QPS
SUPPLEMENTAL APPLICATION
FORM V

Responsible person completing ASME QPS Supplemental Form V.

_____
Name, Function

_____
Date, Location, Signature

All information provided in this Supplemental Form V will be treated strictly confidential.

General Information about the Company

Company Names as it will appear on the Certificate

Company Address

Telephone No. of audit location

Name of Person Handling Quality Department

List any pertinent additional information:

Will you be using a consultant to help you implement Quality Management Systems?	Yes ☐ No ☐

(If "YES" complete the section below)

Name			
Address			
Email		Tel.	

Describe Products/Services covered under QPS Program

Please provide a description of the scope of activities, products and services covered under your QPS Quality Management System:

Competency Requirements - Quality Manager

Per QPS Standard requirement 2-2.3 Competency Requirements - Quality Manager, the Quality Manager is required to complete a formal ASME QPS Training course. The QPS Certification Program cost covers the QPS Course fee for up to 2 (two) members of an organization that has submitted an acceptable application under the program. Please list below, the two employees assigned to take the QPS course.
NOTE: If the individual(s) fail to meet the minimum score requirement of 75%, the individuals will be required to retake the course and the company will be required to submit a retesting fee of $200.00 USD.

Name

Title **Date**

Name

Title **Date**

Industry - Please select the industry that best describes your organization and provide details.		
Raw material manufacturers		
Material manufacturers		
Engineering		
Aerospace/Automotive		
Service Providers		
Additive Manufacturing		
Robotics and/or UAVs		
Renewable/Green Eng. (Solar, wind, biofuels etc)		
Laboratory and/or testing facility		
Construction - equipment & components		
Construction - Building and facilities		
Nanotechnology		
Safety Equipment and/or Specifications		
Water Treatment		
Information Technology Cyber Security		
Other		

	Quality Related Information	
1	Do you currently hold any external approvals, certifications or accreditations, i.e. ISO 9001? (Please provide copies of certificates)	Yes ☐ No ☐
2	Do you have a documented Quality Program conforming to QPS?	Yes ☐ No ☐
3	Are the personnel performing quality control independent of production responsibility? *(Provide organisation chart)*	Yes ☐ No ☐
4	Does your company conduct regular internal process quality and System audits? How often, and are they performed by persons without direct responsibility for the activities being audited?	Yes ☐ No ☐
5	Do you employ auditors, or do you use an auditing service?	Yes ☐ No ☐
6	Do you use any product Codes and Standards in support of your QPS program, and do you currently hold the latest versions of these applicable Codes and Standards? If yes, please identify or provide list of Codes & Standards.	Yes ☐ No ☐
7	Do you outsource any manufacturing activities/processes? If yes, identify which activities/processes are being outsourced and provide list of approved vendors.	Yes ☐ No ☐
8	Name and address of any contract manufacturers	
9	Is Calibration of measuring and testing equipment performed in house or subcontracted?	Yes ☐ No ☐

Details and location of main & additional site		No of Employees	Distance between sites	Facility Sq Meters
Site 1				
Site 2				
Site 3				
Site 4				
Site 5				
Totals				

Please outline the activities your employees conduct, the number of personnel involved in each task (*Where part time workers or contracted workers are employed, please provide full time equivalent i.e., 10 persons x 4 hrs. / normal working hours.)

Task	YES/NO	No. Employees	Task	YES/NO	No. Employees
Marketing			R&D		
Sales			Design		
Receipt Inspection			Warehousing		
Scheduling			HR		
QA/QC			Maintenance		
Finance			Shipping		
Procurement			Manufacturing Fabrication		

Are significant numbers of your employees involved in conducting the same tasks? If so, please give details of the task and the number of employees involved.

	Production related information	
1	Daily Production Volume at Peak level? (*Specify Shift-wise if there are multiple shifts*)	
2	Do you have a system of maintaining records of Inhouse and Customer rejection/returns? If yes, what is the retention period of these records?	
3	If possible, please provide /attach following	
(a)	Production Process flow Diagram (PFD)	Attached ☐
(b)	Shop Floor Layout (or attach Picture)	Attached ☐
(c)	Product- process traceability procedure & monitoring system during-process.	Attached ☐
(d)	Mapping of material routing in shop (can be shown on PFD).	Attached ☐

Did you perform an Internal Audit?	Yes ☐	No ☐	Date of Audit:

Do you outsource any processes? If yes give details below (attach if more space needed)	Yes ☐	No ☐

Please identify any requirements and documents the auditors will need to review and sign if they are required to access restricted area.