

Anders Bredenberg – 6/15/18

2nd QTR Summary:

Notes that may require action:

- 1) QOP 92-01, Points 1.1 and 1.2 both mention that the president is responsible for planning and scheduling the IQAs we do. I am unaware of the president's involvement in this process. Is this accurate? Could it be changed to VP of Quality?

Notes:

- 1) Observed L Hochmuth pick LS 103578 and 1042625. No obvious issues
- 2) Observed K Yates pick LS 103626 and 102288. No obvious issues.
- 3) Observed T Irvin receive part IDs 400162, 900154 and 501493. No obvious issues.
- 4) Observed K Ford Quality check LS 103461, and 103390. No obvious issues.
- 5) Observed J Smith and K Grimm on DVA 103433. No obvious issues, assemblers seemed to have a good grasp of the assembly log in screen.
- 6) Observed A Errin, A Grear and R Carter on DVA 103619. No obvious issues, assemblers seemed to have a good grasp of the assembly log in screen.
- 7) Both Brenda and I were trained by certified IQA trainers. I, by Todd Gifford, and Brenda by Ann Hughes.
- 8) Reviewed DM CARs 1503, 1506, and 1531. All corrective actions listed seem adequate.
- 9) The last Management review had the required attendance.
- 10) The last management review included all required aspects.
- 11) Confirmed that Management review minutes are prepared by the president and distributed to all interested parties.
- 12) We do not send surveys to customers. Satisfaction data is gathered in other ways.
- 13) We received scorecards from customers detailing our performance.
- 14) Completed IQA's are sent to the VP of Quality to be analyzed and are then uploaded to the intranet.
- 15) The last non-conformity that Brenda discovered during her IQA, was in Q3 of 2017, where 4X4 pick labels were not being kept with their respective parts. This has since been addressed.
- 16) An example of a CAR entered that does not apply to a given part issue, but instead with a process, or personnel issue is DM CAR 1672. Count out was not done correctly.
- 17) After reviewing all fork lift certifications, Brenda has determined those who are still certified and has given them physical Fork lift operator licenses.
- 18) 5s in the back warehouse is continuing to improve daily, though the process has been slow.
- 19) In terms of improvements, DM has leased extra space in their building to allow for additional storage.

9.1 Monitoring, measurement, analysis and evaluation

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6/15/18*

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Quality Manual	9 – Performance Evaluation	
Section 9.1	Section Revision: A	Revision Date: 6/19/2017
9.1 Monitoring, measurement, analysis and evaluation		
Approved By: Dave Zirkelbach		Date: 6/19/2017

GENERAL POLICY

Measurement and monitoring activities required to assure conformity to product requirements, ensure conformity to the quality management system, and to continually improve the effectiveness of the quality management system are planned and defined. When applicable, statistical techniques are used for analyzing measurement data in addition to exception reporting and other types of reporting.

PROCEDURAL POLICIES

1. General

1.1 Measurement and monitoring activities to assure conformity of the Quality Management System are defined in this manual in Section 8.2, Measurement and Monitoring, and in several operational procedures referenced at the end of this section.

1.2 The effectiveness of the quality system is monitored by internal audits and by measuring quality performance and customer satisfaction. Results of these activities are reported to the top management and are used to identify opportunities for improvement.

1.3 Process monitoring

1.3.1 Quality system processes are monitored by variety of approaches and techniques, as appropriate for a particular process and its importance. These include:

Conducting internal audits of the quality system;

Monitoring trends in corrective and preventive action requests;

Analyzing product conformity and other quality performance data and trends;

Measuring and monitoring customer satisfaction;

Listening to Feedback from organization Team Members.

1.4 Response actions

1.4.1 When a quality system process does not conform with requirements, the President may request the person responsible for the process to implement a corrective action.

2. Customer Satisfaction

2.1 General

2.1.1 Marketing is responsible for developing suitable indicators of customer satisfaction, and for defining methods for collecting and analyzing the pertinent information.

2.1.2 Information and data pertaining to customer satisfaction and perception are collected from several sources. Specifically, these are:

Customer Surveys,

Customer Feedback, compliments, and developmental suggestions,

Dee Team Member Feedback,

Customers' Dee Electronics Performance Reports,

Product returns and rejections,

New Key Customer Growth, and

Existing Customer Sales Growth and Market share.

2.2 Customer feedback

2.2.1 Customer complaints, spontaneous expressions of satisfaction, and other unsolicited customer feedback are collected and processed by the sales department and management. The resulting data is periodically analyzed by the Vice President, Sales and President, and is presented and discussed at management review meetings.

2.2.2 Executive Management interacts with customers periodically to understand how we are performing and assess customer's satisfaction and concerns. Conclusions of interaction are documented in Electronic Call Report Forms, and presented and discussed at management review meetings.

2.3 Performance Reports, Recognition/Awards

2.3.1 Dee Electronics encourages its customers to rate its performance and present periodic performance reports to Dee Electronics. If customer does not have a performance reporting system, Dee Electronics usually offers to produce its own self performance report and provide this to the customer. Dee Electronics reviews periodic performance reports carefully, and considers this information as an important input in determining customer satisfaction. Dee Electronics seeks to participate in customer's vendor/supplier recognition programs. These recognitions and ratings are considered as an important input into determining customer satisfaction.

