AMPLUS Global Associates

SURVEILLANCE AUDIT REPORT

Job No/Cert No: 2018/0131	Cert. Expiry Date: 12/2018
Date(s) of Assessment: 1/29-31/2018	

Company	Type of assessment
Jemison Metals, Inc.	☐ Pre-Assessment ☐ Re-Certification Assessment ☒ Surveillance Assessment ☐ Transfer Audit
Address **8100 Aetna Road, Cleveland, OH 44105** **1255 North Gate Drive, Sumter, SC 29154** **188 Enterprise Drive Madison Heights, VA 24572**	Company Management Representative/Job Title **Rick Rowland, Senior VP Quality and Engineering**
AMPLUS Lead Auditor: **Tony Franceschini** AMPLUS Auditor **Michael Franceschini**	Assessment Standard: **ISO 9001: 2008**

KEY MEMBERS OF COMPANY STAFF SEEN (AND JOB TITLES)
See Sign in Sheets held on file.

Scope of assessment:
Processing and Distribution of Ferrous and Non-Ferrous Sheet Products, Including Plasma and Laser Cutting, Forming, Machining, Slitting, Cut to Length, Blanking, and Shearing Operations
.
IAF/NACE Codes: 17 & 29, DJ

No. of Major Non Conformance's	**0**
No. of Minor Non Conformance's	**0**
No. of Observations	**LYN = 1 OFI, 3 OBS** **CLV = 1 OFI, 7 OBS** **SMT = 5 OBS**

- **Major Non-conformance:** A Major absence or Major breakdown of a system to meet the requirements of a clause of ISO 9001 or Major instance of product/service failing to meet customer requirement. A Major N/C can also be a number of Minor N/C`s with related characteristics.
- **Non-conformance:** The absence or breakdown of a system to meet the requirements of a clause of ISO 9000 or product/service failing to meet customer requirement.
- **Observation:** A potential deviation from an otherwise well-established system.

Number of full time employees	**73**
Number of part time employees	**11**
Departments audited	**Management, Documentation, Quality, Office, Sales, Engineering, Manufacturing, and Purchasing**
Date of previous audits	**Sept 2016**
Agreed date for next audit	**August 2018 Re-certification**
Use of Logo	**OK**

INITIAL ASSESSMENT

RECOMMENDATIONS

☐ Re- Certification to ISO 9001:2008 is accepted.

☐ Due to the severity of the non-conformance's raised during the assessment, Certification cannot be recommended.
Corrective action is required within 6 working weeks of the Initial Assessment.

SURVEILLANCE (Delete if not applicable)

RECOMMENDATIONS

☒ The Organization is continuing to comply with the requirements of ISO 9001: 2008.
Continued certification is recommended with documented closure of nonconformity within 6 working weeks.

☐ Due to the severity of the non-conformance's raised a follow up audit is required.
Corrective action is required within 30 working days of the surveillance assessment.

Summary:

