

Document Issue/Update Instructions

To:

Document Description:

Document No:

Rev:

Date:

PLEASE RECEIVE THE ABOVE *NEW/AMENDED* DOCUMENT AND CARRY OUT THE FOLLOWING ACTIONS:

Please ensure that all obsolete documents are removed from all locations and returned to the Management Representative.

The Minimum Retention Time of the Document is listed on the Document Master List.

Management Representative:

Date:

Document Change Request Form

Document Number:	Document Rev.:
Document Description:	
Reason for Change:	
Change Requested:	
Signature:	Date:
Change Authorized/Change Rejected	
Signature:	Date:
Reviewed by:	
Signature:	Date:

Management Review /Agenda / Minutes

Report Date: ____/____/____ Covering Period ____/____/____ to ____/____/____

Report No: _____

Attendance List: _____

Agenda/Minutes:

1. *Action Status from last meeting –*
2. *Internal Quality Audits –*
3. *Customer Feedback / Satisfaction / Contract Requirements / Complaints -*
4. *Vendor Performance Report and On Time Delivery Performance Report -*
5. *Training -*
6. *QMS Quality Management System Status Report –*
7. *Measuring and Test Equipment Calibration Status –*
8. *Necessary Action Items to Meet Quality Policy and Quality Objectives –*
9. *Others –*

Action Authorized by: _____ Date ____/____/____

(QMS) Quality Management System Training

Quality Policy

**“ To Deliver Products and
Services that Meet our
Customers Requirements”**

Objective to meet the Quality Policy

“Zero Customer Complaints”

TMS – Specialties Manufacturing achieves the Quality Policy through continual improvement of its products, processes, and the Quality Management System.

I acknowledge the receipt of Quality Management System training and agree to take necessary actions to achieve the Quality Policy of TMS – Specialties Manufacturing, Inc .

Signature: _____ Date _____

(QMS) Quality Management System Training

Quality Policy

**“ To Deliver Products and
Services that Meet our
Customers Requirements”**

Objective to meet the Quality Policy

“Zero Customer Complaints”

ISO 9001: 2008 Training Summary

The Quality System is defined in four levels of controlled documents

- Quality Manual – 8 Management Principles
- System Procedures
- Work Instructions (SOP's)
- Forms & Tags

Quality Policy

To Deliver Products and Services that Meet our Customers' Requirements

Quality Objective

Zero Customer Complaints

Emphasis is on Customer Focus and Improving Processes

1. Where are the System Procedures kept? _____
2. Where are your Work Instructions and Forms kept? _____
3. Who is the Management Representative for our company? _____
4. What is our Quality Policy? _____
5. What is our Quality Objective? _____
6. Who is the person that I report problems with materials, products, machines, processes, and the Quality System itself to? _____
7. Who is the next person that uses the output of your work process? _____

Your responsibility is to do your job Right The First Time!

SPECIALTIES MANUFACTURING

TRAINING CERTIFICATES (NEW HIRE/JOB TRANSFER)

EMPLOYEE: _____

DEPARTMENT: _____

DATE OF TRAINING:	CERTIFICATE OF TRAINING (AS REQUIRED FOR JOB)	SUPERVISOR/ TRAINER (INITIALS)
___/___/___	BLOODBORNE PATHOGENS PROGRAM	_____
___/___/___	EMERGENCY ACTION PLAN PROGRAM	_____
___/___/___	FIRE PREVENTION PROGRAM	_____
___/___/___	FLAMMABLE/COMBUSTIBLE PROGRAM	_____
___/___/___	HAZARD COMMUNICATION PROGRAM	_____
___/___/___	PPE PROGRAM	_____
___/___/___	RESPIRATOR PROGRAM	_____
___/___/___	SLINGS AND LIFTING DEVICES PROGRAM	_____
___/___/___	WELDING AND CUTTING PROGRAM	_____
___/___/___	FALL PROTECTION PROGRAM	_____
___/___/___	LOCKOUT/TAGOUT PROGRAM	_____
___/___/___	EMPLOYEE SAFETY HANDBOOK	_____
___/___/___	FORKLIFT TRAINING	_____

Talladega Machine & Supply Co., Inc. is firmly committed to your safety. We will do everything possible to prevent workplace accidents and are committed to providing a safe working environment for you and all employees.

We value you not only as an employee but also as a human being critical to the success of your family, the local community, and Talladega Machine & Supply Co., Inc.

