SUPPLIER: JANE DOE INCORPORATED
PART NUMBER: 71001 - XXXXX
PART NAME: WIDGETS
CONTACT: JANE DOE
MODEL CODE: 111X

QUALITY ASSURANCE SCHEDULE

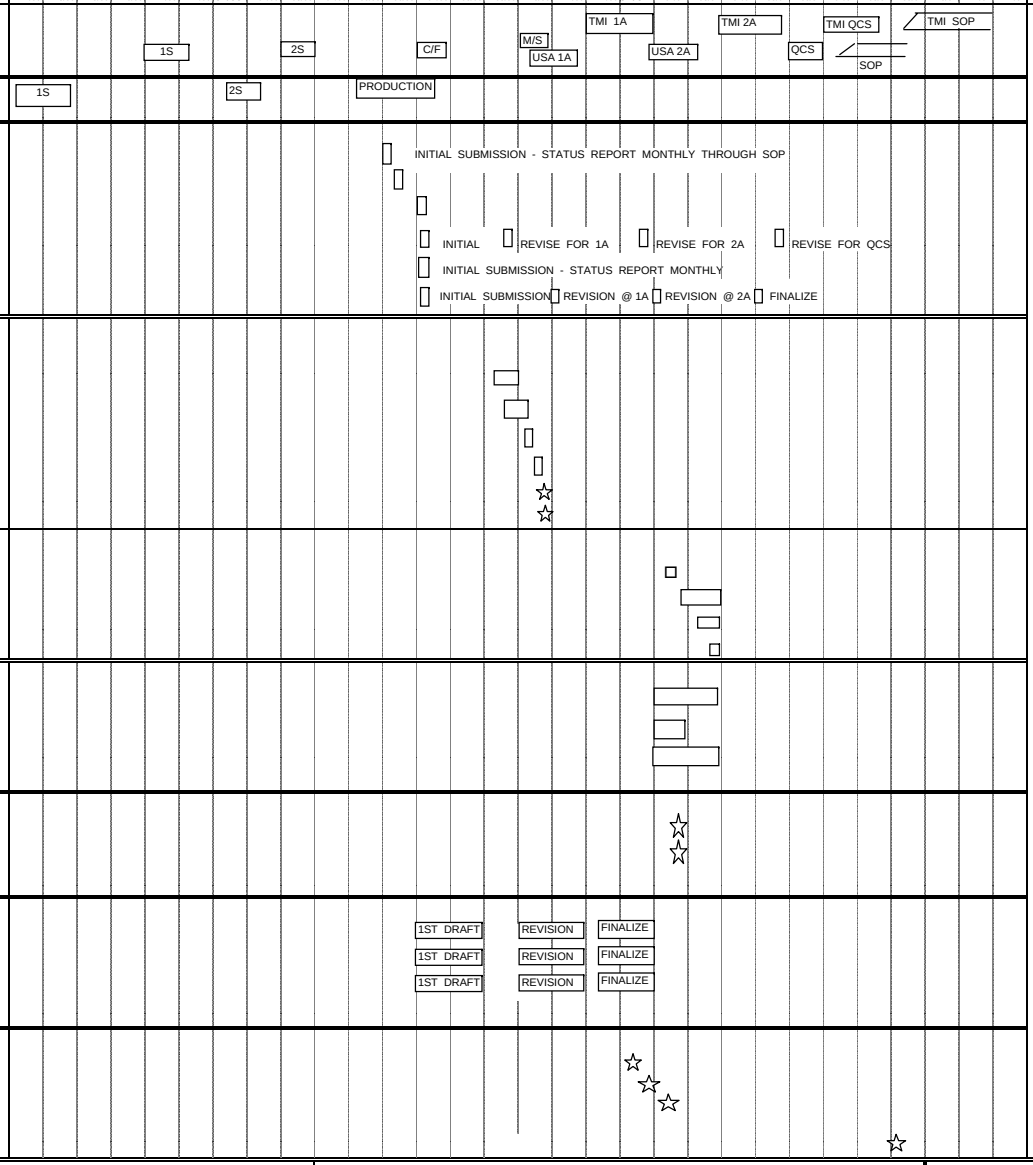
EXAMPLE

REVISION RECORD

NO.	REVISION DETAIL	DATE	BY
	INITIAL RELEASE	7/15/00	Peggy L. Phillips

PAGE NO:

