

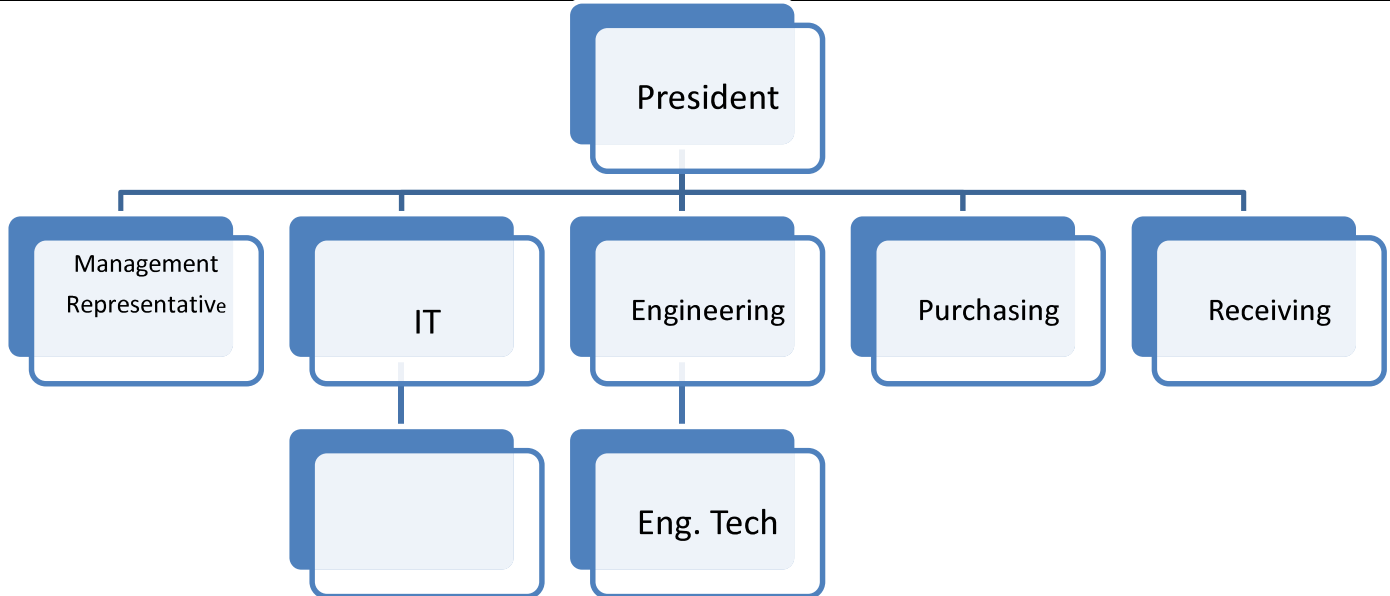


Example 001

<Company Name>

Sample Organization Chart

Note: Include management duties and authority details



- President Responsibilities: Business Financials, Hiring, Scheduling
Must authorize and sign: Quotes, Purchase Order Reviews,

- Management Representative: Responsibilities: Quality System Compliance, Audits, Production Stop Authorization,
Must authorize and sign: Release of document changes, final product shipments, etc.

- Engineering Mgr: Responsibilities: Review Engineering Requirements
Must authorize and sign: Changes to specifications, drawings, etc.

- Purchasing Mgr: Responsibilities:
Must authorize and sign:

- Information Tech: Responsibilities:
Must authorize and sign

Date: _____

Authorized Signature

ARCONIC

DOC #: 700.004.003F01

REL DATE: 5/7/2013

REV: 001



TITLE: TOOLING MINIMUM QUALITY SYSTEM SAMPLE FORMS

Example 002

<Company Name>

Purchase Order Review Form (Project Planning)

Note: Revisions or Changes to Purchase Order, Drawings, etc., require additional Review Forms to be filled out.