You are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents/incidents (no matter how slight) are to be immediately reported to the supervisor on duty.

A key factor in implementing this policy will be the strict compliance to all applicable federal, state, local, and Talladega Machine & Supply Co., Inc. policies and procedures. Failure to comply with these policies may result in disciplinary actions.

Respecting this, Talladega Machine & Supply Co., Inc. will make every reasonable effort to provide a safe and healthful workplace that is free from any recognized or known potential hazards. Additionally, Talladega Machine & Supply Co., Inc. subscribes to these principles:

1. All accidents are preventable through implementation of effective Safety and Health Control policies and programs.
2. Safety and Health controls are a major part of our work every day.
3. Accident prevention is good business. It minimizes human suffering, promotes better working conditions for everyone, holds Talladega Machine & Supply Co., Inc. in higher regard with customers, and increases productivity. This is why Talladega Machine & Supply Co., Inc. will comply with all safety and health regulations which apply to the course and scope of operations.
4. Management is responsible for providing the safest possible workplace for Employees. Consequently, management of Talladega Machine & Supply Co., Inc. is committed to allocating and providing all of the resources needed to promote and effectively implement this safety policy.
5. Employees are responsible for following safe work practices and company rules, and for preventing accidents and injuries. Management will establish lines of communication to solicit and receive comments, information, suggestions and assistance from employees where safety and health are concerned.
6. Management and supervisors of Talladega Machine & Supply Co., Inc. will set an exemplary example with good attitudes and strong commitment to safety and health in the workplace. Toward this end, Management must monitor company safety and health performance, working environment and conditions to ensure that program objectives are achieved.
7. Our safety program applies to all employees and persons affected or associated in any way by the scope of this business. Everyone's goal must be to constantly improve safety awareness and to prevent accidents and injuries.

Everyone at Talladega Machine & Supply Co., Inc must be involved and committed to safety. This must be a team effort. Together, we can prevent accidents and injuries and keep each other safe and healthy in the work that provides our livelihood.

By signing this document, I confirm the receipt of Talladega Machine & Supply Co., Inc 's employee safety handbook. I have read and understand all policies, programs, and actions as described, and agree to comply with these set policies.

Employee Signature

Date

Training Evaluation Form

Employee Name _____

Date _____

Employee # _____ SUPERVISOR SIGNATURE _____

Check appropriate boxes if employee needs additional training in the following areas:

<input type="checkbox"/> Fork Lift Operation & Safety	<input type="checkbox"/> Quality Conscience
<input type="checkbox"/> Wearing Personal Protective Equipment	<input type="checkbox"/> Productivity
<input type="checkbox"/> Crane Operation & Safety	<input type="checkbox"/> Reading Prints
<input type="checkbox"/> Reporting Unsafe Conditions	<input type="checkbox"/> Reporting Bad Quality
<input type="checkbox"/> Reporting Unsafe Acts	<input type="checkbox"/> Planning Job
<input type="checkbox"/> House Keeping (objects in floor, etc.)	<input type="checkbox"/> Initiative
<input type="checkbox"/> Being Safety Conscience	<input type="checkbox"/> Having Required Tools
<input type="checkbox"/> Gaining Knowledge From Others	<input type="checkbox"/> Tool Calibration Procedures & Requirements
<input type="checkbox"/> Computer Skills	

<u>Welding Department</u>	
<input type="checkbox"/> Welding Machine Set Up	<input type="checkbox"/> General Welding Skills
<input type="checkbox"/> Weld Uniformity	<input type="checkbox"/> Weld Defects

<u>Fabrication Department</u>	
<input type="checkbox"/> General Fabrication & Fitting Skills	<input type="checkbox"/> Iron Worker
<input type="checkbox"/> Brake Press	<input type="checkbox"/> Drill Press
<input type="checkbox"/> Pipe Bender	<input type="checkbox"/> Roll
<input type="checkbox"/> Punch	<input type="checkbox"/> Saws
<input type="checkbox"/> Shears	<input type="checkbox"/> Torch
<input type="checkbox"/> Welding	

<u>Machine Department</u>	
<input type="checkbox"/> Drills	<input type="checkbox"/> Mills
<input type="checkbox"/> Lathes	<input type="checkbox"/> Press
<input type="checkbox"/> CNC Lathe	<input type="checkbox"/> General Machine Skills

