





CCAS Americas Ltd

Chamber Certification Assessment Services

ASSESSMENT AUDIT REPORT

Job No/Cert No: 2014/0708	Cert. Expiry Date: 12/2015
Date(s) of Assessment: 7/7-8/ 2014	

Tony Franceschini Micha	el Franceschini	ISO	9001: 2008	
CCAS Lead Auditor: CCAS I	Lead Auditor	Asses	ssment Standard:	
Address 3800 Colonnade Pkwy, Birming 3001 Hickory Street, Gadsden,	,	Ricl	bany Management Represen k Rowland, VP Qua vices	
			Surveillance Assessment	Transfer Audit
Jemison Metals, Inc.			Pre-Assessment	Re-Certification Assessment
Company		Туре	of assessment	

KEY MEMBERS OF COMPANY STAFF SEEN (AND JOB TITLES)

See Sign in Sheets held on file.

Scope of assessment:

Processing and distribution of sheet steel products, including plasma cutting, 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	GAD = 6 <u>BHM = 2</u>

- **Major Non-conformance:** A Major absence or Major breakdown of a system to meet the requirements of a clause of ISO 9001, 14001, ISO/TS 16949 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.
- **Minor 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 documented procedure or product/service failing to meet 100% customer satisfaction requirements.

Number of full time employees	106
Number of part time employees	
Departments audited	Management, Documentation, Quality, Office, Sales, Engineering, Manufacturing, and Purchasing
Date of previous audits	November 2012
Agreed date for next audit	December 2015
Use of Logo	ОК

INITIAL ASSESSMENT

RECOMME	ENDATIONS
	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.

<u>SURVEILLANCE</u> (Delete if not applicable)

RECOMMENDATIONS

X	The Organization is continuing to comply with the requirements of ISO 9001: 2008. Continued certification is recommended.
	Due to the severity of the non-conformance's raised a follow up audit is required. Corrective action is required within 6 working weeks of the surveillance assessment.

Summary:

Surveillance:

- <u>Use of Logo</u>: Review of Logo and Website was acceptable at audited sites.
- **Facility Review:** Corporate and all other 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 ISO9001: 2008 standard.
- **Nonconformances and Observations:** All Observations from the previous Audits were verified and validated (see below).
- <u>Management Representative and QMS Progress:</u> Rick Rowland has been promoted to VP Quality and Technical Services, but remains Corporate QMR with responsibility for Continual Improvement. Robert Heinke, Quality Engineer and Back-up QMR, moved into new position of Alliance Analyst. Search continues for Quality Engineer.
- 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 (see Checklist).
- <u>The surveillance audit schedule was completed in all aspects as planned.</u>
- 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 Checklist). 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.

• <u>Personnel:</u> Cooperation and competence displayed by Rick Rowland, Tina Bradt, Robert Heinke, John Foster, Mark Clough, John Cordell, Kevin Luck, Denise Clayton, Wayne Engle, and Michael Price were 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.

GAD:

OBS-01 The organization should move rejected material rejected material into defined Hold areas as soon as possible. **REVIEWED AND CLOSED**

BHM:

- **OBS-01** The organization should better clarify approval process for QMS document revisions. **REVIEWED AND CLOSED**
- OBS-02 The organization should review Document Change form to ensure current conditions are reflected. **REVIEWED AND CLOSED**
- OBS-03 The organization should review the ASL at frequent intervals to ensure new Suppliers are evaluated as soon as possible. REVIEWED AND CLOSED

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

GAD OBS-01: The organization should review strategy used for tape measure calibration frequency.

GAD OBS-02: The organization should clarify gage block acceptance criteria for Micrometer calibrations.

GAD OBS-03: The organization should include additional verbiage regarding action item steps in CAR documentation.

GAD OBS-04: The organization should ensure operational requirements on slitter SL-22 are consistently documented.

GAD OBS-05: The organization should periodically review Tags in Hold Area to ensure FIFO.

GAD OBS-06: The organization should periodically review Communications Boards to ensure current conditions are reflected.

BHM OBS-01: The organization should clarify methodology for performance tracking of Mills.

BHM OBS-02: The organization should clarify final storage and retention method for health and safety training records.

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 IRCA and/or RAB for their assessment of CCAS Americas Ltd 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.

CCAS Lead Auditors:	Signature:	Tony Franceschini	Date:	7/10/2014
Audit Manager	Signature:	Dennis J Jacobs	Date:	7/14/2014