ITEM / ACTIVITIES	RESPONSIBLE DEPT / PERSON	DATE BEGIN PLAN	DATE BEGIN ACT	DATE END PLAN	DATE END ACT	REMARKS
MASTER SCHEDULE						
DRAWING RELEASE	ENG - B. HOPE	7/4/1999		7/15/2000		
PREPARATION DOCUMENTATION	QC - A. LINCOLN					
QAS (Quality Assurance Schedule)		6/1/2000				
PFMEA		6/15/2000				
MQC / Control Plan		7/1/2000				
Part Evaluation Plan		7/1/2000		3/7/2001		
TPR (Tool Progress Report)		7/1/2000		3/7/2001		
Inspection Standard		7/1/2000		5/1/2001		
TOOLING / EQUIPMENT						
TOOLING						
DIE PREP LIST	PE - H. SIMPSON	9/14/2000		9/23/2000		
DIE PROCUREMENT		9/23/2000		10/7/2000		
DIE RECEIVING & CHECK		10/8/2000		10/15/2000		
DIE SETUP		10/15/2000		10/22/2000		
DIE TRIAL		10/23/2000		10/24/2000		
DIE APPROVAL	QC - P. PHILLIPS	10/23/2000		10/25/2000		
EQUIPMENT						
LIST	PE - R. CRAMDEN	2/15/2001				
PROCUREMENT		2/16/2001		2/28/2001		
SETUP		3/1/2001		3/15/2001		
TRIAL & APPROVAL		3/17/2001		3/25/2001		
LAYOUT						
WAREHOUSE	PC - G. BURNS	2/15/2001		3/25/2001		
PILOT LINE	PE - H. SIMPSON	2/15/2001		2/28/2001		
PRODUCTION AREA	PE - H. SIMPSON	2/15/2001		3/25/2001		
SUPPLIER CONTROL						
SUPPLIER PPAP	QC - P. PHILLIPS			2/28/2001		
SUPPLIER AUDIT & APPROVAL				2/28/2001		
WORKER INSTRUCTION						
WORK POINT SHEETS - OPERATOR	MFG - R. ROGERS	7/1/2000		5/30/2001		
INSPECTION POINT SHEETS - AUDITOR	QC - P. PHILLIPS	7/1/2000		5/30/2001		
AUDIT SHEET - AUDITOR	QC - P. PHILLIPS	7/1/2000		5/30/2001		
APPROVAL						
PROVISIONAL APPROVAL	QC - P. PHILLIPS			1/15/2001		
PPAP SUBMISSION				1/30/2001		
HVPT				2/15/2001		
FINAL APPROVAL				9/1/2001		



PLAN

ACTUAL

ROUTING: SUPPLIER ⟶ TMI QC

	SUPPLIER QC			SUPPLIER MFG.	
	APPROVED	CHECKED	ORIGINATOR	APPROVED	APPROVED
TITLE	QC MANAGER	QC ASST MGR	QC TECHNICIAN	GEN MGR	MFG MGR
SIGN & DATE					

PART NUMBER:

QUALITY ASSURANCE SCHEDULE

PAGE NO._____

ITEM / ACTIVITIES	RESPONSIBLE DEPT / PERSON	DATE BEGIN PLAN	DATE BEGIN ACTUAL	DATE END PLAN	DATE END ACTUAL	MASTER SCHEDULE																REMARKS

TMI APPENDIX 4A - QAS - BODY
CONTROL # TM-QA-FM-06-331
REVISION - 7/09/01