



Pacbrake Company Ltd.

26688 56 Avenue
Langley, B.C., V4W 3X5
Canada

Phone: 604.882.0183

Website: www.pacbrake.com

OVERVIEW: _____

COMPANY NAME: _____

ATTENTION: Sales Manager

To Our Valued Suppliers / Subcontractors:

As a current or potential Supplier / Subcontractor Pacbrake asks that you complete the attached "Request for Subcontractor's Audit Survey." within seven (7) days. Please complete this survey and return it to our facility with applicable attachments, as soon as possible, so Pacbrake can include or continue to maintain your company on Pacbrake's approved vendor list.

FAX# (604) 882-882-2330.

AUDIT SURVEY - GENERAL INFORMATION - SECTION A

A. SUBCONTRACTOR (or SUPPLIER) NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

B. CONTACTS:

Sales Representative: _____ Title: _____ Phone: _____

Quality Assurance: _____ Title: _____ Phone: _____

C. EMPLOYEE DISTRIBUTION:

TOTAL PERSONNEL: _____ **PRODUCTION:** _____

QUALITY CONTROL: _____



D. FACILITY AREA (SQUARE FEET): _____ YEARS IN BUSINESS: _____

IS THIS FACILITY PRODUCING THIS PRODUCT: [] NO [] YES

E. IN REGARD TO THE PRODUCT YOU ARE QUOTING ON, HOW LONG HAVE YOU BEEN IN THE BUSINESS? _____

F. AVERAGE LEAD TIME ON PRODUCTS THAT WOULD BE SUPPLIED TO PACBRAKE?

G. DO YOU CURRENTLY MANUFACTURE PARTS FOR THE AUTO INDUSTRY?

H. DO YOU ACCEPT WHENEVER NECESSARY EMERGENCY/EXPEDITED ORDERS?

I. HOW DO YOU DETERMINE PRICES?

J. HOW OFTEN DO YOU REVIEW YOUR PRICING?

K. DOES THE COMPANY HAVE ACCESS TO SUPPORTING ENGINEERING CAPABILITIES?

L. PRINCIPLE PRODUCTS / SERVICES: *(describe -or- attach a list of your capabilities, products, services, and/or special processes)*

M. REFERENCE COMPANIES: *(list names of other firms doing business with your company)*



ISO 9001:2015 COMPLIANT? [] NO [] YES

IF NO: Please proceed to Section B of this survey

IF YES: Please send a copy of your current Quality Management Certificate along with this survey and proceed to next question

ARE YOU FAMILIAR WITH TS16949 ELEMENTS? [] NO [] YES

HAVE YOU EVER COMPLETED A PPAP? [] NO [] YES

Please go directly to end of this survey and sign Disclaimer

*** END OF SECTION A ***

SUPPLIERS – QUALITY MANAGEMENT SYSTEM- SECTION B

1. QUALITY CONTROL SYSTEM

YES NO N/A

A. Is there an established quality control program? _____

B. Is there a quality assurance manual current that outlines the quality management system you use: (Please provide copy) _____

C. Does the manual identify back-up personnel for these programs? _____

D. Is there a roster of: _____

(1) Personnel that are authorized to perform inspections _____

(2) A list of inspections they are authorized to perform _____

E. Is there an internal audit program in place? _____

F. Are self audits documented, including non-compliance corrective actions? _____

2. INSPECTION

YES NO N/A

A. Are inspections conducted by authorized personnel only? _____

B. Does inspection have access to current specifications necessary to support an acceptable inspection process? _____



C. Is sampling activity being performed in accordance with ANSI ASQ Z1.4/ASQCZ-1.4 or other acceptable plans? **YES NO N/A**

D. Does inspection function have available all necessary tools, gages, and instruments to inspect the characteristics of the product

3. MEASURING AND TESTING EQUIPMENT **YES NO N/A**

A. Is the calibration program detailed in the quality manual? _____

B. Are all precision tools/instruments, including personal tools, included in the calibration program? _____

C. Do they bear evidence of calibration? _____

D. Are precision tools and instruments stored in a manner that will prevent damage or effect calibration? _____

4. TECHNICAL DATA **YES NO N/A**

A. Is there a documented system for obtaining technical data and maintaining it up to date? _____

NOTE: Technical data includes any documents used to that the part complies with OEM requirements. Examples are, but not limited to, manuals, specifications, parts, catalogs and cross reference manuals.

B. Is there a system to prohibit hand entries or correction to technical data? _____

5. RECORDS **YES NO N/A**

A. Are adequate test and inspection records furnished with each order of parts? _____

B. Are certifications and test reports being filed as required? _____

C. Is serial number traceability maintained when applicable? _____

D. Are records protected against damage, alteration, deterioration and loss? _____

E. How many years do you keep company records for? _____



6. TRAINING

YES NO N/A

A. Are personnel properly trained for the functions they are to perform? _____

B. Are training records maintained on all applicable personnel? _____

7. PROCUREMENT

YES NO N/A

A. Is purchased material routed to receiving inspection? _____

B. Is there a list of suppliers from whom you procure part/materials/ services? _____

C. Is there a system to approve suppliers? _____

D. Is there a system to monitor rejects? _____

8. MATERIAL CONTROL

YES NO N/A

A. Are parts/Materials properly stored? _____

B. Is material protected from damage, deterioration, loss or substitution? _____

C. Is there evidence of proper action taken on non-conforming materials and are records retained? _____

D. Is there a system for material review and rejection? _____

E. Has a secured area been set aside for storage of non-conforming or questionable material? _____

F. Do you maintain traceability and total batch/lot segregation and are records kept on the distribution of those parts? _____

G. Are parts/materials properly identified? _____

H. Is there a "First In - First Out" (FIFO) system in place? _____

9. GENERAL

A. Are you seeking ISO registration or other Quality Management System? _____

If yes, to what standard? _____



B. Records are maintained and stored for a period of _____ years.

I hereby declare the information and statements in this audit/survey are to the best of my knowledge true and accurate.

Name: _____ Title: _____

(Please Print or Type)

Signature: _____ Date: _____

Please fax completed Audit Survey with requested attachments to 604-882-2330 to the attention of Svitlana Vasylenko.

BELOW TO BE USED BY PACBRAKE PERSONNEL:

- Summary: Approved Vendor - Add to Pacbrake Approved Vendor List
- Not Approved - Capable with improvement
- Not Approved - Major effort required

Summary Notes:

*** END ***

REVISION DETAILS (MUST be filled out when a revision is made)

REV #	DATE	DESCRIBE THE CHANGE MADE	AUTHOR
01	08-May-2024	Updated Questionnaire	R. Marander
02	11-Jul-2024	Updated format and contact information	P. Lisle