nqa. Global Certification Body

Metro Plastics Technologies

ISO 9001:2015 Audit Report

Address for Main Site from the Work Order	17145 Metro Park Court, Noblesville, IN 46060
Client's Primary Contact	Falicia Knauer – Quality Manager
Contact Telephone	317-776-0860 x 253
Contact E-Mail	fknauer@metroplastics.com
Client Web Site	https://metroplastics.com/

Client's NQA ID Number	14446
Audit Number	221164
Audit Type	Reassessment
Date of Opening Meeting:	6/27/24
Date of Closing Meeting:	6/28/24
Audit Duration in Days	4
Remote Audit Days, if any	N/A
NQA Audit Team Lead	Cheryl Pikus
NQA Audit Team (if applicable)	Thomas Arnold
NQA CSR	Leslie Palmer

NQA Office: NQA USA, 289 Great Rd. Suite 105, Acton, MA 01720
T: (800) 649-5289 • www.nqa-usa.com

Table of Contents

Press CTRL+ Click to use the hyperlink

Executive Summary

Metro Plastics owned by NFI Newbury Franklin Industries. The President is also the President of another molding company in New York. He splits his time between the companies with 3 weeks at Metro Plastics. Metro Plastics manufactures plastic components for various industries. They have several machines including regrind line to support plastics. Several examples of continual improvement were discussed including implementation of 5S, C/I – developed modular end of arm tooling, information board for dryers, cut down the PM time on tooling by hiring new tool person to get caught up, reduce scrap including walkthrough with quality, automate the packing slip and BOL, purchased 3D scanner to improve time to complete PPAP, updating employee handbook, and lunch with President with the floor issues resulting in improved communications.

The quality management system has been given new focus as evidenced by the results of the more in depth internal audits and updates to many of the documents with deep dive reviews of all areas. There were 6 minor nonconformances issued including one for internal audits. The internal audits were effectively conducted, but the corrective action for the 1 formal nonconformance was not issued within the corrective action system per the procedure. The one previous corrective action was effectively verified and closed. The ARB (audit review board) conducts management reviews annually with monthly meetings to discuss corrective actions and other quality system activities. There were no formal corrective actions based on the ARB reviews. The KPI trends have been improving in all areas with a focus on the scrap reduction. The quality management system demonstrated effectively meeting expected outcomes for ISO9001: 2015

Changes to the Client's Information, if any:

N/A

Client's Opportunities to expand Certification, if any:

None

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The currently approved designs can be downloaded from our website

DISCLAIMER: This audit was conducted based on a sampling process of the available information.

If there are inaccuracies, errors or questions regarding this report or the audit finding(s), please contact your CSR at the NQA Office in Acton MA at 800-649-5289

Lead Auditor Conclusion for This Audit					
Quantity of Major CARs issued	0	Quantity of Minor CARs issued	6	Quantity of Observations issued	4

The client is recommended for Certification/Continued Certification (Stage 2 Initial Registration/Reassessment) See the CLIENT RESPONSIBILITY FOR PROCESSING CORRECTIVE ACTIONS below, if any	X
The client is not recommended for Certification/Continued Certification (Stage 2 Initial Registration/Reassessment) pending approval of the NQA office. See the CLIENT RESPONSIBILITY FOR PROCESSING CORRECTIVE ACTIONS	
The Lead Auditor has concluded the results of this audit to be Unsatisfactory and recommends the following:	
A Second Stage 2 Initial Registration Audit is recommended	
A Special Visit is recommended to review the effective implementation and closure of the Corrective Action Reports issued.	
The certificate is recommended to be Suspended or Withdrawn	

CLIENT RESPONSIBILITY FOR PROCESSING CORRECTIVE ACTIONS

Client responsibility for each MINOR Corrective Action Report

Minor Non-conformity relates to:

- A non-fulfillment of a requirement not likely to result in the failure of the management system or reduce its ability to assure controlled processes or compliant products/services
- A single system failure or lapse in conformance with the applied standard or customer requirement
- A single system failure or lapse in conformance with a procedure associated with the organization's management system

- A Corrective Action Plan must be:
  - Submitted to ncr@nqa-usa.com within **30 calendar days** of the Date of Closing Meeting listed on page 1 of this report.
  - The plan must include a description of the Immediate Correction taken to resolve the Nonconforming situation. Please include/attach objective evidence for the correction as appropriate or requested by the Lead Auditor.
  - Root Cause Analysis describing how / why the non-conforming situation happened, please do not repeat the Statement of the Nonconformance form the CAR form.
  - A description of the Corrective Action(s) taken to eliminate the Root Cause(s) to prevent recurrence.

Client responsibility for each MAJOR Corrective Action Report

MAJOR Non-conformity relates to:

- A failure to fulfill one or more requirements of the management system standard
- A situation that raises significant doubt about the ability of the management system to achieve its intended outputs.
- In most cases this relates to an absence of a required process/procedure or a number of minor non-conformities listed against the same clause or sub-clause of the appropriate standard which represents a total breakdown of a procedure and thus could be collectively a major non-conformity.

- A Corrective Action Plan must be:
  - Submitted to ncr@nqa-usa.com within **30 calendar days** of the Date of Closing Meeting listed on page 1 of this report followed by evidence demonstrating the implementation of the proposed actions within **90 calendar days.**
  - The plan must include a description of the Immediate Correction taken to resolve the Nonconforming situation. Please include/attach objective evidence for the correction as appropriate or requested by the Lead Auditor.

- Root Cause Analysis describing how / why the non-conforming situation happened, please do not repeat the Statement of the Nonconformance form the CAR form.
- A description of the Corrective Action(s) taken to eliminate the Root Cause(s) to prevent recurrence.

After approval of the Corrective Action Plan by NQA:

- **Verify** effectiveness of corrective actions taken prior to the next NQA audit.
- The NQA Auditor will verify **your** verification of effectiveness of corrective actions taken during the next scheduled activity

Client responsibility for a SPECIAL VISIT

For every **MAJOR** Corrective Action Report issued, a corrective action plan must be submitted to ncr@nqa-usa.com within **30 calendar days** followed by evidence demonstrating the implementation of the proposed actions within **90 calendar days.** If a **SPECIAL VISIT** is required, please agree on a date for the special visit with the auditor. When required, the Special Visit is held to demonstrate implementation of Corrective Action.

For all Corrective Action Reports issued **verify** effectiveness of corrective actions taken prior to the next NQA audit. The NQA Auditor will verify **your** verification of effectiveness of corrective actions taken during the next scheduled activity.

Trend Analysis
Lead Auditor conclusion regarding CAR trends Describe any trends of CARs for this certificate for the past 3-years. Provide a recommended plan of action for NQA to monitor the trend (Move to 6-month Audit Cycle, add time to future audits, etc.)
There are few customer complaints and few minors during the audits for NQA. Do not recommend any changes for the next cycle.
Lead Auditor conclusion regarding trends in negative Process Performance Measures Describe any negative trends of Process Performance Measures for this certificate for the past 3-years. Provide a brief description of the client's actions to remedy the trend
The process performance measures have been trending positively. There are no negative trends to discuss.
Additional Audit Time for Next Audit to Verify Effectiveness of Corrective Actions taken: Does the Lead Auditor recommend additional audit time to be added to the next Audit for Verification of Effectiveness of CARs issued? Subject to approval by NQA Office.