2.4 Product returns and rejections

2.4.1 Information about the rate of product returns and rejections is extracted from database records. Results and trends are reported and analyzed at management review meetings.

2.5 New Key Customer Growth

2.5.1 Sales records are periodically analyzed to identify new key focus customers and track their purchase growth. Statistics on new key customer growth are presented and discussed at management reviews.

2.6 Existing Customer Market share

2.6.1 Vice President, Sales and the President are responsible for analyzing trending of market share at existing customers. This data is periodically analyzed and presented at management review meetings.

3. Analysis and evaluation

3.1. General

3.1.1 Data and information recorded in quality records are compiled and analyzed periodically to determine trends in the performance and effectiveness of the quality system and to identify opportunities for improvement.

3.1.2 The President is responsible for coordinating these activities, and for reporting conclusions and trends to the executive management team.

3.2. Scope

Following categories of information and data are recorded, compiled and analyzed:

3.2.1 Conformity to product and customer requirements:

On-time delivery performance – recorded in delivery performance reports

3.2.2 Suppliers:

Supplier quality performance – recorded in subcontractor/vendor quality performance files

3.2.3 Customers:

Customer satisfaction levels – recorded in Management Review minutes and evaluated for trends by executive management.

Customer complaints – recorded in Internal Audit/Management Corrective and Preventive Action Form and evaluated for trends by executive management.

3.2.4 Quality System:

Effectiveness of training – recorded in training evaluation reports and evaluated for trends by executive management.

Effectiveness of quality system – recorded in internal audit reports and evaluated for trends by executive management.

QM 9.2 Internal audit

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AB 6/15/18*

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Quality Manual	9 – Performance evaluation	
Section 9.2	Section Revision: A	Revision Date: 3/30/2017
9.2 – Internal audit		
Approved By: Dave Zirkelbach		Date: 3/30/2017

GENERAL POLICY

Customer satisfaction is the principal objective of the quality system, and the level of customer satisfaction is the most important measure of the effectiveness of the system. Customer satisfaction is measured by collecting and analyzing direct customer feedback, and by measuring secondary indicators of customer satisfaction. Customer satisfaction data is used by the top management to identify opportunities and priorities for improvement.

All activities and areas relevant to the quality system are audited at least once a year. Audits are scheduled on the basis of the status and importance of the activity. Internal auditors are independent of those having direct responsibility for the audited activity. Identified nonconforming conditions are brought to the attention of the responsible managers and corrective actions are implemented in response to audit findings.

Quality system processes are monitored to ensure that they achieve planned results. Relevant product characteristics are measured through inspections and product verification activities, as specified in control plans. Evidence of product conformity is recorded. Products are released for delivery only after all specified activities have been satisfactorily completed and verified.

PROCEDURAL POLICIES

1. INTERNAL AUDIT

1.1 Planning and scheduling

1.1.1 The Vice President of Quality establishes an internal audit plan and schedule. Every activity and area is audited at least once a year. Selected activities are audited more frequently, depending on their importance and quality performance history.

1.2 Audit team and preparation for audit

1.2.1 Only personnel independent of the audited activities are assigned to conduct internal audits. Normally, Quality Assurance coordinator leads the audit team except when QA activities are being audited. Audits of QA activities are conducted by other trained Internal Quality Auditors from other departments.

1.2.2 Auditors prepare for audits by reviewing applicable standards and procedures, analyzing quality records, and establishing questionnaires and checklists.

1.3 Conducting the audit

1.3.1 Conducting the audit, auditors seek objective evidence indicating whether the audited activities comply with the requirements of the documented quality system and ISO 9001:2015, and whether the quality system is effective. The evidence is collected by observing activities, interviewing personnel, and examining records.

1.3.2 Nonconforming conditions are documented on the Internal Audit checklist, and then audit nonconformities are recorded in the Internal Audit/Management Corrective and Preventive Action Form.

1.3.3 Audits are conducted in a way that minimizes disruption of the audited activities.

1.4 Corrective action and follow up

1.4.1 When nonconforming conditions are identified, the Corrective Action process is followed, developing a Corrective Action solution(s). Implementation and effectiveness of the action are verified by the Corrective Action process. The Internal Audit/Management Corrective and Preventive Action Form is used for monitoring and recording the implementation of the corrective actions.

1.5 Audit Records / Reporting

1.5.1 When the auditing cycle is completed, all nonconformity/corrective action reports established during the cycle are compiled and analyzed, and key results/findings are presented and reviewed at the management review meeting. Top Management or the appropriate department manager will ensure that any necessary corrections and corrective actions are taken without delay to eliminate detected nonconformities and their causes.

QOP-91-02 Customer satisfaction *Sales*

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QMS Operational Procedure	QOP-91-02	
Section 9.1	Section Revision: A	Revision Date: 7/11/2017
Customer Satisfaction		
Approved By: Dave Zirkelbach		Date: 7/11/2017

I PURPOSE

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for determining and reporting customer satisfaction.