- **Use of Logo:** Review of Logo and Website was acceptable.
- **Facility Review:** All facilities were audited for re-certification relating to Documentation Requirements, Management Responsibility, Resource Management, Product Realization, and Measurement Analysis and Improvement.
- **Documentation:** A review of any changes to the Jemison Metals QMS documentation was completed relating to the ISO 9001: 2008 Standard.
- **Nonconformances and Observations:** All Observations and/or Nonconformities from previous Audits were verified and validated (see below). Additionally, 15 Observations and 2 OFI's were documented during the audit.
- **Management Representative and QMS Progress:** Rick Rowland has been promoted to Senior VP Quality and Engineering, but remains Corporate QMR with responsibility for Continual Improvement. Patrick Macias is back-up QMR for Eastern region.
- Jemison Metals continues to make progress in the development and improvement of its Quality Management System (see Checklist).
- **Improvements:** The organization continues to make steady progress and improvements, including new monthly Process Audits and 5S initiatives (see Checklist).
- **The surveillance audit schedule was completed in all aspects as planned.**
- **Section 4:** All aspects of Documentation and Records were reviewed which included: All levels of QMS documentation, with sequence of process interactions and scope (see Checklists).
  Compliance was established in all areas of Section 4 of ISO 9001:2008.
- **Section 5:** All aspects of Management Responsibility were reviewed which included: Management Commitment and Focus, Quality Policy, Planning, Responsibility, Authority and Communication, and Management Review (see Checklist).
  Compliance was established in all areas of Section 5 of ISO 9001:2008,
- **Section 6:** All aspects of Resource Management were reviewed which included: Competency, Training and Awareness, Infrastructure and Work Environment (see Checklist).
  Compliance was established in all areas of Section 6 of ISO 9001:2008.
- **Section 7:** All aspects of Product Realization were reviewed which included: Planning, Customer-related Processes, Purchasing, Production and Service, and Control of Monitoring and Measuring Equipment (see Checklist).
  Compliance was established in all sections of Section 7 of ISO 9001:2008.
  Section 8: All aspects of Measurement, Analysis and Improvement were reviewed which included: Monitoring and Measurement, Control of Nonconforming Product, Analysis of Data and Improvement (see Checklist).
  Compliance was established in all areas of Section 8 of ISO 9001:2008.
- **Personnel:** Cooperation and competence displayed by Rick Rowland, Patrick Macias, Farron McLeod, Sandi Watkins, Dennis Stewart, Randy Richards, Beverly Clem, Marion Pitts, Zachary Delp, Bill Huffman, Martha Strachan, Kenneth Scott, Daniel Porter, Larry Stimple, Broderick Johnson, other personnel interviewed was very helpful and appreciated towards completing this audit.

Strengths:

Electronic Quality Management System, Quality Policy, Model and FIT software, Management Review, Customer Focus, Analysis of Data and Infrastructure, Production, Purchasing and Work Environment.

The following areas of Non Compliance require Corrective+Systemic+Preventive Action:

NONE

Note: *C+S+P Actions shall use the company's internal Form and be submitted to the Lead Auditor within 6 weeks of this report with a covering letter (Company Letterhead) and signed by the Management Representative. The Lead Auditor will indicate requirements for Verification/Validation based on the severity of the Non-Compliance*.

The following areas of Non Conformity and/or Observation from prior audits were reviewed to ensure sustainable actions are in place.

CLV:
OBS-01: The organization should review method of keeping audit response records to ensure availability (12/15 Recertification Audit).
OBS-02: The organization should ensure revision references for Corporate Quality Manual are consistent (Scope page vs. ToC page/Corp MLCDs).
OBS-03: The organization should ensure corporate QMS Scope reflects current conditions pertaining to Lynchburg facility.
OBS-04: The organization should clarify information on process product audit checklist (Fab, Stel-plan).
OBS-05: The organization should clarify site-specific PA and IA activities on audit schedule (purchasing, training, contract review).
OBS-06: The organization should clarify reasons for delay of verification activities on CAR #10432 (Training).
OBS-07: The organization should ensure Temporary Orientation Forms are consistently signed and dated.
OBS-08: The organization should review FHR002 and FHR006 to ensure current requirements are reflected regarding sign-off and dates.
OBS-09: The organization should review Safety pictograms at Time-Clock to ensure GHS requirements.
SMT:
OBS-01: The organization should continue with Eye Wash inspections for manual location near Receiving.
OBS-02: The organization should ensure Eye Wash station is not blocked.
OBS-03: The organization should ensure qualified auditor is conducting Internal Layered Audits.
OBS-04: The organization should review methods of maintaining 3rd party safety inspection records for cranes
LYN:
OFI-01: The organization should consider using month due dates for calibration instead of specific day (Tape #4).
OBS-01: The organization should review Organizational Chart to ensure current requirements are reflected (Lynchburg).
OBS-02: The organization should ensure problem description in CAR form completely describes issue (CAR #11171).
OBS-03: The organization should ensure Internal Audit results are clearly defined in Management Review meeting minutes (Findings, etc. and status).
OBS-04: The organization should ensure Fire Extinguisher listed in Lunch Room is available for use.
OBS-05: The organization should ensure older Calibration stickers are removed from equipment (scrap scale on ROWE Cut-To-Length).
OBS-06: The organization should review Maintenance Office postings to ensure current conditions are reflected (old crane inspection schedules, equipment, etc.).
OBS-07: The organization should ensure daily crane inspections are consistently signed off.
OBS-08: The organization should review ASL to ensure current requirements are reflected (scales).