Additional Time recommended?	NO	X	YES	

NQA Audit Objectives as stated on the Work Order				
Have the NQA ***Audit Objectives*** as stated on the Work Order been fulfilled?	YES	X	NO	
If no, describe which NQA Audit Objectives have not been met and why				

Lead Auditor Conclusion for Reassessment Audits Complete this section **ONLY during Reassessment Audits**. It is not applicable for all other audits		
Required Review	Evidence of the process for this certificate and across the 3-year certification period	If action is required enter CAR Number
Describe any significant internal and / or external changes that occurred during the 3-year certification period and how the organization maintained the effectiveness of their management system. If none please say None or N/A.	The ownership of the organization changed during the past 3 years. The President is over both Metro Plastics and another molding company in New York. Several of the mgmt team are in new roles over the past 2 years. The mgmt team is effectively working together as demonstrated by customer performance.	
Have all associated NQA CARs resulting from any audits and/or any identified performance issues during the registration period been properly resolved and closed using an effective root cause and corrective action process? If not please describe:	All previous CAR closed	
Describe how the organization has demonstrated its commitment towards improvement of its management system's effectiveness and the achievement of stated policies and objective.	Reviewed the continual improvements each year and all mgmt team demonstrated examples. Several listed in summary	
Describe how the organization has demonstrated effective Internal Audit and Management Review processes that have contributed towards achieving management system effectiveness, overall performance, stated policies, and objectives.	Internal audits completed effectively, but the corrective actions were not issued in accordance with procedure. MINOR issued Mgmt reviews meetings called ARB Audit Review Board meetings held monthly and annually are effective. The KPI trends are monitored monthly and demonstrated improvements in all areas.	2024-RE-CP1
Were any clauses or processes deferred that inhibited your ability to make a recertification decision? If **YES** list the clauses and explain. If **NO** please enter N/A	N/A	

ID	CAR #	Issue Date	Initiator	Scope	Non Conformance	Type
98	98	6/27/2024 10:22:46 AM	FKNAUER	I/Audit	communication to exter	CAPA
99	99	6/27/2024 10:33:10 AM	FKNAUER	I/Audit	Hold waiting inspectior	CAPA
100	100	6/27/2024 11:29:34 AM	FKNAUER	I/Audit	External Vendors ISO ce	CAPA
101	101	6/27/2024 11:32:45 AM	FKNAUER	I/Audit		CAPA
102	102	7/13/2024 11:36:51 AM	FKNAUER	I/Audit		CAPA
103	103	6/27/2024 11:58:45 AM	FKNAUER	I/Audit	establishing and commu	CAPA
104	104	6/27/2024 12:06:59 PM	FKNAUER	I/Audit	training	CAPA

Listed above you will find the CARS that have been issued in our IQMS system that capture the results of our ISO 9001:2015 audit.

Corrective Action Report

PART 1 To Be Completed by the NQA Auditor					
Auditor's Name	TOM ARNOLD	Site	Noblesville, IN	CAR No.	2024-RE-TRA-1
Standard	ISO9001: 2015	Clause	8.4.3	Criticality (Major / Minor)	minor
Statement of Nonconformity				Date Issued	06/27/24

Stated Requirement: Information for external providers:
The organization SHALL communicate to external providers its requirements for:
e) control and monitoring of the external providers "Performance" to be applied by the organization

Nonconformance Statement: The organization has determined and is applying criteria for the evaluation, monitoring of performance, etc. of Suppliers. A very effective database of performance criteria and data has been compiled for 15 Resin Suppliers, 9 Colorant Suppliers, 10 Insert Suppliers, 15 (11) Packaging Suppliers and 10 Misc. Selected Suppliers. This data, which is constantly available for viewing, is compiled annually for presentation at the ARB annual meeting. The performance for each of these suppliers is greater than <85% which is the threshold for issuance of a SCAR. This review found that this information is not being communicated to these suppliers who have been evaluated.

PART 2 To Be Completed by the Organization within 30 calendar days

Please complete this section and submit to NQA, USA to this email address ncr@nqa-usa.com

Immediate Correction (what did you do to resolve the Nonconforming situation) Please include/attach objective evidence for the correction as appropriate	Completion date:
CAR# 98 in our internal system reflected the root cause, correction, and verification. We have revised the WI to reflect 90.8105PUR, indicating that notification will be sent to our top ten providers by the end of QI. Purchasing will confirm through our ARB Annual Meeting that the information was delivered via the client portal or via email.	Q1 2025

Root Cause Analysis ('how/why did this happen?')

We did not set guidelines for offering feedback to our vendors We stated that we would establish a SCAR and rating for our vendors but did not offer feedback. This has been amended to reflect the processes and proof that we will send this communication to our top ten vendors.

Corrective Action(s) (actions taken to eliminate the Root Cause(s) to prevent recurrence)	Planned completion date:
Note that we will obtain the evidence that this has been completed via our Annual ARB Meeting under Exhibit M, Purchasing.	Q1 2025

Organization's Representative	Kristina Stenske	Date of signature:	7.25.24

PART 3 Verification of Effectiveness to be Completed by Organization before next NQA Audit
To be completed by the Organization on the Organization's Form
Please document the Actions Taken to Verify the Effectiveness of the Corrective Actions Taken on your form and have available for the NQA auditor at the next audit or as may be requested by NQA.

Vendor Performance History & Analysis

90.8105PUR
Lindsey Hahn
3/29/05

Revision 05
7/12/2024

Purpose: Due to the critical impact of supplier products and performance on our market competitiveness, the purchasing manager shall evaluate supplier expenditures and Vendor Performance.

Scope: Ensure that we have documented Performance History and evaluate overall satisfaction with our vendors.

Annual Expenditure Review

1. Total material cost verses total sales dollars.
2. An evaluation of base resin suppliers
    a. Comparisons of the total expenditures for base resins to the total expenditures of the base resins purchase from primary resin suppliers.
    b. Who are our top base material suppliers?
3. An evaluation of concentrate suppliers
    a. Comparison of the total expenditures for concentrate to the expenditures of our top concentrate suppliers.
    b. Who are our top concentrate suppliers?
4. An evaluation our insert suppliers
    a. A comparison of the total expenditures for inserts to the expenditures of our primary insert suppliers.
    b. Who are our top insert suppliers?
5. An evaluation of packaging and related items
    a. A comparison of the total expenditures for packing to the expenditures of our primary packaging suppliers.
    b. Who are our top packaging suppliers?
6. Evaluations might consider such factors as the following: but not necessarily be limited to:
    a. How dependent are we upon the supplier?
    b. What cost issues are there?
    c. Are there any current performance issues such as service, quality, or responsiveness that need to be addressed?

Vendor Performance

Vendor performance is a compilation of delivery variance, quantity variance, and quality variance.

An overall vendor performance score falling below 85% shall be reviewed by the purchasing manager to determine if a SCAR should be issued. Many factors are reviewed such as Supply and Demand with product availability.

Performance scores are to be quantified through IQMS Vendor Performance Analysis Report (found under the AP tab, in the Vendor Maintenance module: Reports) and Supplier Corrective Action Reports.

Policy	Procedure	WI	Form	Retention
9	9.1.2	90.8105PUR		

Vendor Performance History & Analysis

The Vendor Performance Analysis Report will be emailed to the purchasing manager, and any other predetermined personnel on an annual basis for review.

The top ten suppliers in each category will be advised of their performance via the vendor performance analysis report. This communication will be given to the supplier via email by the end of the first quarter.

Reference Material:

Work Instructions

80.7412PUR Supplier Corrective Action Reports

Forms & Logs

MISC IQMS Vendor Performance Analysis Report

Policy	Procedure	WI	Form	Retention
9	9.1.2	90.8105PUR		

Client Name	Metro Plastics Technologies	Audit Number	221163

Corrective Action Report

PART 1 To Be Completed by the NQA Auditor					
Auditor's Name	TOM ARNOLD	Site	Noblesville, IN	CAR No.	2024-RE-TRA-2
Standard	ISO9001: 2015	Clause	7.5.3.2	Criticality (Major / Minor)	minor
Statement of Nonconformity				Date Issued	06/27/24

Stated Requirement: Control of documented information: For the control of documented information, the organization SHALL address the following activities, as applicable:
c) control of changes (e.g. version control)

Nonconformance Statement: When materials are Received into the Warehouse they must first be verified by the Quality Department. Form F80.7515.2 which is used for "Hold Waiting Inspection" identification is not current. Under the Work Instruction designation on this form, WI 80.7515WH is listed. It was found that this WI designation is now Obsolete. Its content and requirements have been consolidated into WI 80.7503WH, Rev 06.