II APPLICATION

This procedure applies to products, delivery, servicing, and other activities bearing on customer satisfaction. This procedure directly concerns Sales, Marketing, and Customer Service of the Cedar Rapids location. Any customer satisfaction for a part manufactured in Des Moines is handled through Cedar Rapids with the client.

III PROCEDURE

1. Sources of information

1.1 Information and data on customer satisfaction are acquired from customer feedback and by analyzing customer behavior, to include:

Customer Feedback, compliments, and developmental suggestions,

Dee Team Member Feedback,

Customers' Dee Electronics Performance Reports,

Product returns and rejections,

New Key Customer Growth, and

Existing Customer Sales Growth and Market share.

1. *Customer Surveys.*

1.2 The general scope, methods, and program for collecting customer satisfaction data and information are defined in this procedure. However, the program may be periodically adjusted.

2. Customer feedback and complaints

2.1 Customer complaints, spontaneous expressions of satisfaction, and other unsolicited customer feedback are collected and processed by Customer Service/Inside Salespeople, Field Salespeople, and Sales Management.

2.2 The resulting data is periodically compiled and analyzed by the President, and is presented and discussed at management review meetings.

3. Customer Performance Reports, Recognition/Awards

3.1 Dee Electronics encourages customers to rate its performance, and seeks to participate in customer's award and recognition programs. As such recognitions and ratings are a direct expression of customer satisfaction or dissatisfaction, they are considered as one of the most important inputs into determining customer satisfaction. Dee Electronics can also produce delivery performance data by customer, in absence of the customer providing it to Dee. This is used if customer does not provide Dee with performance data.

3.2 Awards and recognitions, as well as failures to achieve them, are used in determining customer satisfaction. Executive Management analyses which aspects of products and/or services are most responsible for achievement of the recognition, and determines how this should be used in determining overall customer satisfaction for these aspects. The results are presented at

1. Last Customer Survey?
2. Last Instance?

management reviews. Customer ratings are analyzed and used in the same way as other customer feedback.

4. Product returns and rejections

4.1 Customer Service/Inside Sales handles product return authorization requests. The reason for each return request or claim is recorded in our CAR/RMA (Corrective Action/Return Material Authorization) Form.

4.2 Product return CAR/RMA records are periodically compiled and analyzed at the management review meetings.

5. New Key Customer Growth

5.1 Sales records are periodically analyzed to identify trending of new key customers. The trending of these new customers sales is one of the most important indicators of new key customer satisfaction.

5.2 Statistics on new key customers trends are presented and discussed at management reviews.

6. Existing Customer Market share

6.1 Sales Management is responsible for collecting and analyzing data regarding existing customer market share. This data is periodically analyzed and presented at management review meetings.

7. Customer Surveys

7.1 Surveys, when and where appropriate at the discretion of the President, are selectively done to gain additional feedback from clients. These can range from 1 question to ten questions typically.

8. Analysis and presentation of results

8.1 Sales Management assembles, and analyses all customer satisfaction data collected from various sources and pertaining to different aspects of company's products and services, and presents this information at Management Review meetings.

8.2. Executive Managers participating in the meeting discuss the reasons for successes or failures in reaching customer satisfaction objectives, and provide input for setting new objectives for the coming year.

QOP-92-01 Internal audit

Brenda

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QMS Operational Procedure	QOP-92-01	
Section 9.2	Section Revision: A	Revision Date: 7/11/2017
Internal Audit		
Approved By: Dave Zirkelbach		Date: 7/11/2017

I PURPOSE

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for conducting internal quality audits.

II APPLICATION

This procedure applies to all activities comprising the quality system. This procedure directly concerns Quality Assurance and the executive management, and is indirectly relevant to all departments.

III PROCEDURE

1. Internal quality audit plan

Consider changing?
(1.1) The President is responsible for planning and scheduling internal quality audits. Each section is audited at least once a year. In addition to the annually scheduled audits, certain sections may be selected for more frequent auditing, depending on their status, importance, and past compliance history.

Consider Changing?

1.2) The President schedules dates and assigns audit teams for all auditable sections.

1.3 The internal audit plan is synchronized with management reviews of the quality system, so that results of an auditing cycle are available for the management review meeting.

2. Audit team

2.1 Personnel assigned to carry out internal audits are independent of those having direct responsibility for the audited activity. If there is no conflict of interest, it is usually Quality Assurance that conducts the audits. Activities that are the responsibility of Quality Assurance are usually audited by trained IQA individuals from other departments.

Confirmed.
2.2) Internal auditors are trained by in-house IQA-certified Trainers or professional IQA Trainers. Quality Assurance maintains a copy of the ISO9001:2015 standard on the company Intranet. IQA Training, whether done in-house or by professionals, is recorded in the Training Records.

3. Preparing for audit

3.1 Auditors prepare for an audit by familiarizing themselves with the ISO 9001 standard, refreshing their knowledge of the quality manual and relevant operational procedures, reviewing corrective actions files, and reviewing the IQA checklist.

2

4. Conducting and reporting the audit

3 While conducting the audit, auditors seek objective evidence demonstrating whether the audited activities conform with the requirements of the documented quality system, and whether the system is effectively implemented and maintained. When a nonconformity is noted, it is brought to the attention of, and discussed with, the President. Before the end of an audit each noted nonconformity is documented using the Internal Audit/Management Corrective Action and Preventive Action system. Auditors fill out only part of the form, describing the noted nonconformity. The form is then handed over to the President who uses the rest of the form to propose a corrective action and follow through to close out the corrective action.