ALL ABOVE OBSERVATIONS AND OFI'S WERE REVIEWED AND CLOSED

The following areas of Observation require internal Corrective+Systemic+Preventive Action:

CLV:
OFI-01: the organization should consider transitioning the QMS to ISO 9001:2015 requirements by end of 2nd quarter 2018.

OBS-01: The organization should ensure all old references to Jemison Demsey on current documents is completed

(i.e. Corporate Quality Intranet).
OBS-02: The organization should better clarify Management Review Input for Monitoring and Measurement of Quality Goals and Objectives, and ensure status of Corrective Actions is documented.
OBS-03: The organization should ensure ISO Policy training is completed as required on New Employee Orientation when Trainer is unavailable.
OBS-04: The organization should review status of 5S Checklist to ensure current requirements are reflected.
OBS-05: The organization should review method used to record Tow Motor PM activities.
OBS-06: The organization should ensure Standards used for calibrations are documented in Calibration records.
OBS-07: The organization should procure corrected Calibration Certificate due date for steel ruler (i.e. 2018 instead of 2020).

SMT:
OBS-01: The organization should ensure Top Management in all facilities access and review Management Review meeting minutes.
OBS-02: The organization should ensure correction and corrective actions taken regarding internal and external audit outcomes are timely (i.e. SMT audit dated 2/2017 and CAR #12844 created in May 2017).
OBS-03: The organization should include more detail regarding Customer notification and outcome of sorting verification of WIP and/or finished goods in CAR (i.e. CAR #12844).
OBS-04: The organization should ensure First Aid Kit in Lunchroom identified.
OBS-05: The organization should clarify process used for evaluation of new suppliers.

LYN:
OFI-01: The organization should consider the benefits of computerizing the Calibration Program.
OBS-01: The organization should clarify options for reaction to nonconformance in Laser Procedure (Rev 0).
OBS-02: The organization should review method used to calibrate/certify the Granite Block.
OBS-03: The organization should ensure Customer Performance feedback is consistently forwarded to Corporate Quality.

Note: *C+S+P Actions shall use the company's internal Form but do not need to be submitted to the Lead Auditor and will be reviewed at the next surveillance audit.*

AUDITOR

I agree to treat as secret and confidential and not at any time for any reason to disclose or permit to be disclosed to any person the contents of this report including any notes completed during the audit except as required by the QECAS Veritas, IRCA and/or Exemplar for their assessment of AMPLUS Global Associates, Inc. auditor certification scheme.
I confirm that I have not been involved providing any consultancy services to the client in question, or to any company related to the client, within the last two years. I have not provided consultancy as part of the assessment.
The information contained within this report is the result of limited process sampling and therefore it cannot be assumed that other non-conformities and/or Observations do not exist. The organizations continuous improvement program will remain the most effective source of achieving quality related goals and objectives.

AMPLUS

Lead Auditors:	Signature:	Tony Franceschini	Date:	**2/2/2018**
Audit Manager	Signature:	Lorette Franceschini	Date:	**2/3/18**