<u>Paint and Sandblast Departments</u>	
<input type="checkbox"/> Proper Handling and Storage of Paint & Equipment	
<input type="checkbox"/> Proper Handling and Usage of Sandblast Equipment	

<u>Burn Department</u>	
<input type="checkbox"/> Large Burn Table	<input type="checkbox"/> Plasma
<input type="checkbox"/> Small Burn Table	

Project Plan/Part Design/Reverse Engineering Check List

Part Description	
Customer	Salesman
Date	Draftsman

1. Design Input

- Customer Sample
Date Rec'd _____ Date Returned _____
Tagged _____ Condition _____
- In Field Sketch
Date of Visit _____ Customer Contact _____
- Customer Drawing
Drawing # _____ Condition _____
Date Rec'd _____ Date Returned _____

Design Input completed by: _____ Date _____

2. Design Output

Drawing # _____ Drawn By: _____ Date: _____

3. Design Review

Approved By: _____ Date: _____

Notes:

4. Design Change (if applicable)

Requested By: _____ Date: _____

Completed By: _____ Date: _____

Approved By: _____ Date: _____

Requested By: _____ Date: _____

Completed By: _____ Date: _____

Approved By: _____ Date: _____

Project Plan/Part Design/Reverse Engineering Check List

5. Design Verification or Approval

Verified By: _____ Date: _____

Verification Process:

6. Design Validation

- Customer to inspect and install at their location. Any problems or rejection to be reported and reviewed. *
- Customer request test or trial in our plant.

*Customer validation and notes:

Supplier Survey Form

A. QUALITY ASSURANCE SYSTEM AND PROCEDURE

Yes	No	N/A
-----	----	-----

1. Are written Quality Assurance procedures available and maintained for use of all Inspection Personnel?

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2. Is the Quality Assurance system derived from a quality specification such as:

() ISO 9001

() AS 9100

() Other

_____ (specify)

3. Does management review the Quality system at defined intervals sufficient to insure continuing suitability and effectiveness?

--	--	--

4. Is the manual of procedures coordinated with or reviewed by a government agency?

--	--	--

(specify) _____

5. Does Quality Assurance have access to top management in the resolution of quality problems?

--	--	--

6. Does Quality Assurance review manufacturing plans prior to implementation to establish appropriate inspection checkpoints?

--	--	--

B. PROCUREMENT CONTROL

1. Are the quality capabilities of procurement sources, including those furnishing special process services, evaluated prior to procurement?

--	--	--

2. Is a list of approved sources maintained and periodically updated?

--	--	--

3. Are Receiving Inspection records maintained and analyzed for quality trends and initiation of corrective action?

--	--	--

4. Is a supplier performance rating system maintained to ensure continued quality and to assist in the selection of sources?

--	--	--

5. Are applicable drawings, specifications, and changes referenced on Purchase Orders to suppliers?

--	--	--

6. Are the latest changes to drawings and specifications furnished to lower-tier sources?

--	--	--

7. Do Quality Assurance personnel review Purchase Orders to assure incorporation of applicable drawings, specifications and quality requirements?

--	--	--

8. Are certified test reports and/or certification of compliance obtained on purchased material?

--	--	--

Supplier Survey Form

C. CONTROL OF RAW MATERIAL

Yes	No	N/A
-----	----	-----

1. Are incoming raw materials properly identified pending acceptance?
-
2. By what means are raw materials in storage identified? _____
-
4. Is contractor furnished material controlled by segregation and identification?
-
5. Is positive tractability maintained for each lot of raw material to applicable cert.'s/test reports?

D. RECEIVING INSPECTION

1. Are incoming shipments identified pending inspection?
-
2. Are copies of applicable Purchase Orders available to Receiving Inspection?
-
3. Are drawings, specifications, and supplier catalogs available to Receiving Inspection?
-
4. Are sampling inspection plans used in Receiving Inspection?
- Indicate Type _____
5. Are provisions made to prevent unauthorized use of mat'l pending acceptance by Rec. Inspection?
-
6. Are instructions which establish acceptance criteria available to Receiving Inspection?
-
7. Are periodic test conducted to verify accuracy of certifications and test reports?
-
8. Is certification and test documentation reviewed for compliance?
-
9. Are procedures in place for positive identification and recall of material in an event of nonconformity to specified requirements?