5. Corrective action and follow up

- 1. How does Scheduling work?
- 2. What is this?
- 3. Last Non Conformity?

5.1 Once a nonconformity is identified and documented, further processing of the nonconformity report is similar to the corrective action requests. Upon receiving the report, the President and appropriate managers investigate the cause of the problem noted as a nonconformity, proposes a corrective action to be taken, and indicates the date by which the corrective action will be fully implemented.

5.2 When there is objective evidence that the corrective action is implemented and effective, the nonconformity report is closed out. If more work is needed to fully implement the action, a new follow-up date is set.

6. Documentation and record

3, 6.1 Internal audits and implementation of resulting corrective actions are documented using Internal Audit Checklist Form for documenting the Audits, and the Internal Audit/Management Corrective and Preventive Action Form for documenting findings that require Corrective Action.

6.2 The Internal Audit Checklist Form contains the results and documentation of the Audit. The Internal Audit/Management Corrective and Preventive Action Form contains a description of any nonconforming condition found during the Audit, the proposal for a corrective action, and corrective action implementation information.

6.3 At the end of an auditing cycle, all nonconformity reports established during the cycle are compiled and analyzed, and are presented at the management review meeting.

Associated Documents

Historical Cedar Rapids IQA's

Historical Des Moines IQA's

Full Pre-Audits for 2015 Standard:

Audit 1

Audit 2

3, where is this?

QM 9.3 Management review

Revised
ATB 6/15/18

Quality Manual	9 – Performance evaluation	
Section 9.3	Section Revision: A	Revision Date: 3/30/2017
9.3 Management review		
Approved By: Dave Zirkelbach		Date: 3/30/2017

GENERAL POLICY

The quality system described in this section of the Quality Manual conforms to the requirements of the standard: Element 5.6 ISO 9001:2015 Management Review.

Top management conducts periodical reviews of the quality system. The review evaluates the suitability and effectiveness of the system, identifies opportunities for improvement, and considers the need for changes to the quality policy and quality objectives. Results of the review are documented.

PROCEDURAL POLICIES

1. General

1.1 The purpose of management reviews is to:

Evaluate the suitability, adequacy and effectiveness of the quality system;

Consider changes to the quality management system and to the quality policy and quality objectives; and

Identify opportunities for improvement of the quality system, processes and products.

1.2 Management reviews are chaired by the President and are attended by the executive management team, representing all departments within the company.

1.3 Management reviews are conducted at minimum twice per year. More frequent reviews are scheduled in periods when organizational changes, or other circumstances require increased attention and input from the top management.

2. Management Review input

2.1 Input into the management reviews consists of information and data related to quality performance of the organization. At a minimum, this includes:

Results of audits,

Customer feedback and complaints,

Process performance and product conformance data,

Status of preventive and corrective actions,

Changes that could affect the quality system,

Follow-up actions from earlier management reviews, and

Recommendations for improvement.

3. Management Review output

3.1 Management reviews are concluded with actions related to improvement of the quality management system, and improvement of processes and products to better meet customer requirements. The review also identifies resource needs to implement these actions.

3.2 Results of management reviews are documented in minutes of the review meeting. The minutes include improvement actions, and assign responsibilities and allocate resources for implementation of these actions.

Associated Documents

Management Review Minutes

10.2 Nonconformity and corrective action

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Quality Manual	10 – Improvement	
Section 10.2	Section Revision: A	Revision Date: 6/19/2017
10.2 Nonconformity and corrective action		
Approved By: Dave Zirkelbach		Date: 6/19/2017

GENERAL POLICY

Nonconforming product is identified, documented, evaluated, and prevented from being used or shipped. Appropriate actions are taken when product nonconformity is identified after delivery. When appropriate, corrective and preventive actions are implemented to prevent recurrence of identified nonconformities.

The quality system described in this section of the Quality Manual conforms to the requirements of the ISO 9001:2015 standard: Element 10.2 – Nonconformity and Corrective Action.

1. RESPONSIBILITY AND AUTHORITY (R&A)

The R&A for carrying out quality system activities related to this element have been assigned to the President. All associates have the responsibility to carry out their work assignments in accordance with the quality policy and quality system documentation. The associates have been granted appropriate authority to complete the activities assigned in order to meet specified requirements.

2. CONTROL OF NONCONFORMING PRODUCT

Dee Electronics has established and maintains documented procedures to ensure that nonconforming product is prevented from unintended use or installation. This control provides for identification, documentation, evaluation, segregation, disposition of nonconforming product, and notification to the functions concerned.

2.1 Review and Disposition of Nonconforming Product – Dee Electronics has defined the responsibility for review and authority for the disposition of nonconforming product. Nonconforming product is reviewed in accordance with documented procedures. Where applicable, it may be reworked to meet the specified requirements, accepted without repair by concession, rejected/returned, or scrapped. Dee Electronics does not do Repair. When nonconforming product is corrected, it is subject to re-verification to demonstrate conformity to the requirements.