PART 2 To Be Completed by the Organization within 30 calendar days

Please complete this section and submit to NQA, USA to this email address ncr@nqa-usa.com

Immediate Correction (what did you do to resolve the Nonconforming situation) Please include/attach objective evidence for the correction as appropriate	Completion date:
CAR# 99 in our internal system reflected the root cause, correction, and verification. Note that the form was updated on Metro's Intranet on 2/25/2022, but the form was not updated on the production floor. We will be conducting Layered Process Audits in Q1 2025 that will mitigate the risk of having wrong forms or not following work instructions.	

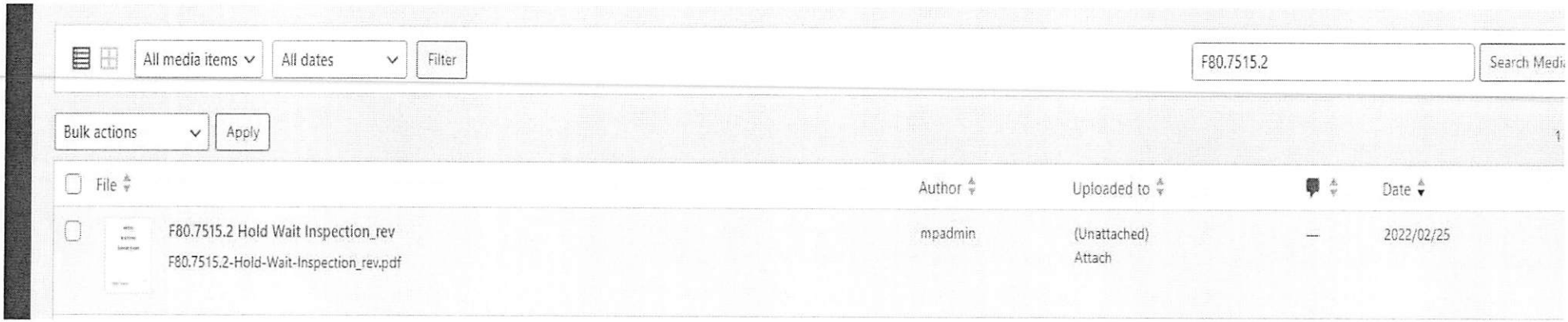
Root Cause Analysis ('how/why did this happen?')

No verification took place after the form was updated on the Intranet to prevent this from being used on the production floor. This also was not caught in the Internal Audit process that took place in February 2024.

Corrective Action(s) (actions taken to eliminate the Root Cause(s) to prevent recurrence)	Planned completion date:
Layered Process Audits will start a trial run for Managers / Supervisor to become more engaged with the processes taking place on the production floor. This will help with the overall efficiency of process and be able to quickly adjust or make corrections without the need of waiting for an Internal Audit to take place.	Q1 2025

Organization's Representative	Kristina Kenske.	Date of signature:	7.25.24

PART 3 Verification of Effectiveness to be Completed by Organization before next NQA Audit
To be completed by the Organization on the Organization's Form
Please document the Actions Taken to Verify the Effectiveness of the Corrective Actions Taken on your form and have available for the NQA auditor at the next audit or as may be requested by NQA.



ou will find that the form was issued on 2/25/2022 on our Intranet, but the "Hold Waiting Inspection" old forms were still out on the floor. We are adding Layered rocess Audits in the future to ensure that we are using the correct forms, following work instructions to ensure that this helps to mitigate incorrect paperwork or rocesses on the floor.

Corrective Action Report

PART 1 To Be Completed by the NQA Auditor					
Auditor's Name	TOM ARNOLD	Site	Noblesville, IN	CAR No.	2024-RE-TRA-3
Standard	ISO9001: 2015	Clause	8.4.1	Criticality (Major / Minor)	minor
Statement of Nonconformity				Date Issued	06/27/24

Stated Requirement: Control of externally provided processes, products and services:
The organization SHALL ensure that externally provided processes, products and services conform to requirements:
The organization SHALL determine and apply criteria for the selection ---- ,etc. of external providers based on their ability to provide processes and services in accordance with the requirements. The organization SHALL retain documented information of these activities.

Nonconformance Statement: WI 80.7402PUR sets forth the beginning requirements for the acceptance of a Vendor. This includes a completed W-9 and an ISO Certification Certificate. A check of the qualification records for ERIEZ Manufacturing found that there is no ISO Certificate on file for this company. WI 80.7402 PUR at the Vendor Approval Section, under Sub Sec 3b, states that an ISO Certification is necessary to get started with the organization and to be entered into the organizations Financial System.

PART 2 To Be Completed by the Organization within 30 calendar days	
Please complete this section and submit to NQA, USA to this email address ncr@nqa-usa.com	
Immediate Correction (what did you do to resolve the Nonconforming situation) Please include/attach objective evidence for the correction as appropriate	Completion date:
CAR# 100 in our internal system reflected the root cause, correction, and verification. Please be aware that we have now made significant adjustments to include when the customer has determined that a supplier is not ISO certified. We will have email communication that will be incorporated through Purchasing, with documentation between the VP of Engineering, the customer and Purchasing providing approval if a vendor is not ISO certified. This spreadsheet will be linked to the communication approval procedure for utilizing a non-ISO certified vendor. In addition, we modified the Work Instructions to include an explanation for approval.	8/1/2024
Root Cause Analysis ('how/why did this happen?')	
We neglected to provide a reason for ISO customer verification during the purchase process and updated the phrasing in the work instructions to provide explanation and a check and verification from the customer that they want to utilize a specific vendor who may not be ISO certified.	
Corrective Action(s) (actions taken to eliminate the Root Cause(s) to prevent recurrence)	Planned completion date:
Attached is an excel document with all our IQMS vendors' information based on our ISO Cert List, as well as a link that gives verification that a vendor approved a company to supply non-ISO certified products. In addition, you will find the updated work instructions to WI 80.7402PUR.	8/1/2024

Organization's Representative	Kristina Jeuske	Date of signature:	7.25.24.

PART 3 Verification of Effectiveness to be Completed by Organization before next NQA Audit
To be completed by the Organization on the Organization's Form
Please document the Actions Taken to Verify the Effectiveness of the Corrective Actions Taken on your form and have available for the NQA auditor at the next audit or as may be requested by NQA.

Purchasing Criteria

80.7402PUR
7/12/2024 Revision 08

Purpose: Provide criteria for defining products/services for manufacturing and vendor selection.

Scope: Defined purchasing process to support our client's needs and expectations.

Qualifying Purchases

1. To ensure the adequacy of products/services relating directly to the quality of the customer's product shall be specified either by the customer or Engineering.

2. The type and extent of methods to manage the purchasing process depends on the effect on subsequent realization processes and their output.

3. All products relating directly to the quality of the customer's product shall be assigned a Metro Part Number by Purchasing.
    a. Resins and Concentrates
    b. Inserts
    c. Customer specified items that require purchasing or supplied by customer. A Metro Part Number shall be assigned and indicated as customer supplied in IQMS.

Vendor Approval

Required

1. The Material Purchasing Manager shall be responsible for the initial evaluation of the Vendor.

2. Vendors supplying services relating directly to the customer's product or products that have been assigned a ***Metro part number*** must meet approval requirements.

3. The Material Purchasing Manager / Accounting Workflow:
    a. The purchasing manager will facilitate communication via email or written form to launch the vendor as a source for accounting.
    b. After obtaining W-9 data from the vendor, the purchasing manager will give it to accounting to establish the vendor into IQMS.
    c. An ISO certificate shall be obtained from the vendor and delivered immediately to the purchasing manager for filing. Note that client direct suppliers are exempt from this process because the customer has chosen their vendor to supply their product.
    d. The purchasing manager will create a vendor rating in IQMS, and then place a purchase order to demonstrate demand for the vendor.

4. Vendors may be approved by:
    a. Meeting Metro's approval process of vendor performance.
    b. Having a current ISO certificate or an ISO certified at the time of purchase.
    c. Being the designated supplier by our customer with or without ISO certification.
    d. Being the designated supplier by VP Engineering with or without ISO certification.
    e. Based on these suppliers' ability to deliver products that satisfy Metro's and its customers' needs.