E. INSPECTION AND TEST EQUIPMENT

1. Are inspection gages, measuring devices and test equipment inspected and recalibrated at specified intervals?
-
2. Are records of calibration maintained specifying recalibration dates?
-
3. Is testing and measuring equipment identified by decal or other means to indicate the calibration status?

Supplier Survey Form

Yes	No	N/A
-----	----	-----

4. Are employee-owned tools and gages utilized for product acceptance?
 If so, are they periodically recalibrated?

5. Are working standards periodically calibrated using primary standards traceable to National Institute of Standards and Technologies?

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F. INSPECTION

1. Are shop travelers, operation sheets and/or inspection instructions used to indicate inspection status of Operations performed during manufacturing process?

--	--	--

2. Is final inspections performed and results recorded?

--	--	--

3. Are valid statistical Quality Assurance methods employed for characteristics not 100% inspected?

--	--	--

4. Is periodic training provided for Inspection personnel?

--	--	--

5. Are inspection records available for on-site examination by customer representative?

--	--	--

G. NON-CONFORMING SUPPLIES

Yes	No	N/A
-----	----	-----

1. Are procedures in effect to detect variations from buyer or supplier specifications?

--	--	--

2. Is rejection data utilized to prevent defect recurrence?

--	--	--

3. Are nonconforming supplies identified and diverted from normal production channels?

--	--	--

4. Are deviations submitted to the customer for approval?

--	--	--

5. Are supplies designated as scrap identified or positively controlled to prevent re-issue and use?

--	--	--

H. DRAWING AND CHANGE CONTROL

1. Are applicable Engineering drawings and specifications available at time and place of inspection?

--	--	--

2. Does Quality Assurance verify that changes are incorporated at affectivity point?

--	--	--

3. Are Engineering change orders readily available to Inspection personnel?

--	--	--

4. Are obsolete specifications and drawings systematically recalled from point of use and distribution?

--	--	--

Supplier Survey Form

K. SUPPLEMENTAL DATA

PLEASE PROVIDE A UNCONTROLLED COPY OF QUALITY MANUAL WITH COMPLETION OF THIS FORM.

IT IS UNDERSTOOD THAT A FOLLOW-UP SURVEY MAY BE PERFORMED BY TMS SPECIALTIES MFG. QUALITY ASSURANCE TO THIS QUESTIONNAIRE.

Signed: _____
Quality Assurance Manager

Date: _____

SUMMARY OF SURVEY QUESTIONNAIRE

APPROVED ()
DISAPPROVED ()
APPROVED PENDING C/A ()

APPROVED FOR:

A)	MACHINING		
B)	PLATING		
C)	PAINTING		
D)	CLEANING		
E)	HEAT-TREATING		
F)	CALIBRATION		
G)	METALLURGICAL ANALYSIS		
H)	OTHER (LIST)		

SURVEY QUESTIONNAIRE EVALUATED BY: _____ DATE: _____

ON-SITE SURVEY PERFORMED BY: _____ DATE: _____

APPROVED BY:	TITLE:	DATE:
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PURCHASE ORDER REQUEST FORM

DATE: _____ **PURCHASE ORDER #:** _____
VENDOR: _____
CONTACT: _____ **REQUIRED DELIVERY:** _____
PHONE #: _____
FAX #: _____ **PROMISED DELIVERY:** _____
QUOTE #: _____

EXPENSE CATEGORY (CHECK ONE OF THE FOLLOWING)

SHOP SUPPLIES: _____
EMPLOYEE PURCHASE _____ **Name/ Employee #:** _____
MACHINE MAINTENANCE: _____ **Machine Name:** _____
JOB NUMBER: _____