2.2 Where required by contract, the proposed use of product which does not conform to specified requirements is reported for concession to the customer or customer's representative. The description of the nonconformity that has been accepted is recorded to denote the actual condition. Reworked product is reinspected in accordance with documented procedures.

3. PRODUCT RETURNS

3.1 When product nonconformity is detected by the customer after delivery or use has started, the customer is instructed to return the product, and a Return Authorization/Corrective Action (RMA/CAR) is issued by Inside Sales (Customer Service).

3.2 When product nonconformity is detected internally after delivery or use has started, customers are informed and instructed what to do with the product via RMA/CAR.

4. CORRECTIVE AND PREVENTIVE ACTION

4.1 Preventive versus corrective action

4.1.1 Preventive actions are requested and implemented when there are trends of decreasing quality capability and/or effectiveness of the quality system that create a risk for a potential nonconformity. Corrective actions are used when an actual nonconformity is identified.

4.1.2 Recognizing this difference, Dee Electronics has separate systems for identifying the need for corrective and preventive actions. However, once the need is identified, a common system is used to

process both types of actions. Forms, logs and other documents and records for processing of corrective and preventive actions are the same.

4.2 Corrective actions

4.2.1 The need for corrective action is determined on the basis of identified actual nonconformities. Corrective action requests are typically triggered by such events as a failed inspection, customer complaint and/or product return, nonconforming delivery from a supplier, or a quality system audit finding.

4.3 Preventive actions

4.3.1 The need for preventive action is determined on the basis of information and data regarding capability and performance of processes, product nonconformity rates, post-order fulfillment experience feedback, customer complaints, quality system audit findings, and management review ideas. Such information and data are collected and analyzed to detect unfavorable trends that, if not checked, will increase the risk of nonconformities.

4.4 Processing of corrective and preventive actions

4.4.1 The forms document the unsatisfactory condition and the corrective or preventive action to be taken, and is used to record the verification and closure of the action. Open CARs are reviewed regularly to ensure that the actions are implemented and followed up in a timely manner.

4.5 Continual improvement

4.5.1 Continual improvement actions are often defined as corrective and preventive actions. This is especially true for preventive actions.

4.6 Effectiveness of Corrective Action and Preventative Action

4.6.1 The effectiveness of Corrective Action and Preventative Action taken is reviewed and records of this are maintained in Management Review Meeting Minutes.

QOP-93-01 General

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QMS Operational Procedure	QOP-93-01	
Section 9.3	Section Revision: A	Revision Date: 7/11/2017
General		
Approved By: Dave Zirkelbach		Date: 7/11/2017

I. PURPOSE

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for scheduling, conducting, and recording management reviews of the quality management system.

II. APPLICATION

This procedure applies to all activities comprising the quality system, and in particular those named in ISO 9001:2015 Standard 9.3, Management Review General.

This procedure directly concerns the top executive management.

III. PROCEDURE

1. Frequency and Scheduling

Quality performance and the quality management system are reviewed by the executive management twice per year, at minimum. The President

determines the actual date for the review, coordinating with participating managers.

2. Attendance

- Attendance required to qualify as a Management Review meeting includes, at a minimum: Three out of the following people: President, CEO, Treasurer, Vice President-Sales, Vice President of Operations, Vice President of Manufacturing, Vice President of Quality, and Chairman of the Board of Directors.

3. Agenda

- 3.1 The agenda for management review meetings is prepared by the President. It is distributed to the participating managers at the meeting, or shortly before the meeting. At a minimum, the agenda covers all items listed in Clause 4 of this procedure, Review input.

4. Quality policy and quality objectives

4.1 An important role of management reviews is to determine progress toward fulfilling the quality policy and achieving quality objectives.

4.2 Quality objectives established through the review period are systematically evaluated to assess progress. Objectives that have been achieved may either be upgraded to a higher performance level, or be closed out to free resources for improvement in another area.

4.3 When objectives are not achieved on time, the review investigates and determines causes for the failure to achieve the objectives. Depending on the nature of the objective and causes for failure to achieve it, the top management may decide to drop the objective, reduce its scope or level, reassign responsibilities and/or allocate additional resources, or extend the due date for achieving the objective. Any decisions regarding quality objectives are recorded in the minutes of the review.

4.4 New objectives are established where it is necessary to improve performance or quality system to fulfill the quality policy or other organizational goals or aspirations. New objectives are documented in the minutes of the review.

1. Check last MR.
2. " ————— "

4.5 The principal quality policy is also reviewed to ensure its continuing relevance. The policy is changed when the goals expressed in the policy have been achieved, or when changes within or outside the company render the policy inadequate or inappropriate.

5. Record

Confirmed
(5.1) Minutes of management review meetings are prepared by the President in electronic form, and are distributed to the attending and, if any, absent managers. The minutes and other documents associated with the review are confidential.

Associated Documents

Management Review Minutes

QOP-93-02 Management review input

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QMS Operational Procedure	QOP-93-02	
Section 5.6	Section Revision: A	Revision Date: 7/11/2017
Management Review Input		
Approved By: Dave Zirkelbach		Date: 7/11/2017

I. PURPOSE

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for scheduling, conducting, and recording management reviews of the quality management system.