Policy	Procedure	WI	Form	Retention
8	8.4	80.7402PUR		

Purchasing Criteria

f. NDA per *ISO 80.7009ENG.*
   i. NDA shall be saved on the J: Drive

5. NOT Required
   a. Packaging vendors do not need to meet the requirements
   b. Non inventory items

6. Process – All new vendors shall be marked as "approved" in IQMS by Accounting once the supporting documents have been provided from Purchasing unless an urgent request from Engineering supersedes this process to meet customer demands. *ISO 80.7401ACCT.*

7. Verification may be appropriate to the type of product/service being purchased. Verifications are made by verification of incoming product see *ISO F80.751.1QA*

Notes:

(1) This WI has been adapted to IQMS. At the time of the conversion, the current approved vendors list (those vendors with Id# 1415 or below) were moved over with approved status.

(2) If using ISO Registration as a means of vendor approval, a current copy of the ISO certificate is to be attached to their IQMS Vendor Maintenance Record. Vendor's ISO certificates must be current at the time of approval. However, when their certificates have expired Metro does not require the certificate to be updated.

Reference Material:

Work Instructions

80.7401ACCT IQMS Vendor Maintenance
80.7410PUR MSDS Requirements

Policy	Procedure	WI	Form	Retention
8	8.4	80.7402PUR		

Corrective Action Report

PART 1 To Be Completed by the NQA Auditor					
Auditor's Name	Cheryl Pikus	Site	Noblesville, IN	CAR No.	2024-RE-CP1
Standard	ISO9001: 2015	Clause	9.2.2	Criticality (Major / Minor)	minor
Statement of Nonconformity				Date Issued	06/27/24

Stated Requirement: ***9.2 Internal audit***
9.2.2 *The organization shall:*
e) take appropriate correction and corrective actions without undue delay;

Nonconformance Statement: 1 CAR did not have any formal corrective action (CAPA) issued for audit #54 per Corrective action procedure 10.8501 #7. Procedure for internal audits 90.3082 sends the decision to review findings at the Audit Review Board (ARB). ARB determined Audit #54 had 1 CAR issued with 3 corrections, but there was not a CAPA issued. There were no other CAR issued for internal audits this past year.

PART 2 To Be Completed by the Organization within 30 calendar days

Please complete this section and submit to NQA, USA to this email address ncr@nqa-usa.com

Immediate Correction (what did you do to resolve the Nonconforming situation) Please include/attach objective evidence for the correction as appropriate	Completion date:
CAR # 101 and 102 in IQMS to identify the root cause and how this can be prevented in the future. Note in our ARB monthly meetings all items presented through the Internal Audits are provided to the ARB team members. This item was addressed in the January 2024 ARB meeting, but when I explained the information to the ARB members, I failed to follow the procedure to have our Quality Manager create the CAR in IQMS.	7/30/2024

Root Cause Analysis ('how/why did this happen?')

The finding deemed in the ARB meeting did not reach that a CAR should have been created. This failure is due to not following the Internal Audit procedure 90.3082.

Corrective Action(s) (actions taken to eliminate the Root Cause(s) to prevent recurrence)	Planned completion date:
Moving forward in all ARB meetings, if the ARB team has declared a finding, a CAR will be created by the Quality Manager. The Quality Manager will provide the CAR # in the ARB meeting to discuss the root cause, the correction and verification.	7/30/2024

Organization's Representative	Kristina Slonske.	Date of signature:	8-25-24.

PART 3 Verification of Effectiveness to be Completed by Organization before next NQA Audit
To be completed by the Organization on the Organization's Form
Please document the Actions Taken to Verify the Effectiveness of the Corrective Actions Taken on your form and have available for the NQA auditor at the next audit or as may be requested by NQA.

Corrective Action Report

PART 1 To Be Completed by the NQA Auditor					
Auditor's Name	Cheryl Pikus	Site	Noblesville, IN	CAR No.	2024-RE-CP2
Standard	ISO9001: 2015	Clause	5.2.1	Criticality (Major / Minor)	minor
Statement of Nonconformity				Date Issued	06/27/24

Stated Requirement: ***5.2.1 Establishing the quality policy***
Top management shall establish, implement and maintain a quality policy that:
c) includes a commitment to satisfy applicable requirements;
d) includes a commitment to continual improvement of the quality management system.
5.2.2 Communicating the quality policy
The quality policy shall:
a) be available and be maintained as documented information;
b) be communicated, understood and applied within the organization;

Nonconformance Statement: Quality policy is not communicated to all employees during on-boarding or part of a pathway learning path, but it is on the intranet. In addition, the quality policy does not clearly state commitment to satisfy ISO9001:2015 requirements and continual improvement of the quality management system.

PART 2 To Be Completed by the Organization within 30 calendar days	
Please complete this section and submit to NQA, USA to this email address ncr@nqa-usa.com	
Immediate Correction (what did you do to resolve the Nonconforming situation) Please include/attach objective evidence for the correction as appropriate	Completion date:
CAR# 103 in our internal system reflected the root cause, correction, and verification. We modified the intranet to reflect the quality policy, including an additional clause to fulfill ISO 9001:2015 requirements and assist the continuous improvement of the quality management system. We have also developed training using Paycor, the Learning Management System, and will disseminate it to all present workers for completion by 9/1/2024 at the latest.	9/1/2024
Root Cause Analysis ('how/why did this happen?')	
Note that the Intranet is not visible to all employees, and while we have verbally presented this information to our staff, we have never required them to sign off that they understand the Quality Policy.	
Corrective Action(s) (actions taken to eliminate the Root Cause(s) to prevent recurrence)	Planned completion date:
In addition, training has been developed through Paycor (LMS, Learning Management System) and will be distributed to all current employees on or before 9/1/2024.	9/1/2024

Organization's Representative	Kristina Stenske	Date of signature:	7.25.24

PART 3 Verification of Effectiveness to be Completed by Organization before next NQA Audit
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III Quality Policy and Objectives

METRO
Plastics Technologies, LLC

We take quality seriously at Metro Plastics:

Metro Plastics Technologies, LLC takes immense satisfaction in its ISO 9001:2015 certification. We are a company that aims to ensure that we adhere to the ISO standard, and our work shows this every day. We have established a culture of quality and customer satisfaction, which, along with your commitment to the items we manufacture, can lead to success for all of us.

ISO 9001 is a globally recognized standard for quality management systems that helps organizations to establish and maintain a framework for delivering consistent high-quality products or services. By obtaining our ISO 9001:2015 certification, our company demonstrates a commitment to high-quality in several ways.

In summary, obtaining an ISO 9001 certification demonstrates an organizations commitment to high-quality by prioritizing customer satisfaction, continuous improvement, risk management, employee engagement and evidence-based decision making. Thank you for making the investment in our products.

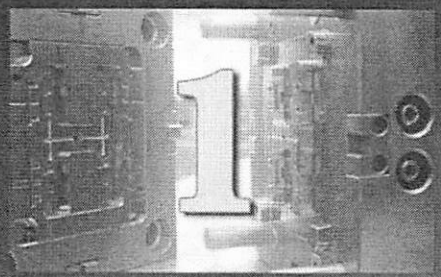
The Quality Policy includes commitments to:

The Quality Policy includes commitments to:

* Facilitate and actively manage opportunities to refine and ensure mutual success
* Provide value through innovation and Continual improvement
* Build both internal and external relationships founded on trust and respect
* Communicate and promote the Metro Core Values
* To satisfy ISO9001:2015 requirements and continual improvement of the quality management system

2024 Quality Objectives:

METRO QUALITY OBJECTIVES 2024



Identify and Reduce Waste (60) Projects

Let's help the bottom line and find ways to save time and money. These are just a few examples below.

- Eliminate unnecessary steps by simplifying the workflow.
- Remove unwanted resources, or look for energy saving opportunities.

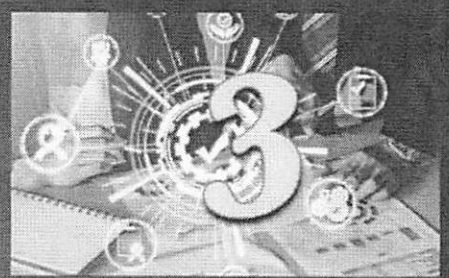
Reduce Defective PPM (Parts per Million) by 20%

Reduce defective parts (Internal & External) by 20% PPM (Parts per Million)

We currently produced 481K defective parts this year. Reduce below 96K (NOT including scrap)

How?