Purchase Order #: Quote #: Arconic Part #
PO Rev Level #: Supplier Part #
PO Receipt Date: Delivery Date: Commit Date:
Drawing #: Revision Level: Supplier Flowdown Reviewed?

Specification #: Rev: On File? Y N
Specification Exception: Rev: On File? Y N
Specification #: Rev:
Specification Exception: Rev:
Specification #: Rev:
Specification Exception: Rev:

Material Requirements -Alloy
-Heat Treat Required
-Hardness
-Surface Treatment Required

Outsourcing Requirements Subcontractor Name:
Operation Performed:

Lead Time to Delivery Design Review Date:
Expected Ship Date:
Actual Ship Date:

(List where the requirements are defined in the PO Package.)

Inspection Requirements Dimensional, per:
Visual, per:
Material, per:

Packing Method Required:
Project Overview:
Any issues with this project:

Actual Ship Date:

Signature

Date

Controlled Doc 002, Rev:

Release Date:

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REL DATE: 5/7/2013
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Example 004

<Company Name>

Project File Checklist

Note: Project File must contain the following (at a minimum)

	Check if included	
	✓	
Quote		
Purchase Order		
PO Review Form		
Design Review & Approval		Approval by both Arconic & Supplier (can be by e-mail, etc.)
Drawings, and all changes and revisions		
Rework, if applicable		Rejection Notice/Rework Request, etc.)
Final Acceptance		

File Notes:

Controlled Doc 004, Rev: _____

Release Date: _____

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DOC #: 700.004.003F01
REL DATE: 5/7/2013
REV: 001



TITLE: TOOLING MINIMUM QUALITY SYSTEM SAMPLE FORMS

Example 005

<Company Name>

Final Acceptance Form

Purchase Order #: _____
Revision: _____

I hereby acknowledge that the following design is in compliance with all of the requirements per this revision, purchase order, references file and/or referenced documents.

Date: _____

Authorized Signature – Supplier _____

Job Number: _____

Comments:

Date: _____

Authorized Signature – Arconic Howmet _____

Comments:

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DOC #: 700.004.003F01
REL DATE: 5/7/2013
REV: 001



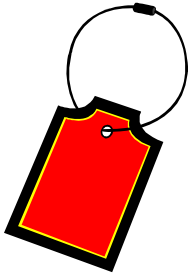
TITLE: TOOLING MINIMUM QUALITY SYSTEM SAMPLE FORMS

Example 008

<Company Name>

Nonconforming Product Tag

Note: Suspect Arconic product must be tagged immediately.



REVIEW REQUIRED

PART #: _____

Description of Nonconformity:

Review by: _____

Date: _____

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REV: 001



TITLE: TOOLING MINIMUM QUALITY SYSTEM SAMPLE FORMS

Example 009

<Company Name>

Corrective Action Request

Assigned Corrective Action Number: _____ Date Issued: _____
Issued By: _____ Response Due: _____
(30 days from issue date)

Supplier/Name: _____ Purchase Order #: _____
Address: _____ Purchase Order Line Item # _____
City/State/Zip: _____

Problem/Nature of Discrepancy:

Containment (Immediate Action Taken): _____ Date Implemented: _____
(What action was immediately performed to contain the problem in the short term until the root cause and corrective actions are put in place?)

Root Cause (see below): _____ Date of Root Cause Analysis: _____
Root Cause Analysis – What is the basic cause of the nonconformance?
Root causes usually result from: Design; Planning; Procedures/Work Instructions; Supervision; Training; Tools and Equipment; Work Environment.

Corrective Action Taken: _____ Target/Implementation Date: _____
What permanent action(s) will be put into place to correct the root cause?

Preventive Action Taken: _____ Target Date: _____
What actions have been taken to prevent this nonconformance from recurring? Have you reviewed other product or process that may have similar or like nonconformances?

Planned Verification Activities: _____ Target Date: _____
Conduct a timely follow-up review to ensure that the actions taken, and the controls that have been put in place, are effectively working.