II. APPLICATION

This procedure applies to all activities comprising the quality system, and in particular those named in ISO 9001:2015 Standard 9.3.2, Review input.

This procedure directly concerns the top executive management.

III. PROCEDURE

1. Review input

1.1 At a minimum, following information and data are presented for review:

1. Action items from last meeting:

1. Check last MR.

Status of action items from previous meeting. Items which are not completed are carried on as continuing actions, and are recorded as such in the minutes of the meeting.

Resources:

Review of adequacy and allocation of resources, including capital equipment needs, staffing levels.

Resource Requirements Review

Measurement Systems Analysis Review (MSA)

5S Systems Review

IT Systems Projects Completed and Future Review

Process performance and product conformance:

Review of quality performance data. These include rates or process and product nonconformities, on-time delivery performance, supplier quality performance, and productivity data.

Internal quality audits:

Review of results of internal quality system audits. This includes summaries of results for the cycle, frequencies of audit findings against particular elements of the quality system, and discussion of particularly important findings.

Corrective and preventive actions:

Review of most important corrective and preventive actions implemented through the period, and the status of pending actions.

Customer feedback and complaints:

Review of customer feedback and complaints, including analysis of trends for particular categories.

Customer satisfaction:

Review of customer satisfaction data and trends.

Vendor Performance:

Review of significant vendor quality performance issues.

Training:

Review status of training programs and the effectiveness of training provided. This includes correlation of training with quality and productivity performance trends in corresponding areas.

Continual improvement:

Review of data demonstrating progress toward achieving continual improvement goals, and reviews current and completed improvement projects.

Changes that could affect the quality system:

Review/discussion of any process, capacity, or other operational or organizational changes that affect the quality system; and proposes specific actions to update or modify the system in response to these changing circumstances.

1.2 In addition to the topics listed above, management review may also consider such issues as cost of quality and non-quality; integration of the quality system with other operations and activities; market and customer response to the quality effort; and any other such issues related to the quality management system.

Associated Documents

Management Review Minutes

QOP-93-03 Management review output

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QMS Operational Procedure	QOP-93-03	
Section 9.3	Section Revision: A	Revision Date: 7/11/2017
Management Review Output		
Approved By: Dave Zirkelbach		Date: 7/11/2017

I. PURPOSE

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for scheduling, conducting, and recording management reviews of the quality management system.

II. APPLICATION

This procedure applies to all activities comprising the quality system, and in particular those named in ISO 9001:2015 Standard 9.3.3, Review output.

This procedure directly concerns the top executive management.

III. PROCEDURE

1. Review output

1.1 Management reviews are concluded with actions related to:

*Improvement of the quality management system,
CHECK COST ~~MR~~ MR.*

Improvement of quality performance, and

Improvement of products and/or services to better meet customer requirements and increase customer satisfaction.

1.2 These improvement actions are often formulated as quality objectives with specific measurable targets, due dates, assignments of responsibilities, and allocation of resources for their implementation.

1.3 Management review output is documented in the minutes of the review meeting. Action items are highlighted or are placed under a special heading to ensure that they are easily identifiable. Whenever applicable, action items include assignment of responsibility, timeframe, and allocation of resources for implementation of the action.

Associated Documents

Management Review Minutes

QM 10.1 General

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6/15/18*

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Quality Manual	10 – Improvement	
Section 10.1	Section Revision: A	Revision Date: 3/30/2017
10.1 – General		
Approved By: Dave Zirkelbach		Date: 3/30/2017

GENERAL POLICY

Dee Electronics deploys a continual improvement philosophy throughout the entire organization. The improvement effort is driven by goals defined in the quality policy and quality objectives. Improvement opportunities are identified by analyzing quality performance data and information. Improvement projects are defined and implemented through the system of corrective and preventive actions and management review actions.

Causes of identified nonconformities are investigated and, where appropriate, corrective actions are implemented to ensure that nonconformities do not recur. Preventive actions are implemented to eliminate the causes of potential nonconformities. Corrective and preventive actions taken are recorded and are followed up to ensure that they have been properly implemented and that they are effective.

The quality system described in this section of the Quality Manual conforms to the requirements of the ISO 9001:2015 standard: Element 10.2 – Nonconformity and Corrective Action and Element 10.3 – Continual Improvement

- Review DM corrective actions.

QOP-10-02 Nonconformity and corrective action

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QMS Operational Procedure	QOP-10-02	
Section 10.2	Section Revision: A	Revision Date: 7/11/2017
Nonconformity and corrective action		
Approved By: Dave Zirkelbach		Date: 7/11/2017

PURPOSE

The overall Responsibility and Authority for activities relating to this element of the standard have been assigned to the President. Team Members are charged with the responsibility to implement the procedure as written, and have been granted appropriate freedom and authority to do so.

APPLICATION

This process pertains to all aspects of the quality system at Dee Electronic; it is not restricted to product-related concerns or nonconformities. Process and system nonconformities are also provided for.

