	☐	
2.5 - Has top management ensured that the responsibilities and authorities for relevant roles are assigned, communicated, and understood within the organization?	☐	☐	☐	
3.0 (6) PLANNING	**YES**	**NO**	**N/A**	**COMMENTS**
3.1 - Has the organization defined planned actions to address identified risks and opportunities?	☐	☐	☐	
3.2 - Has the organization established quality objectives at relevant functions, levels, and processes needed for the QMS? Are these objectives consistent with the quality policy, measurable, monitored, and communicated?	☐	☐	☐	
3.3 - Are changes to the QMS completed in a planned and timely manner?	☐	☐	☐	
4.0 (7) SUPPORT	**YES**	**NO**	**N/A**	**COMMENTS**
4.1 - Has the organization determined and provided the resources needed for the establishment, implementation, maintenance, and continued improvement of the QMS such as people, infrastructure, and environment for the operation of processes?	☐	☐	☐	

4.2 - Has the organization determined and provided resources needed to ensure valid and reliable results when monitoring or measuring is used to verify the conformity of products and services to requirements?	☐	☐	☐	
4.3 - Does the organization maintain a register of the monitoring and measuring equipment, and has an established and implemented a process for the recall of stated equipment requiring calibration or verification?	☐	☐	☐	
4.4 - Does the organization determine the necessary competence of person(s) doing work under its control that affects the performance and effectiveness of the QMS? Are these persons aware of the QMS and their contribution to the effectiveness of the QMS, including the importance of ethical behavior?	☐	☐	☐	
4.5 - Does the organization's QMS identify the methods of managing the required documented information during creation and updating activities?	☐	☐	☐	
4.6 - Does the organization have a process for the control of current and obsolete documentation?	☐	☐	☐	
5.0 (8) OPERATION	**YES**	**NO**	**N/A**	**COMMENTS**
5.1 - Does the organization plan, implement, and control the processes needed to meet the requirements for the provision of products and services?	☐	☐	☐	
5.2 - Does the organization control planned changes and review the consequences of unintended changes, taking action to mitigate any adverse effects, as necessary?	☐	☐	☐	
5.3 - Has the organization planned, implemented, and controlled a process for managing operational risks to the achievement of applicable requirements?	☐	☐	☐	
5.4 - Has the organization planned, implemented, and controlled a process for configuration management as appropriate to the organization and its products and services to ensure the identification and control of physical and functional attributes throughout the product lifecycle?	☐	☐	☐	
5.5 - Has the organization planned, implemented, and controlled a process for the prevention of counterfeit or suspect counterfeit part use and their inclusion in product(s) delivered to customers?	☐	☐	☐	
5.6 - Does the organization have a process to communicate information relevant to customer requirements for products and services?	☐	☐	☐	
5.7 - Does the organization conduct a review to ensure the requirements for products and services can be met prior to committing to supply the products and services, and communicate results of the review accordingly, if requirements cannot be met?	☐	☐	☐	
5.8 - Does the organization have a system for any design and/or development activities associated with products on order?	☐	☐	☐	