- Identify scrap at the press
- Read our work instructions
- Accurate measuring



Reduce Time from Order to Produce

Currently it takes 6 weeks from the when the order is received to shipping the order out the door.

Metro is looking to improve this timeline to serve our customers better and produce acceptable parts quicker.

Corrective Action Report

PART 1 To Be Completed by the NQA Auditor					
Auditor's Name	Cheryl Pikus	Site	Noblesville, IN	CAR No.	2024-RE-CP3
Standard	ISO9001: 2015	Clause	7.2	Criticality (Major / Minor)	minor
Statement of Nonconformity				Date Issued	06/27/24

Stated Requirement: ***7.2 Competence***
The organization shall:
a) determine the necessary competence of person(s) doing work under its control that affects the performance and effectiveness of the quality management system;
b) ensure that these persons are competent on the basis of appropriate education, training, or experience;
c) where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken;
d) retain appropriate documented information as evidence of competence.

Nonconformance Statement: There are several experienced press operators that have not completed their assigned learning paths / pathways on Paycor. Examples of current completion status: press operators Samual 0%, Tessie 13%, and Lisa 25%. In addition, the bilingual staff have an issue accessing the training portal. Although once in the portal, the training is provided in bilingual presentations. Currently they have 0% completion.

PART 2 To Be Completed by the Organization within 30 calendar days

Please complete this section and submit to NQA, USA to this email address ncr@nqa-usa.com

Immediate Correction (what did you do to resolve the Nonconforming situation) Please include/attach objective evidence for the correction as appropriate	Completion date:
CAR# 104 in our internal system reflected the root cause, correction, and verification. We have not exerted as much pressure on our existing employees to complete their training modules in Paycor (LMS, Learning Management System). Our newer employees complete a full checklist with the training presented and completed while in training.	8/21/2024

Root Cause Analysis ('how/why did this happen?')

This occurred due to the employees' failure to prioritize completing their training by the deadline of April 1, 2024. As the company's trainer, it was my responsibility to insist on additional proof that the employees would complete their training. Since then, I have initiated the dissemination of information to the manager and supervisors, ensuring the inclusion of Quality in the email correspondence, emphasizing the importance of training completion.

Robust reporting was not created in Paycor (Learning Management System) which now has been set up for manual reporting to provide which courses have been completed under the employee's pathway.

Corrective Action(s) (actions taken to eliminate the Root Cause(s) to prevent recurrence)	Planned completion date:
A spreadsheet has been created and sent out to all Managers / Supervisors – This will be sent out Qtr. To all managers / supervisors and quality manager to be cc:d	8/21/2024

Organization's Representative	Kristina Stouske.	Date of signature:	7.25.24.

PART 3 Verification of Effectiveness to be Completed by Organization before next NQA Audit
To be completed by the Organization on the Organization's Form

Please document the Actions Taken to Verify the Effectiveness of the Corrective Actions Taken on your form and have available for the NQA auditor at the next audit or as may be requested by NQA.

Observations – Areas of risk that could lead to a future nonconformity		
1	Process/Requirement at Risk	7.5: Documented information: 7.5.2: Creating and updating: When creating and updating documented information, the organization SHALL ensure appropriate: c) review and approval for suitability and adequacy.
	Potential Nonconformity	WI 80.7402 PUR sets the criteria for the acceptance and continuation of Suppliers. These basic requirements are to provide a completed W-9 form and an ISO Certificate showing Registration at the time. Also at Sub Sec 4, it states that "having a current ISO Certificate or an ISO Certified at the time of purchase". It is not clear by this wording whether the ISO Certification is only necessary at the time of original acceptance as an approved supplier or if it must continue in effect. It would be a good thought to review these sections of the WI to be assured that the meaning and intent is clearly stated. Also, WI 80.7535 WH, Rev 5, at Sub Sec. 10, refers to support to be provide by the Quality Department if a Dock Audit is required. There are other matters where the Quality Department may be called upon for assistance as well. It would be a good thought to study this section and possibly expand its intent so that it is obvious that the Quality Department can also be called upon for other issues. i.e. the need for material Certificates to be added to the Shipping Documents.

2	Process/Requirement at Risk	9.3: Management Review Inputs: The management review SHALL be planned and carried out taking into consideration: a) thru f) with 7 items also under c).
	Potential Nonconformity	The Annual ARB Meeting (Management Review) and the Monthly ARB Meetings are being performed on schedule. These monthly meetings have become a very good "Management Tool" to continue the continuity of various programs on a "real time" basis. A review of the minutes from the most recent annual ARB meeting in February 2024 covering 2023 performance data revealed that the requirements of Section 9.1.2 of the Standard do not exactly coordinate with subjects discussed. Also, Doc 9.0 Rev 1 for Performance Evaluation could use some attention. It would be a good thought to review the content of these various Policies, Procedures and Work Instructions to be certain that they are all in close coordination with the requirements of the ISO 9001: 2015 Standard.

3	Process/Requirement at Risk	Customer related process (engineering)
	Potential Nonconformity	The process for tool design review is described partially in the tool kick off meeting procedure 80.7220. records are not consistent with the procedure.

4	Process/Requirement at Risk	Resource Production Support
	Potential Nonconformity	There are currently over 60 open work orders for equipment maintenance including 13 annual press PM. The plan is not clearly developed to document how the PM will be caught up to date.

Closure of Corrective Action Reports from Previous Audit

Closure of Concerns from Stage 1

(If there are CARS waiting for verification on the Work Order originating from other sites go to Central Office Addendum)

Previous CAR Status	C = If Closed; client verification accepted, enter an "X" or other mark IP = Client status remains In-Process and Waiting for Verification enter an "X" or other mark If you Escalate a CAR enter the New CAR Number

CAR No.	Date Issued	Describe Your Evidence of Verification of Effectiveness of actions taken to close NQA Audit CAR. If the CAR remains in-Process provide justification for leaving the CAR as In-Process.	CAR Status		
			Closed	In-Process	New CAR Number if Escalated
2023-SA-CP1	7/25/23	The confusion has now been resolved and the new QI-004, Rev 1 has [illegible] continued recording of these activities.	X		

Scope of Registration	
Scope Of Registration: Please enter the overall management system scope	**Custom injection molding, excluding design**
Site Specific Processes that support the Scope of Registration: Please enter this site's specific processes in support to the overall scope	**Same as system scope**
Are the Scope Of Registration and the Scope of Site Activities still appropriate? Please review client's certificate and allowed Excluded/Non-Applicable requirements for appropriateness of scope(s) listed. If either scope is no longer appropriate provide details	Client scope statement includes exclusion for post-delivery activities in addition to design in their QMS documented scope
Changes to the Scope Of Registration and/or Scope of Site Activities	
If the client requests a change provide evidence the change is appropriate	N/A
If this is a new process to be added, have you audited the new process / scope? Provide details in the appropriate Audit Record in the report.	N/A
Enter the new scope wording ***exactly*** as the client wishes it to appear on the certificate.	N/A
Exclusions (Non Applicable requirements)	
Please list the allowed Excluded/Non-Applicable requirements. For each Excluded/Non-Applicable, list ***your*** justification of why each Exclusion/Non Applicable is to be allowed	**Design and post-delivery activities**
Do any of these Exclusions cause a conflict with the Scope of Registration or the Scope of Site Activities listed on the certificate?	Only design listed on certificate
Outsourced Processes	
Please list the Outsourced Processes	Tool build, calibration, maintenance, NEW corporate supports
Evidence of Controls and Effective Management	Responsible team member and QC verify results
Statutory/Regulatory Requirements	
Please list the Statutory/Regulatory Requirements	OSHA
Evidence of Controls and Effective Management	Form 300A reported and posted on schedule by HR
Use of Registration Marks and Logos, Certificates and Associated wording	
Please provide a clear description of how the logos, marks, and / or certificates and wording associated with certification are used. Verify appropriate use of logo and marks or related references on website. If the logos, marks, and / or certificates and wording associated with certification are not being used, please say so. If the client is not abiding by the requirements of the "Use of Logos, Marks and Certificates" publication, please issue an Observation or CAR, as appropriate.	
Logo mark is attached on the email signature. OK. "ISO9001: 2015 Certificate " LINK on website https://metroplastics.com/wp-content/uploads/2021/09/ISO-9001-2015-Expires-9-2024.pdf	
Remote Audit Information Communication Technology (ICT) Conclusions **To be completed if any portion of the audit was conducted using ICT**	
Please list the Remote Audit ICT methods used and comment on effectiveness of the ICT methods used	
N/A	