PROCEDURE

1. The Corrective Action database of ECIS is utilized by team members universally to collect information for improving the effectiveness of the Quality System, such as:
 1. Customer concerns
 2. Inspection and testing results and trends
 3. Internal audit Nonconformances
 4. External audit Nonconformances
 5. Team member concerns

1. Example

2. Preventive Actions may be taken by management as a result of successful Corrective Action. When Corrective Action is applied to other Dee Electronics products, processes or locations, it is preventive action. Additional sources for Preventive Action include:
 1.
 1. Team member concerns
 2. Management Review ideas
 3. Industry and non-industry Best Practices
 4. Internal and external audit Observations
3. If there is observable evidence that the problem already exists (Corrective Action called for):
 1.
 1. Team Members in the affected area devise a Corrective Action Plan.
 2. Team Members are trained as appropriate.
 3. Team Members implement Corrective Action Plan. Utilization of the following tools is conducted when determining root cause: 5 Why's and Cause/Effect (Fish Bone) Diagrams.
 4. Quality Control Coordinator and President follow up and determine the effectiveness of the CA.
 5. President revises documentation as necessary, maintains records and reports to management in Management Review.
4. If there is no observable problem but there is a potential that one may exist in the near future (Preventive Action called for):
 1.
 1. President and affected Team Members brainstorm preventative solution(s).
 2. President proposes Preventive Action in Management Review moves ahead with implementation as appropriate.
 3. Quality practices, documented procedures, processes and forms are revised as needed.
 4. President revises and reissues quality system documentation, as necessary.
 5. Management provides necessary resources.
 6. Team Members are trained as appropriate.
 7. Team Members implement Preventive Action.
 8. President determines effectiveness of Preventive Action and reports during Management Review or prior if appropriate.
 9. President maintains records of Preventive Action in Internal Audit/Management Corrective/Preventive Action Form.
5. Corrective and Preventive Actions are continuously assessed by:
 1.
 1. Internal quality audits.
 2. External quality audits.
 3. Feedback from Team Members.
 4. Feedback from Customers.
6. The President and Vice President of Quality maintain electronic records (ECIS) related to Corrective and Preventive Action.

7. Continual Improvement – Continual improvement actions are often defined as corrective and preventive actions. This is especially true for preventive actions. Operational Procedure, Continual Improvement, and Management Review, explain how the corrective and preventive action system is used for facilitating continual improvement.
8. The effectiveness of Corrective Action and Preventative Action taken is reviewed by ongoing statistical analysis (prompting for review of effectiveness of Corrective Actions and Preventative Actions) as well as reviewed in Management Review Meetings by reviewing Corrective Action and Preventative Action trending.

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10.3 Continual Improvement

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Quality Manual	10 – Improvement	
Section 10.3	Section Revision: A	Revision Date: 6/19/2017
10.3 Continual Improvement		
Approved By: Dave Zirkelbach		Date: 6/19/2017

GENERAL POLICY

Dee Electronics deploys a continual improvement philosophy throughout the entire organization. The improvement effort is driven by goals defined in the quality policy and quality objectives. Improvement opportunities are identified by analyzing quality performance data and information. Improvement projects are defined and implemented through the system of corrective and preventive actions and management review actions.

Causes of identified nonconformities are investigated and, where appropriate, corrective actions are implemented to ensure that nonconformities do not recur. Preventive actions are implemented to eliminate the causes of potential nonconformities. Corrective and preventive actions taken are recorded and are followed up to ensure that they have been properly implemented and that they are effective.

PROCEDURAL POLICIES

1. CONTINUAL IMPROVEMENT

1.1 Opportunities for improvement

1.1.1 Opportunities and priorities for improvement are identified by comparing present quality performance to objectives defined in the quality policy and quality objectives.

1.1.2 Quality performance is determined by analyzing information about customer satisfaction, records of product and process nonconformity, results of internal audits, and other data and information relevant to quality performance.

1.1.3 Quality performance is evaluated by management reviews of the quality system. Where quality performance falls short of a defined objective, the management review identifies specific improvement actions to reach the objective. When a quality objective is reached, the management review may set a new, higher objective in this area and specify new improvement actions for reaching it.

1.1.5 In addition to management reviews, departmental supervisors/managers identify improvement opportunities continually, based on daily feedback from their operations and other activities. Employees are also encouraged to come forward with ideas for improving products, processes, systems, productivity, and working environment. These improvement opportunities are evaluated and prioritized by the President and, where appropriate, are implemented through the system of corrective and preventive actions.

1.2 Implementation of improvement projects

1.2.1 Improvement projects are usually implemented through management review actions and through corrective and preventive actions. Where appropriate, improvement projects may be also initiated by management directives, such as policy statements, announcements, memoranda, and so forth.

2. CORRECTIVE AND PREVENTIVE ACTION

2.1 Preventive versus corrective action

2.1.1 Preventive actions are requested and implemented when there are trends of decreasing quality capability and/or effectiveness of the quality system that create a risk for a potential nonconformity. Corrective actions are used when an actual nonconformity is identified.

2.1.2 Recognizing this difference, Dee Electronics has separate systems for identifying the need for corrective and preventive actions. However, once the need is identified, a common system is used to process both types of actions. Forms, logs and other documents and records for processing of corrective and preventive actions are the same.