PROGRAMME FOR NEXT AUDIT

Audit Details: Jemison Metals	PROGRAMME FOR NEXT AUDIT Re-Certification Schedule Created: 7/10/14																					
Instructions:		Processes Assessed																				
Shaded areas identify planned/scheduled processes be assessed during each activity if applicable to th organisation. Auditors shall identify those processes assessed and	e	Re-Certified Stage 1 & 2 Nov 2009			Si Si	urv. ept 010		Ī	Surv. May 2011		F	urv. ⁼ eb 012		Ce	Re- ertified Dec 2012		J	urv. uly 014				
identify the status of the area assessed by placing an "S satisfactory results or by entering the applicable "NC Number" (i.e., 01, 02, etc.). Scoring: 0 = Major N.C; 1 = Minor N.C.; 2 = Satisfactor 3 = Planned Actions for Increasing Effectiveness of QM 4 = Improvement in Place, On-Target with Goals; 5 = Objectives Met, Best-In-Class	y;	Scheduled Processes	Score	Status	Scheduled Processes	Score	Status	Scheduled	Score	Status	Scheduled	Scope	Status	Scheduled	Score	Status						
Quality Management System	4																					
General Requirements	4.1		3	S		3	S		3	S		3	S		3	S		3	S			
Documentation Requirements - Manual	4.2.2		3	S		3	S		3	S		3	S		3	S		3	S			
Documentation Requirements – Doc. Control	4.2.3		2	S		1	NC- 01 Cle		2	S		1	NC- 01 BHM		2	S		3	S			
Documentation Requirements - Records	4.2.4		3	S		3	S		3	S		3	S		3	S		3	S			
Management Responsibility	5			S			S			S			S			S			S			
Management commitment	5.1		3	S		3	S		3	S		3	S		3	S		3	S			
Customer focus	5.2		3	S		4	S		4	S		4	S		4	S		4	S			
Quality policy	5.3		3	S		4	S		4	S		4	S		4	S		4	S			
Planning	5.4		3	S		3	S		3	S		4	S		4	S		4	S			
Responsibility, authority, and communication	5.5		3	S		4	S		4	S		4	S		4	S		4	S			
Management review	5.6		4	S		3	S		4	S		4	S		4	S		4	S			
Resource Management	6			S			S			S			S			S			S			
Provisions of resources	6.1		3	S		3	S		3	S		3	S		3	S		3	S			
Human resources	6.2.2		3	S		3	S		3	S		3	S		3	S		2	S			
Infrastructure	6.3		3	S		3	S		3	S		3	S		3	S		3	S			
Work environment	6.4		3	S		3	S		3	S		3	S		3	S		3	S			
Product Realization	7																					
Planning of product realization	7.1		3	S		3	S		3	S		3	S		3	S		3	S			
	7.2.1		3	S		3	S		3	S		3	S		3	S		3	S			
Customer-related processes-Review	7.2.2		3	S		3	S		3	S		3	S		3	S		3	S			
	7.2.3		3	S		3	S		3	S		3	S		3	S		3	S			
Design and development (As Applicable)	7.3																					
	7.4.1		3	S		3	S		3	S		3	S		3	S		3	S			
• •	7.4.2		3	S		3	S		3	S		3	S		3	S		3	S			
, , , , , , , , , , , , , , , , , , ,	7.4.3		3	S		3	S		3	S		3	S		3	S		3	S			
·····	7.5.1		3	S		3	S		3	S		3	S		3	S		3	S			
· · · · · · · · · · · · · · · · · · ·	7.5.2		3	S		3	S		3	S		3	S		3	S		3	S			
, ,	7.5.3		3	S		3	S		3	S		3	S		3	S		3	S			
Production and service provision-Cust. Property	7.5.4		3	S		3	S		3	S		3	S		3	S		3	S			

Audit Details: Jemison Metals		Re-Certification Schedule Created: 7/10/14																	
Instructions:		Proc	esses	Ass	sess	ed													
Shaded areas identify planned/scheduled proces be assessed during each activity if applicable to organisation.	the	Re-Ce Stage No 200	1 & 2 v	2 sn		urv. Sept 010	Status	Surv. May 2011		Status	Surv. Feb 2012		Status	Re- Certified Dec		Status	Surv. July 2014		
Auditors shall identify those processes assessed and	1	200	19											2	2012				
Production and service provision-Preservation	7.5.5		2	S		1	NC- 01 Sum		2	S		3	S		3	S		3	s
Control of monitoring and measuring devices	7.6		3	S		3	S		3	S		3	S		3	S		2	S
Measurement, analysis and improvement	8			S			S			S			S			S			S
• General	8.1		3	S		3	S		3	S		3	S		3	S		3	S
Monitoring and measurement-Cust. Satisfaction	8.2.1		3	S		3	S		3	S		3	S		3	S		3	S
Monitoring and measurement-Internal Audits	8.2.2		2	S		3	S		3	S		3	S		3	S		3	S
Monitoring and measurement-Process	8.2.3		3	S		3	S		3	S		3	S		3	S		3	S
Monitoring and measurement-Product	8.2.4		3	S		3	S		3	S		3	S		3	S		3	S
Control of nonconforming product	8.3		2	S		1	NC- 01 Gad		2	S		3	S		3	S		3	s
Analysis of data	8.4		3	S		3	S		3	S		3	S		3	S		3	S
Improvement-Cont. Improvement	8.5.1		3	S		3	S		3	S		3	S		3	S		3	S
Improvement-Corrective Action	8.5.2		2	S		2	S		2	S		3	S		3	S		2	S
Improvement-Preventive Action	8.5.3		2	S		2	S		2	S		2	S		2	S		2	S
Use of registration, accreditation body marks, logos and symbols				S			S			S			S			S			S
Rating Total ISO 9001			106			106			110			114			115			113	