QTY.	DESCRIPTION/ DETAILS	PRICE

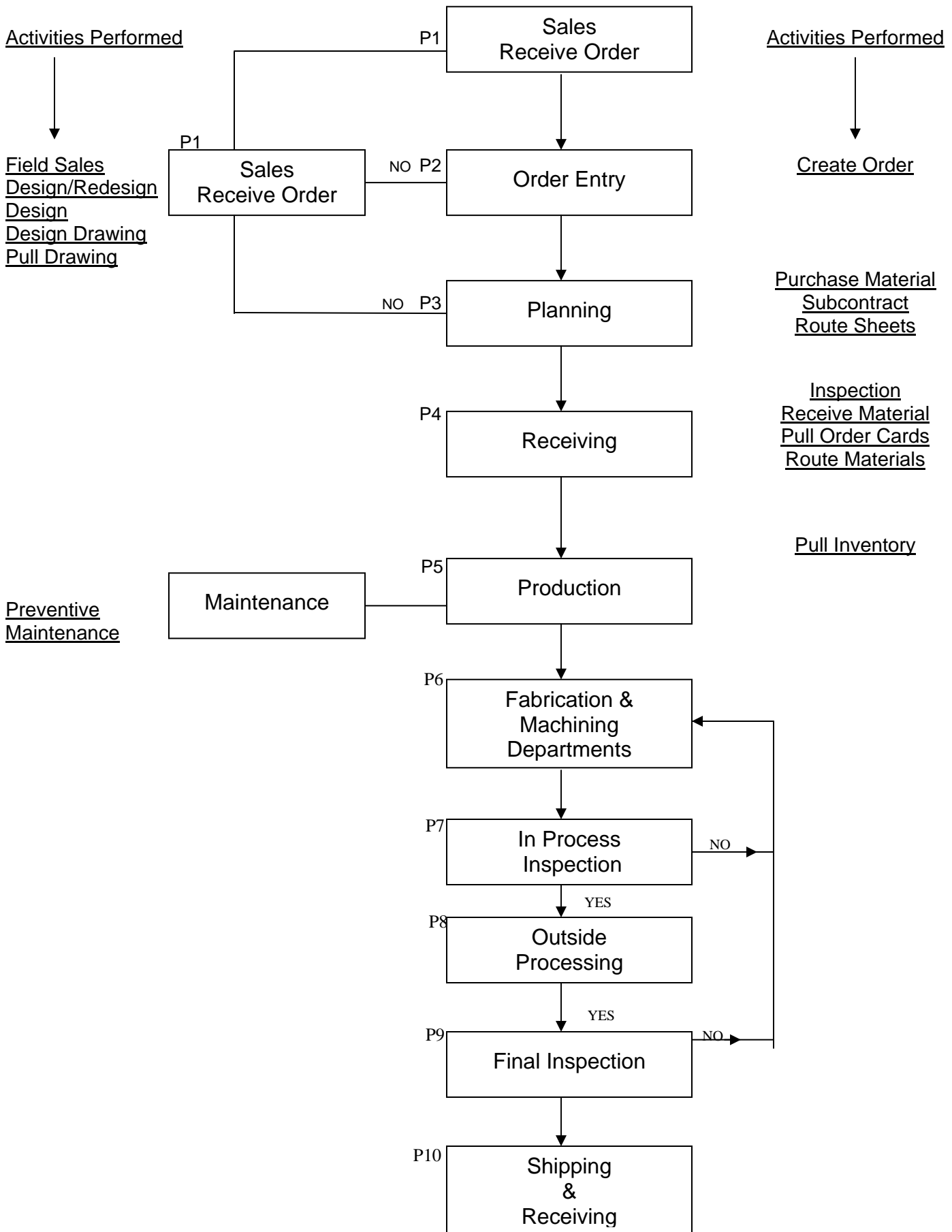
DELIVERY LOCATION/ SPECIAL REQUIREMENTS:

REQUESTED BY: _____ **APPROVED BY:** _____

TRAVELER COLOR LOG

Traveler Color	Status
Green	Normal
Red	Rush or Rework
Yellow (Specialties Only)	Saw List
Blue	Duplicate
Orange	Assembly

Specialties Manufacturing



BAR/FLAT STOCK COLOR CODE

All raw bar stock or flat stock will be color coded by the following code

TMS ONLY

4140 Hot Rolled	White
4140 Heat Treat	Red/White
C1144	Blue
8620	Blue/White
1045	Green
1018 Cold Rolled	Red
4340	Orange
52100 Bearing Steel	Green/White

Any other grade of metal or material to be machined is tagged or marked to specify its grade as soon as it is received.