The proposed date(s) of the next audit is:	Enter Start Date	Enter End Date	Auditor
	7/22/25	7/23/25	Cheryl Pikus
Scheduling Notes, if necessary			

Employees in Scope	Number of Employees	Seasonal	Part Time	Contractor	Temporary	Shift Hours	A Brief Description of Processes Performed on each shift (Do not enter the scope)
Office/Non Shift Workers	68					7:30-4:30pm	Support activities
Number on First Shift	14					6:00am-12:00 pm	production
Number on Second Shift	15					12:00 pm- 6:00 pm	Production
Number on Third Shift	14					6:00 pm – 12:00 am	Production
Additional Shifts (explain)	14					12:00 am – 6:00 am	4th shift - production
Off Site (sales/ installers/etc.)	-						
Total Number Employees	125	Be sure to include the Seasonal, Part Time, Contractor and Temporary employees in the Number of Employees Column.					
How many shifts did you audit? If not all shifts please explain why not.		1-2 covered during the audit					

Language of the Audit	
Please enter the Language(s) in which the audit was conducted.	English
If an interpreter is required for any portion of the audit please explain.	None

Campus/Virtual Non-Sampling addresses audited during this activity	
Second Site Address	
Quantity of Employees at this Site as included in the total above	
Shift Hours	
Processes performed in support of the scope	(Should not be full Scope of Registration unless appropriate)
Third Site Address	
Quantity of Employees at this Site as included in the total above	
Shift Hours	
Processes performed in support of the scope	(Should not be full Scope of Registration unless appropriate)

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Customer related process – Production 1st shift, Production [6am-12pm] ASSEMBLY
Personnel Interviewed	Production Supervisor Quality Manager

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

Work Instructions Impacted:

80.7260ENG: Customer Approval
80.7213ENG: Manufacturing Process Manual
80.7620PROD: Manufacturing Instructions for Assembly
80.7626QA: First Part Sub Approval
80.7628PROD: Standard Cycle
F80.7620.1: Process Check Sheet
80.7621: Prod Manufacturing Assembly
F80.7621.1: Firestone Pull Test Ticket
80.7234QA: Control Plan
F80.7234.3: Control Plan Form

Assembly Department Locations:

Assy. # 1: Bronze: Assembler – Anna: WO 1483268 / Part No. 1054.002.020 – WA1M585680 ACTUATOR BASE
Cycles to Go: 4392
Assy. # 2: Spin Clean: Assembler – Alicia: WO 1447550 / Part No. 2035.043.102 – 4 OZ SPIN CLEAN BOTTLE
Cycles to Go: 294
Assy. # 3: General - 1: Assembler – Rhonda: WO 1483268 / Part No. 1054.002.020 – WA1M585680 ACTUATOR
Cycles to Go: 4,392
Assy. # 4: HD Gear: Assembler – Sieky: WO 1446702 / Part No. 1031.017.021 – C54317LH/OX-09-08-09-10 LH1
Cycles to Go: 4,800
Assy. # 5: HD Locks: Assembler – Guech: Down Time
Cycles to Go: 0
Assy. # 6: General – 2: No Assembler - Down Time
Cycles to Go: 0
Assy. # 7: Coil Assy. Gold: Assembler – Daeja: WO 1462735 / Part No. 1054.20.053 – A23 760 6003 COIL ASSY
Cycles to Go: 1,716 / Firestone: Assembly / Water Test / Pull Test

Documentation of Jobs:

Each Assembly Cell / Bench reviewed has current Work Instruction Books necessary to carry out the Job.
First Part Inspection Sample by the Metrology Test Laboratory.
Documents Include: Work Order, Set Up Information, Equipment Specifications, Work Instructions, Control Plans.

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Supplier Products / Control
Personnel Interviewed	Purchasing Manager Quality Manager

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

The Work Instructions Impacted were Reviewed:

80.7402PUR: Purchasing Criteria
80.7405PUR: Purchasing Data / Order Entry
80.7410PUR: Purchasing SDS
80.7411PUR: Certificate of Liability
80.7412PUR: Supplier Corrective Action
90.8105PUR: Vendor Performance
80.7647PROD: Regrind / Scrap
80.7649PROD: Extruder Instruction

Reviews of Suppliers:

A review of the data being compiled for the Evaluation of Vendor's "Performance" was studied. The Purchasing Manager is carrying out a very detailed and effective review. There is data available for each (all) Suppliers. The organization has decided to prepare an Annual Summary for the Top 10 or 15 Suppliers, depending on which category they fit into. 15 Resin Suppliers, 10 Colorant Suppliers, 10 Insert Suppliers, 15 Packaging Suppliers and 10 Other Misc. Suppliers are included in this effort. The IQMS Database System is used to access the inputs that have been compiled throughout the year. The Goal is to be assured that all Suppliers reach a Score of > 85% which is the default level. All records show that, currently, all suppliers are above 85% with no defaults.

Supplier Selection Records:

Among other things, the initial acceptance of a Supplier to be on the Approved Supplier List (ASL) is to have presented a completed W-9 and evidence of an ISO 9001: 2015 Certification. Once received, the Supplier can be entered into the Financial Departments record to start doing business with the organization. A review was conducted of a sample of these records to confirm that the ISO Certificates are on file.

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Supplier Products / Control Shipping / Receiving / Regrind
Personnel Interviewed	Shipping Manager Regrind Manager Quality Manager

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

Work Instruction Impacted:

80.7503WH: Receiving
80.7509WH: FIFO Numbers Assigned
80.7520WH: Inventory Control
80.7528WH: Raw Material Movement
80.7535WH: Shipping

Shipping:

Reviewed the Shipping Procedure from start to finish for a sample Product. The process starts with a Pick Ticket issued by the Planning Department and the CSR (Customer Service Rep). Order No. 228365 for 200 Parts was tracked. PO: PA 2218 / PCB35279 / PCB was located on the Finished Goods warehouse rack. It was located in the correct spot. The right size packages were brought to the Shipping Department location and weighed. A proper Shipping Label was prepared for Fed X. Shipping Documents were assembled and the QC Department contacted for a Certification of Materials as requested by the Customer. All proper data was entered into the Shipping Data Base. Once completed, the packages were ready for shipment and placed in the Fed X pick up location ready to go.

Receiving:

A sample material being Received was observed and tracked. Once visually accepted for no damage, the item was Labeled as "Hold Waiting Inspection" and placed in the proper waiting location. All materials received are not only checked by the receiving dock personnel, but must be fully inspected and released by QC. The Bill of Lading and associated documentation shows the organizations PO No. which is the key for location in the Database System. All applicable Procedures and Work Instructions were followed correctly.

Regrind:

Recovery and Regrinding of Scrap Parts is a very aggressive activity by the organization to reduce scrap from going into the public landfills around the area. There are 12 Regrind Machines operating and available as dedicated processers of specific resin based scrap. The Regrind Department delivers barrels of identified regrind to the Warehouse for storage in the designated area. This material is then programmed into the Production activity as appropriate. Materials are dried and extruded to re shape them into proper shaped pellets for use.