2.2 Corrective actions

2.2.1 The need for corrective action is determined on the basis of identified actual nonconformities. Corrective action requests are typically triggered by such events as a failed inspection, customer complaint and/or product return, nonconforming delivery from a supplier, or a quality system audit finding.

2.3 Preventive actions

2.3.1 The need for preventive action is determined on the basis of information and data regarding capability and performance of processes, product nonconformity rates, post-order fulfillment experience feedback, customer complaints, quality system audit findings, and management review ideas. Such information and data are collected and analyzed to detect unfavorable trends that, if not checked, will increase the risk of nonconformities. The system for collecting and analyzing quality performance information and data is defined in Section 8.4 of this manual.

2.4 Processing of corrective and preventive actions

2.4.1 Preventive and corrective actions are initiated, processed and followed up using a CAR (Corrective Action Request)/RMA form or Internal Audit/Management Corrective/Preventive Action Form. The forms document the unsatisfactory condition and the corrective or preventive action to be taken, and is used to record the verification and closure of the action. Open CARs are reviewed regularly to ensure that the actions are implemented and followed up in a timely manner.

2.5 Continual improvement

2.5.1 Continual improvement actions are often defined as corrective and preventive actions. This is especially true for preventive actions.

2.6 Effectiveness of Corrective Action and Preventative Action

2.6.1 The effectiveness of Corrective Action and Preventative Action taken is reviewed and records of this are maintained in and Management Review Meeting Minutes.

QOP-10-03 Continual Improvement

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QMS Operational Procedure	QOP-10-03	
Section 10.3	Section Revision: A	Revision Date: 7/11/2017
Continual Improvement		
Approved By: Dave Zirkelbach		Date: 7/11/2017

I PURPOSE

The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for facilitating continual improvement of the quality management system.

II APPLICATION

This procedure applies to all activities comprising the quality management system. This procedure concerns all departments.

III PROCEDURE

1. General

1.1 Dee Electronics deploys continual improvement philosophy throughout the entire organization. The quality system itself is designed to incorporate all elements necessary to identify opportunities for improvement and to implement improvement projects.

1.2 Everyone in the organization is encouraged to come forward with ideas for improving products, processes, systems, productivity, and working environment.

Improvement suggestions are evaluated and prioritized by the executive management team.

2. Identification of improvement opportunities

2.1 Opportunities for improvement are identified from such sources as:

Data of process and product characteristics and their trends;

Records of product nonconformities;

Customer satisfaction, dissatisfaction and other customer feedback;

Market research and analysis of competitive services;

Feedback from employees, suppliers, manufacturer representatives and other interested parties; and

Internal and external audits of the quality system.

2.2 In addition to the above-listed systems for continual performance monitoring, special assessment projects may be initiated to identify opportunities for improvement in other areas. Examples are:

Non value-added use of floor space,

Waste of labor and materials,

Excessive cost of non-quality, and

Excessive handling and storage.

2.3 Opportunities for improvement of operations and systems are identified on two levels: continuously, by the management team and supervisors, based on daily feedback from operations and other activities; and periodically, by the management review, based on analysis of longer-term data and trends. Opportunities for improvement of services are identified mainly by Sales/Marketing Management.

3. Evaluation of improvement opportunities

3.1 Those opportunities for improvement based on daily feedback from operations are evaluated by executive management and, when appropriate, are implemented through the system of corrective and preventive action. Typically, they would be triggered by such events as identification of a nonconforming process or product, customer complaint, internal audit finding, and other such specific events.

3.2 Opportunities of improvement based on longer-term data and trends are evaluated by the management review. They are prioritized with respect to their relevance for reaching the quality policy and quality objectives. When new important opportunities for improvement are not adequately supported by the current policy and objectives, the management review may change the policy and/or establish new quality objectives.

3.3 Opportunities for improvement of services are evaluated by the President and Vice President, Sales.

4. Implementation of improvement projects

4.1 Improvements required to address daily feedback from operations and other activities are usually implemented through corrective and preventive actions.

4.2 Longer-term improvement projects to fulfill the quality policy, attain quality objectives, or correct unfavorable trends are implemented through special management actions defined by the management review. These actions may be documented in management review minutes, or be issued as directives, memoranda, policy statements, etc. The corrective and preventive action system may also be used for this purpose.

4.3 Service improvement projects are usually implemented via projects guided by the President.

Suggestions

FOLLOW UP ON PREVIOUS FINDINGS

1) Fork lift

2) B's warehouse organization

3) ASSEMBLY LOGIN SCREEN

IMPROVEMENTS?

Pick

Observed L Hochmuth Pick Line Serial 103578 & 104262.
NO obvious issues.
Observed ~~AA Segura~~ Pick Line Serial 103626 & 102288.
NO obvious ~~K Yates~~ issues.

Receiving

Observed T Irving receive Part ID 400162, 900154 &
501493. NO obvious issues.
Observed Karla Quality check line Serial 103461 & 103390.
NO obvious issues.

Production

Observed J Smith & K Grimm on DVA 103433. NO issues.
Observed A Ervin, A Grear & R Carter ^{on} DVA 103619. NO issues.
All seemed to have a grasp of the assembly log in
Screen.

Purchasing