

SMARTREND SUPPLY LTD.

Factory Profile



SMARTREND
global sourcing - local supply

Please Type or Print

Company Name			Year Established	
Address			No. of Employees	
City		Province	Postal Code	Floor Space (Sq. Ft.)
Telephone Number		Fax Number		
Contact		Title		
Type of Business			Normal F.O.B	
E-mail Address		Company Web Address		

**SALES
VOLUME**
(Past 4 Years)

Dollar Volume (000)		Dollar Volume (000)		Dollar Volume (000)		Dollar Volume (000)	
Last Year	\$	2 Years Ago	\$	3 Years Ago	\$	4 Years Ago	\$

DESCRIPTION OF MANUFACTURED GOODS

DESCRIPTION OF PRODUCTION EQUIPMENT

The undersigned hereby certifies that the information provided herein is current, complete and accurate as of this date.

Factory further agrees to advise Smartrend Supply Ltd. of any significant changes.

Certified By (Sign):
Name (Type or Print):
Title:
Date:

Manufacturer Assessment

Name of Supplier: _____	Report No.: _____
Name of Manufacturer: _____	Date: _____
Contact Person: _____	Tel / Fax: _____
Plant Location: _____	Other Location: _____
No. of Workers: _____	(If the supplier has more than one factory, pls specify)
Products Family: _____	
Name of Auditors: _____	

Please check the boxes for accepted items

Incoming Quality Control –

	1	2	3
1 Any procedures in place for the receiving of incoming materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Any working instructions & technical specifications in place for inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are the components / products / materials being checked against a sampling plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Any general / internal standards available to assess conformance of incoming materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Are the details of inspections functions being recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Are all the relevant documents being authorized, and controlled under revision system and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Are materials clearly identified by specific stickers / labels for showing their status E.g. Passed, Rejected or Waiting for inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Are materials being separated in segregated area for showing their status E.g. Passed, Rejected or Waiting for inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Total			/23

Component Warehouse –

9 Any procedures in place for handling, storage, packaging, preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Any working instruction in place for handling, storage, packaging, preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Are details of materials in / out, storing location and identification being recorded in system (Lot Card Control or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Are all the relevant documents being authorized, and controlled under revision system and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Have materials been clearly identified to determine the quality status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Is the house keeping being performed in proper manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Have any safety facilities been installed (e.g. Fire Extinguisher, Fire Alarm, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Are the components / products placed in good condition and stored in a secure location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Total			/18

Final Product Warehouse –

17	Any procedures in place for handling, storage, packaging, and preservation before delivery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Any working instruction in place for handling, storage, packaging, preservation and delivery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Are details of materials in / out, storing location and identification being recorded in system (Lot Card Control or equivalent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Are all the relevant documents being authorized, and controlled under revision system and signed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Have products been clearly identified to determine the testing / quality status	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Is the house keeping being performed in proper manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Have any safety facilities been installed (e.g. Fire Extinguisher, Fire Alarm or etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24	Are the products being stored in a secure location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25	Are the products easy to assess for random finished goods inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sub-Total				/21

In Process Quality Control –

26	Are there working instructions & technical specification in place for all operation processes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27	Any inspection and testing instructions in place for all the QC station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	Are all the relevant documents being authorized, and controlled under revision system and signed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	Have components / products clearly identified by specific stickers / labels for showing their status. E.g. Passed, Rejected or Work In Progress	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30	Have components / products being separated in segregated area for showing their status E.g. Passed, Rejected or Work In Progress	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	Have disposition in place for non- conforming components / products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32	Are details of re-inspection, re-test after for reworking or repaired for non-conforming components / products being recorded	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33	Are products identified once packaged (e.g. Date code, serial no., etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Are records kept to identify the relevant product ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Are there on-going reliability tests in place for ensuring the quality of products	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Are there any other quality control plans (e.g. SPC, analysis report for pilot run production, capability studies, etc.) for reflecting the quality activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37	Is the house keeping of work station being performed in proper manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Are there safety facilities with instructions (e.g. Fire Extinguisher, Fire Alarm, Eye Wash, etc.).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sub-Total				/33

Final Out-going (Q.A.) Inspection –

39	Are final Q.A. inspections performed on finished goods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	Are documents available for Q.A. testing procedures and requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41	Are the tests conducted being recorded in detail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42	Are goods identified to show the status of passed or rejected once the Q.A. inspection is conducted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	Any change list records are keep for incoming components / products which is different from / out of BOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sub-Total				/15