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	QMS Leadership
Personnel Interviewed	VP of Engineering HR Manager Quality Manager

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

Work Instructions Impacted:

50.5102QMS: Audit Review Board (ARB)
60.5103QMS: Quality Objectives
10.8224ENG: Communication Meetings
Metro Plastics: CORE Values
Q1-100: ISO Quality Policy
QI-008: Communications Matrix
Org. Chart in Paycor

ARB Meetings (Annual & Monthly)

Reviewed full ARB (Annual Management Review) meeting and all of its supporting documentation.
Also, reviewed the Monthly ARB Meeting records for the month of May, 2024.

Quality Objectives:

1) Reduce time from RFQ to Delivery
2) Reduce PPM generation by 20%
3) Complete Waste Reduction Projects

Improvement Projects:

1) Safety and 5 S Initiations
2) Leadership Development
3) Communication
4) Equipment Improvements

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	QMS Planning / Monitoring Risk Assessment
Personnel Interviewed	VP of Engineering HR Manager Quality Manager

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

Work Instructions Impacted:

QMS Scope
ISO 9001: 2015
QEP 410: Quality Manual Procedure
4.0 Metro Plastics – Quality Manual
QI-001: Record Retention Table
QMS QI-004c: Flow 2024
QMS 4.0: Interested Parties
QI-005: Interested Parties Evaluation Matrix
QI-006: Process Monitoring and Measuring Plan
QI-007: Risk Assessment Planner
QI-009: QMS Calendar
60.5103QMS: Quality Objectives
Metro Plastics Quality Objectives 2024

Previous NQA Audit Finding:

Reviewed previous CAR 2023-SA-CP1 and found it has been corrected and implemented effectively.
Matrix QI-004 Rev 1 has been created for Interested Parties which has clarified the issue.

Risks and Opportunities:

A Risks and Opportunities "Matrix" QI-007 has been created in an FMEA Style to rank the importance of each.
Any Risk "Rated" equal to / or greater than 120 must be addressed. There are three (3) such issues.
The progress to Mitigate these significant issues is reviewed and discussed at the ABR Monthly meetings

Climate Change:

Climate Change considerations have been added to the Quality Manual under Clause 4.1 and 4.2 in response to the ISO Amendment! This timely action has clarified the activities of the organization which have already been under implementation. There is a very positive attitude about participation in such efforts to limit Climate Change.

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Customer Related Process – Production 2nd shift, Production [12pm-6pm] INJECTION MOLDING
Personnel Interviewed	Production Supervisor Quality Manager

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

Work Instructions Impacted:

80.7620PROD: Manufacturing Instructions for Injection Molding
80.7626QA: First Shot Sub Approval
80.7628PROD: Standard Cycle
F80.7620.1: Process Check Sheet
80.7234QA: Control Plan
F80.7234.3: Control Plan Form

31 Injection Molding machines:

All were checked and reviewed for proper Job Documentation:
First Shot inspection by the Metrology Lab. with Samples present.
Documents included: Work Order, Set Up Info., Equipment Specs., Work Instructions, Control Plan.

Mold # 1: PATTON / (Down for Repair)
Mold # 2: GOLIATH / WO 1479744 / Part No. 1069.001.003 – MLS300B – 3" Line Strainer Body: 912 pcs
Mold # 3: DAVID / WO 1477206 / Part No. 1070.033.009 – 69814 11" Remco Red SHOVEL: 648 pcs
Mold # 4: BUBBA / WO 1483337 / Part No. 1069.026.001 – M300BRB45 3" x 45 Manifold Hose Barb: 3,564 pcs
Mold # 5: SNOOPY / WO 1474351 / Part No. 1097.003.001 – ZF2000.30 10" Venture White: 320 pcs
Mold # 6: SASQUATCH / WO 1483336 / Part No. 1069.024.005 – 200F90U 2" Male Coupler x 2" NPY 90: 1,600 pcs
Mold # 7: COBRA / WO 1479752 / Part No. 1069.034.003 – x12712A 2" NPT Poly Pump Body: 952 pcs
Mold # 8: RICKY BOBBY / WO 1479753 / PART No. 1069.035.005 – LS300ECX 3" Linestrainer End Cap: 1258 pcs

Mold # 9 thru # 31: Etc.

Extrusion Machine: Used to Blend Resins of different Colors or reshape re-grind..
Also, to repurpose Resin Re-Grind into standard pellets for inclusion into the Injection Molding of various parts which are accepting a percentage of re-grind input.

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Leadership
Personnel Interviewed	Mgmt team from opening meeting

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

(mgmt responsibility, examples of continual improvement, discuss process risks)
Scott – VP Eng – quoting, design reviews, customer contact
C/I – developed modular end of arm tooling
Risk – potential capacity

Doug – purchasing mgr – pckg, matl handling
C/I – information board for dryers
Risk – supplier concerns not an issue

Randy – tool mgr – eng changes
C/I – cut down the PM time on tooling by hiring new tool person to get caught up
Risk – keep toolmakers happy as less availability currently 5

Dustin – maint mgr –
C/I – reduce RPM time and improve uptime
Risk – safety and 5S implementation

Collin – 1st shift production supervisor- injection molding
C/I – reduce scrap including walkthrough with quality
Risk – monitor to ensure accurate

Lisa – cust service mgr – process orders – RMA – assembly production – shipping
C/I – automate the packing slip and BOL
Risk – keep up with customer demand

Falicia – quality mgr – quality lab – customer complaints
C/I – purchased 3D scanner
Risk – keep up with PPAP samples needed scheduled for July

Cristina – HR – support ISO documentation, internal audits
C/I – updating employee handbook
Risk – finding skilled labor

Chuck – President of NFI – Metro Plastics and Mold Tech NY
C/I lunch with President with the floor issues and have changed Metrogram newsletter format and resulted in promotion
Risk – talent and scrap need to improve

AUDIT RECORD

The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Internal audits / corrective actions (internal audits)
Personnel Interviewed	Cristina

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

Procedure – Internal audits #90.3082 QMS rev 6 - 9/24/06
Completed audits of the entire cycle reviewed by the 2023-2024 internal audit schedule
All 10 processes as listed on the process map are scheduled for the past year
1 CAR issued for audit #54 resource production support 12/20/23 – auditor Clay Teaque
3 findings reported by the auditor with the ARB deciding on 1 CAR with 3 corrections
#65 – customer related planning auditor Dustin Moore, Doug Oliver 3/7/24 0 N/C with 3 corrections
#66 – customer related process engineering auditor Kellie Glass 3/22/24 0 N/C with 3 corrections
#61 – Internal audits auditor – Coraliz Lopez Cintron 2/9/24 0 N/C 2 corrections
#64 – N/C and C/A – auditor Michael Benton 2/6/24 0 N/C and 3 corrections
#63 0 customer related process (production) – 1/24/24 0 N/C and 4 corrections

Plan to start LPA with training Sept – Dec to start the schedule Jan 2024

Corrective action procedure 10.8501 rev 8 5/24/24

Corrective action – 1 CAR did not have any formal corrective action (CAPA) issued for #54 CAR per Corrective action procedure 10.8501 #7. Procedure for internal audits 90.3082 sends the decision to review findings at the Audit Review Board (ARB). Audit #54 had 1 CAR issued with 3 corrections. MINOR

AUDIT RECORD

The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives

Process/audit area	Customer related process engineering
Personnel Interviewed	John (project mgr), Scott (VP Eng)

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

(engineering)
Reviewed the quoting procedure 80.7101 rev 7
Quote 125540 – TLK project #11012
Part 449 2 cavity with hand loaded inserts provided by the customer
Tool room quote from internal tool room
Estimate worksheet completed to determine the piece quote
PO 363 received for BLK-40050 item and tooling OFI – quote calls out 449 part number
Confirmation email
Create tool number from the tool log with first 2 digits for customer number and sequential number 11012
Creation project in the DDS former IQMS (ERP)
Project work order 16935 for tooling cost mgmt
Create sales order for tooling

Customer service creates sales order for part order

Procedure 80.7212 creating project file with the template

Tool kick off meeting held to determine the supplier to build the tool with the output being internal work order for the tool or outside PO issued to outside toolmaker
Toolmaker sends DFM – design for mfg
Get approval from customer. Looked at 11041 for customer approval.
PO for mold 11041 Tech Tooling PO 70324

OBS – the process for tool design review is described partially in the tool kick off meeting procedure 80.7220. records are not consistent with the procedure.