PROGRAMME FOR NEXT AUDIT

Audit Details: Jemison Metals		Surveillance Schedule																					
Instructions:		**Processes Assessed**																					
Shaded areas identify planned/scheduled processes to be assessed during each activity if applicable to the organisation.		Surv. March 2015			Re-Certified Dec 2015			Surv. Sep 2016			Surv. Feb 2018			Re-Certified Dec 2018									
Auditors shall identify those processes assessed and identify the status of the area assessed by placing an "S" for satisfactory results or by entering the applicable "NC Number" (i.e., 01, 02, etc.). Scoring: 0 = Major N.C; 1 = Minor N.C.; 2 = Satisfactory; 3 = Planned Actions for Increasing Effectiveness of QMS; 4 = Improvement in Place, On-Target with Goals; 5 = Objectives Met, Best-In-Class		Scheduled Processes	Score	Status	Scheduled Processes	Score	Status	Scheduled Processes	Score	Status	Scheduled Processes	Scope	Status	Scheduled Processes	Score	Status							
Quality Management System	**4**																						
• General Requirements	4.1		3	S		3	S		3	S		3	S										
• Documentation Requirements - Manual	4.2.2		3	S		3	S		3	S		4	S										
• Documentation Requirements – Doc. Control	4.2.3		3	S		3	S		3	S		3	S										
• Documentation Requirements - Records	4.2.4		3	S		3	S		3	S		3	S										
Management Responsibility	**5**			S			S			S			S										
• Management commitment	5.1		3	S		3	S		3	S		3	S										
• Customer focus	5.2		4	S		4	S		4	S		4	S										
• Quality policy	5.3		4	S		4	S		4	S		4	S										
• Planning	5.4		4	S		4	S		4	S		4	S										
• Responsibility, authority, and communication	5.5		4	S		4	S		4	S		4	S										
• Management review	5.6		5	S		5	S		5	S		5	S										
Resource Management	**6**			S			S			S			S										
• Provisions of resources	6.1		3	S		4	S		4	S		4	S										
• Human resources	6.2.2		3	S		4	S		4	S		4	S										
• Infrastructure	6.3		3	S		4	S		4	S		4	S										
• Work environment	6.4		3	S		3	S		4	S		4	S										
Product Realization	**7**																						
• Planning of product realization	7.1		3	S		3	S		3	S		3	S										
• Customer-related processes-Requirements	7.2.1		3	S		3	S		3	S		3	S										
• Customer-related processes-Review	7.2.2		3	S		3	S		3	S		3	S										
• Customer-related processes-Communication	7.2.3		3	S		3	S		3	S		3	S										
• Design and development (*As Applicable)*	7.3																						
• Purchasing-Process	7.4.1		3	S		3	S		3	S		3	S										
• Purchasing-Information	7.4.2		3	S		3	S		3	S		3	S										
• Purchasing-Verification of Product	7.4.3		3	S		3	S		3	S		3	S										
• Production and service provision-Control	7.5.1		3	S		3	S		3	S		3	S										
• Production and service provision-Validation	7.5.2		3	S		3	S		3	S		3	S										
• Production and service provision-Id. & Traceability	7.5.3		3	S		4	S		4	S		4	S										
• Production and service provision-Cust. Property	7.5.4		3	S		3	S		3	S		3	S										
• Production and service provision-Preservation	7.5.5		3	S		3	S		3	S		3	S										

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• Control of monitoring and measuring devices	7.6		3	S		3	S		3	S		3	S							
Measurement, analysis and improvement	**8**			S			S			S			S							
• General	8.1		3	S		3	S		3	S		3	S							
• Monitoring and measurement-Cust. Satisfaction	8.2.1		3	S		3	S		3	S		3	S							
• Monitoring and measurement-Internal Audits	8.2.2		3	S		3	S		3	S		3	S							
• Monitoring and measurement-Process	8.2.3		3	S		3	S		3	S		3	S							
• Monitoring and measurement-Product	8.2.4		3	S		3	S		3	S		3	S							
• Control of nonconforming product	8.3		3	S		3	S		3	S		3	S							
• Analysis of data	8.4		3	S		3	S		3	S		3	S							
• Improvement-Cont. Improvement	8.5.1		4	S		4	S		4	S		4	S							
• Improvement-Corrective Action	8.5.2		2	S		2	S		2	S		2	S							
• Improvement-Preventive Action	8.5.3		1	NC-01		2	S		3	S		3	S							
Use of registration, accreditation body marks, logos and symbols				S			S			S			S							
Rating Total ISO 9001			121			124			126			127								