5.9 - Does the organization have a system to ensure externally provided processes, products, and services conform to requirements, including PPG customer required special processors?	☐	☐	☐	
5.10 - Does the organization have a system to determine and apply criteria for the evaluation, selection, monitoring of performance, and re-evaluation of external providers?	☐	☐	☐	
5.11 - Does the organization have a system to determine that external processes, products, and services do not adversely affect the organization's ability to consistently deliver conforming products and services?	☐	☐	☐	
5.12 - Does the organization flow down any specific requirements (ex: technical data, drawings, process requirements, etc.)? NOTE: These requirements would include, but not be limited to: the need to implement a quality system, communication of quality escapes, approval for any change in process and/or location, and prevention of counterfeit parts.	☐	☐	☐	
5.13 - Does the organization flow down the requirement of the right of access by the organization, organization's customers, and regulatory agencies to the applicable areas of facilities and to applicable documented information?	☐	☐	☐	
5.14 - Does the organization perform production and service provision under controlled conditions? NOTE: These conditions would include, but not be limited to: communication of results to be achieved, appointment of competent and qualified persons, implementation of actions to prevent human error, and provisions for the prevention, detection, and removal of foreign objects.	☐	☐	☐	
5.15 - Does the organization have a process to control equipment, tools, and software programs?	☐	☐	☐	
5.16 - Does the organization have a process to control and validate special processes?	☐	☐	☐	
5.17 - Does the organization have a process to identify outputs as necessary to ensure conformity of products and services?	☐	☐	☐	
5.18 - Does the organization control the unique identification of outputs to ensure traceability for all components and processes?	☐	☐	☐	
5.19 - Does the organization have a process to identify, verify, protect, and safeguard customers' or external providers property provided for incorporation into the products and services?	☐	☐	☐	
5.20 - Does the organization have a process to preserve the outputs during production and service provision, to the extent necessary to ensure conformity to requirements?	☐	☐	☐	
5.21 - Does the organization have a defined system for managing and controlling changes for production or service provisions, to the extent necessary to ensure continuing conformity with requirements?	☐	☐	☐	

5.22 - Does the organization have arrangements to verify the product and service requirements have been met? Does this documented information include evidence of conformity with the accepted criteria and traceability to the person(s) authorizing the release? *(NOTE: PPG requires retention of quality records for a minimum of **10 years**)*	☐	☐	☐	
6.0 (9) PERFORMANCE EVALUATION	**YES**	**NO**	**N/A**	**COMMENTS**
6.1 - Does the organization ensure that outputs, which do not conform to the requirements, are identified and controlled to prevent their unintended use or delivery? Does the supplier retain documented information concerning nonconformity and disposition of such?	☐	☐	☐	
6.2 - Does the organization have a process for monitoring and measuring their performance including, but not limited to, customer satisfaction, performance of external services, and the effectiveness of the QMS?	☐	☐	☐	
6.3 - Does the organization conduct internal audits at planned intervals to ensure the QMS conforms to the organization's own QMS and any applicable International Standards?	☐	☐	☐	
6.4 - Does the organization's top management review the QMS at planned intervals to ensure its continuing suitability, adequacy, effectiveness, and alignment with the organizational strategy?	☐	☐	☐	
7.0 (10) IMPROVEMENT	**YES**	**NO**	**N/A**	**COMMENTS**
7.1 - Does the organization determine and select opportunities for improvement and implement any necessary actions to meet customer requirements and enhance customer satisfaction?	☐	☐	☐	
7.2 - Does the organization maintain documented information that defines the nonconformity and corrective action management process?	☐	☐	☐	
7.3 - Does the organization have a process that will continually improve the suitability, adequacy, and effectiveness of the QMS?	☐	☐	☐	

For Suppliers identified as PPG "Dock to Stock" certified → Please verify the PPG stamps are being utilized by completing the below:

Name of individual in possession of stamp:	Stamp Number
Name of individual in possession of stamp:	Stamp Number
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Results of Audit:

- ☐ **Approved / Conforming**
- ☐ **Approved / Conforming** (with minor corrective action required)
- ☐ **Not Approved / Non-Conforming** (Major corrective action required; re-audit required)

Supplier Representative Signature: _____ Date: _____

PPG Lead Auditor Signature: _____ Date: _____

Additional Comments:

CORRECTIVE ACTION PLAN (if applicable):

Line No.	Issue / Action	Responsible	Target Date of Completion	Response	Date Complete
		Supplier ☐ PPG ☐			
		Supplier ☐ PPG ☐			
		Supplier ☐ PPG ☐			
		Supplier ☐ PPG ☐			

Audit Closure (if Corrective Actions noted): ☐ Corrective actions and objective evidence if required have been reviewed and deemed acceptable

PPG Lead Auditor signature: _____ Date: _____