Tool engineer works with the tool mgr for the tool build
Outside tool build have 2 weeks to create the tool data and submits to the tool engineer Trent and schedules tool design review

Tool review 12/7/23 completed for 11012. Record kept under tool drawings. No attendance listed. Toolmaker, tool engineer, project mgr, project coordinator, and process engineer. 6 actions listed., There is no followup documented.

Tool review 5/17/23 for mold 11041.

Create tool timeline through T1 – trial 1
No tool inspection since no tool print
Customer sent approval email

Compared with 11041 mold results for China T1 included 1 out of spec
Metro T1 dimensional inspection report with both OK and NOT OK. Manually entered the X on OK for one of the 2 samples

No PPAP required for this job 11012
First piece approval for 11041 is awaiting customer approval.

Discuss BOM created in IQMS
Looked up the BOM for 11012 with material, packaging, inserts from customer

PSW signed 5/9/24 by the customer for 15307

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Resource production support (maintenance)
Personnel Interviewed	Brandon (tool mgr), Dustin (maint)

AUDIT EVIDENCE

Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

Review the work order for 11012. There is no work order available for the build.

Review work orders for 11041 3 closed. No PM due yet.
Open mold PM. Oldest PM was May. New employee keeping
WO 16503 completed for PM on mold 15047 for level 1

Equipment maintenance:

Procedure 70.7902 rev 8 6/6/24 equipment maintenance
Reviewed the open PM list with over 60 open work orders. OBS
Thermolators – due every 3 years. Most are due now.
Presses have annual PM
New press 31 – 1st PM due 8/22/23
Currently 13 open work orders are due for presses.

Crane internally due now
Crane 1 – annual inspections 2/20/24

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	NC and C/A
Personnel Interviewed	Falicia, Travis (quality engineer)

AUDIT EVIDENCE
Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.

(returns / customer complaints/ DMR)

Reviewed the procedure 90.8103 rev 5 customer complaints
Complaints are logged on complaint log L90.8103.IQMS per work instructions 80.7702QA rev 11
Sampled the complaint log for 2024:
Reviewed the DMR – 15421 – Banjo ID thread oversized part 69008
Collected latest run 6/14/24 and ran 30 pieces and submitted to the customer. Waiting for customer approval.
Waiting for email for PPAP approvals.

Banjo supplier CAR form completed for Root cause for water diagram not created

Reviewed the DMR – 15956 – Allegion ID out of spec CLOSED
Reviewed the portal with the response for #9774 – sorted at the plant and warehouse
Determined pin gage not accurate enough and switched to smart scope
Closed by customer

Reviewed the DMR – 15955 American Art Clay flowlines
Material change for tab break issues.
Closed and have since improved scrap by extruding the part

Reviewed the DMR – 15882 Firestone
Insert machine bending

Reviewed DMR 15906 that had 8D Bunn warped part.

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Customer related process – production 1st shift, production [6am-12pm] Injection molding
Personnel Interviewed	Janet, Colin
AUDIT EVIDENCE Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.	
Reviewed the operations at mold machine #30 Running banjo job 69008.009 Observed operator following work instructions 80.7213ENG Discussed the process with the operator and observed gate cut, trim, and pack Discussed actions for N/C Verified the material matched the work order Observed the new end of tool robot in use on machine #30. All of the components are now 3D printed allowing much more customization and maintenance. Verified the labels matched the work order Discussed the scheduling of the jobs.	

AUDIT RECORD The Audit Record provides the audit criteria and sufficient evidence to support the audit conclusions and evidence of achieving the audit objectives	
Process/audit area	Resource production support (people/documentation)
Personnel Interviewed	Christina
AUDIT EVIDENCE Evidence must identify personnel audited, processes witnessed, documents reviewed, records audited, and other pertinent information to support your audit conclusion. The auditor must identify a minimum of one process record for each process audited during this activity.	
Reviewed the training 70.6111 HR Pathways – leadership, matl handler, mold se4tter, press operator, quality, welcome to metro Powerpoint presentation for each of the tasks under each pathways Checksheet completed at the end of each pathways for competency Quality pathway – includes intranet, gages, PPAP Jenna Scott training log for 60 DAY quality tech training log with 1x/week for 60 days, then 90 days + meeting with the manager. The manager sits with the HR during the weekly checks Press operators meet daily for 2 weeks with HR	

Travis – quality new hire Feb2024
60% quality professional

Jenna - - recent quality
Matl handler – 91%
Quality 13% - problem with logging in and working with Paycor to resolve. Discussed at the last weekly
Press operator complete

Mark P. – press operator

Quality policy is not communicated to all employees during on boarding or part of a pathway learning path, but it is on the intranet. The quality policy does not clearly state commitment to the satisfy ISO9001 and continual commitment
MINOR.
Example Mark P. press operator.

Sam P. – press operator – has not begun to complete his online pathway training. His current status is 0%

MINOR
John – project mgmt has completed his assigned course

Janet – operator has status of 0%. Working on getting bilingual access instructions to get to the training portal.

Client Name	Metro Plastics Technologies	Client ID Number	14446

Integrated ISO 14001-ISO 9001-ISO 45001 Matrix of the Management System Audit Program

- This Matrix is to be initiated at Contract Review by the CTO
- The Matrix is to be updated by the Lead Auditor when there are changes to the processes, scope of registration or regulatory requirements. To include where a process of the program cannot be completed at a given visit.
- Annual audits are to be included in the program with a clear indication as to the processes intended to be sampled.
- The program will be adjusted based on level of Management System effectiveness (as may be indicated by defect levels, KPIs, etc.), previous audit results, and complaints received against this client.
- For 6-month cycle clients, use the 6-Month Matrix of the Management System Audit Program.

	Reassessment or Stage 2	Surveillance 1	Surveillance 2	Reassessment
Visit Due Date (Year Only)	2024	2025	2026	2027
On-Site (O); Hybrid (H); Remote (R)	O			
Management Processes are to be audited annually	**Enter an "X" or other mark in each process to be Audited** (use "H" or "R" when not on-site)			
Changes to the Management System and Organization	X	X	X	X
Understanding the Organization and Its Context	X	X	X	X
Leadership	X	X	X	X
Use of Marks / Logos / Certification Wording	X	X	X	X
Internal Audits **3 year look back at **Reassessment**	X	X	X	X
Management Review **3 year look back at **Reassessment**	X	X	X	X
Objectives	X	X	X	X
Complaints and Customer Feedback	X	X	X	X
Continual Improvement / Corrective Action / Previous NQA CARs	X	X	X	X
On-Going 3-year look at NQA CAR trends for this certificate	X	X	X	X
To be scheduled during Surveillance 1 or Surveillance 2 and during Reassessment				
Competence / Awareness	X		X	X
Work Environment, Infrastructure	X	X		X
Documented Information, Control of Documents and Control of Records	X	X		X
Design and Development	X	-	-	X
Sales, customer requirements	X		X	X
Purchasing, supplier controls, outsourced process controls	X	X		X
Monitoring and Measuring Equipment	X	X		X
Control of Nonconforming Product / Outputs from Processes	X		X	X
Key Processes including outsourced Key Processes that directly represent processes offered in the Scope of Registration / Facility Scope **Please do not repeat processes listed above unless it is a product or service offered in the scope**				
Customer Related Processes (Production) = injection molding 1ST SHIFT	X		X	X
Customer Related Processes (Production) = Support (Assembly) 1ST SHIFT only	X	X		X
Customer Related Processes (Production) = Support (Extruder – pelletize for regrind	X	X		X
Off Shifts to be Audited (if applicable) (off shifts to be audited minimum of 1 each per cycle)				
Second Shift Customer Related Processes (Production) = injection molding	X		X	X
Third Shift Customer Related Processes (Production) = injection molding		X		X
Other Shifts (explain in the report) – Fourth Shift Customer Related Processes (Production) = injection molding		X		X
Client Locations to be visited (if applicable) (Specify)				
N/A				
Off Site Processes for review at Site Visits (if applicable)				
N/A				