OVERHEAD CRANE INSPECTION

ID #	LOCATION:	YES	NO
CONTROLLER	DOES THE CONTROLLER DISPLAY EVIDENCE OF DAMAGE OR DANGER TO PERSONNEL?		
HOOKS	DOES THE HOOK NUT DISPLAY EXCESSIVE WEAR OR DAMAGE?		
BLOCKS & SHEAVES	DOES THE SAFETY LATCH DISPLAY EXCESSIVE WEAR OR DAMAGE?		
	DOES THE HOOK SWIVEL DISPLAY EXCESSIVE WEAR OR DAMAGE?		
	IS THE BLOCK PROPERLY LUBRICATED?		
	DO THE SHEAVES DISPLAY ANY EXCESSIVE WEAR OR DAMAGE?		
	ARE THE SHEAVES PROPERLY LUBRICATED?		
SUPPORT STRUCTURAL	ARE THERE ANY CRACKS IN THE GRIDERS?		
	ARE THERE ANY BROKEN BOLTS OR RIVETS?		
BRIDGE	ARE THERE ANY BROKEN BOLTS OR RIVETS?		
	ARE THERE ANY CRACKS IN THE GRIDER OR END TRUCKS?		
BRACKETS	ARE ALL BRACKETS IN PLACE AND SOLID?		
END STOP	IS THERE ANY EVIDENCE OF DAMAGE OR DANGER TO END STOP?		
RUN WAYS	DO RUN WAYS DISPLAY EXCESSIVE WEAR?		
CRANE ALIGNMENT	DOES THE CRANE WANDER?		
TROLLEY RAIL	IS THERE ANY WEAR OR CRACKS IN RAILS?		
WIRE ROPE & DRUM	DOES THE WIRE ROPE DISPLAY ANY EXCESSIVE WEAR?		
	DOES THE DRUM DISPLAY ANY EXCESSIVE WEAR?		
	ARE THE DRUM GROOVES WORN GREATER THAN 25%?		
	DO THE DRUM BEARINGS DISPLAY ANY EXCESSIVE WEAR?		
ELECTRICAL ITEMS	IS ALL WIRING IN GOOD SHAPE?		
	ARE ALL ELECTRICAL COMPONENTS IN GOOD WORKING ORDER?		
MOTORS	DO MOTORS DISPLAY ANY EXCESSIVE WEAR?		
	DO BEARINGS IN MOTOR DISPLAY ANY EXCESSIVE WEAR?		
	IS ALL WIRING ON MOTOR IN PROPER ORDER?		
BRAKE	DO THE LOAD BRAKES DISPLAY ANY EXCESSIVE WEAR?		
LIMIT SWITCHES	DO ALL COMPONENTS FUNCTION PROPERLY?		
OPERATION OF CRANE CONTROL	DO ALL CRANE CONTROLS OPERATE PROPERLY?		
INSPECTED BY:			
DATE:			

TAGS

TMS – Specialties Div.

Calibration Labels

TMS/Specialties

Inspection Report

Job Number		Operations			Customer Name				
Part Number		Description					Date Inspected		
Date Started		Date Due		Material (Grade & Thickness)			Q. C. Inspector		
Item No.	Inspection Device Used	Dimension Specified	Tolerance		Dimension Found			To Print	Not to Print
			"+"	"-"	1	2	3		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
<i>Disposition</i>					<i>Remarks:</i>				
<input type="checkbox"/>	Parts to print, approved for use in production.								
<input type="checkbox"/>	Parts not to print, print will be revised.								
<input type="checkbox"/>	Parts not to print, corrective action required, new report to be submitted.								
<input type="checkbox"/>	Other: _____								
Q. C. Inspectors Signature & Date					Sheet 1 of 1				

REWORK REQUEST FORM

Job Number _____

Part Number _____

Quantity To Be Reworked _____

Reason For Rework _____

Material Needed _____

Date Of Rework Request _____

Notes _____



TALLADEGA MACHINERY & SUPPLY CO., INC.

Customer Name: _____

Completed By: _____

Date: _____

CUSTOMER SATISFACTION SURVEY

Please rate the following statements according to your experience with Talladega Machinery, Inc.

	Always	Usually	Sometimes	Never	Not Applicable
When I had a question, it was answered promptly.					
Management is knowledgeable about its services.					
I received my orders when they were promised.					
We treat you like we want your business.					
The parts received met my quality requirements.					
I received my parts in good condition (packaging).					
TMS personnel are friendly, courteous, and responsive to my needs.					
My order was processed accurately.					
I receive Quotes in a timely manner.					

How long have you been a user of our services?

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 6 years

How would you rate the quality of our Customer Services NOW in comparison with the quality of Customer Service you experienced when you first became a customer?

- Significantly better
- Slightly improved
- About the same / similar
- Significantly worse

Please tell us how we might better serve you in the future.
