

National Association of
Purchasing Management

Rail Industry
Forum

QUALITY SYSTEM AUDIT SUMMARY REPORT

TO BE COMPLETED BY AUDITEE:

COMPANY: _____

ADDRESS: _____

CONTACT FOR AUDIT AT COMPANY:

NAME: _____

PHONE: _____

FAX: _____

QUALITY SYSTEM AUDIT

TO BE COMPLETED BY AUDITOR:

AUDIT DATE: _____

COMMODITY GROUP: _____

Specific Product: (New or Remanufactured)

Check one or both

THE QUALITY SYSTEM (FACILITY & MANUAL) WAS AUDITED IN ACCORDANCE WITH
NAPM-RIF GUIDELINES WITH REFERENCE TO THE SPECIFIC COMMODITY LISTED ABOVE
AND FOUND TO CONFORM TO ALL ASPECTS OF THE ACCEPTED NAPM-RIF QAS
STANDARD:

AAR M-1003

OTHER

SPECIFY _____

AUDITOR SIGNATURE

DATE

AUDITOR PROFILE

AUDITOR: _____ EMPLOYER: _____

ATTACH PROOF OF CURRENT AUDITOR ACCREDITATION. AUDIT SUMMARY REPORT
WILL NOT BE ACCEPTABLE WITHOUT THIS DOCUMENTATION.

NAPM-RIF QAS QUALITY ACCEPTANCE DOES NOT QUALIFY THE HOLDER FOR AAR M-
1003, ISO 9000 OR QS 9000 REGISTRATION.

SEND COMPLETED REPORT TO:

Ed Hildebrand, CQE, CQP, RAB-QSLA
President, CR Quality Services, Inc.
5406 Lincoln Highway
P.O. Box 827
Gap, PA 17527-0827