

QAS STATUS REPORT

TO:

TMI QUALITY CONTROL

ATTN: _____

FAX NO: _____

CC: _____

TMI PURCHASING

ATTN: _____

FAX NO: _____

CC: _____

REVISION NO: _____

ISSUED DATE: _____

FROM:

SUPPLIER NAME: _____

LOCATION: _____

CONTACT: _____

PHONE NO: () _____

FAX: () _____

PART NO:

MODEL:

PART NAME:

1. ARE THERE ANY DELAYS IN THE SCHEDULES?

NO

YES

	SUPPLIER SIGNATURES			
	APPROV.	APPROV.	CHECKED	ORIG.
TITLE				
SIGN & DATE	/ /	/ /	/ /	/ /

IMPORTANT: QAS STATUS REPORT IS TO BE SUBMITTED TO TMI QC MONTHLY UNLESS OTHERWISE SPECIFIED. A REVISED QAS SHOULD BE ATTACHED IF THERE ARE ANY CHANGES IN TIMING PER THE ORIGINAL SCHEDULE.

DELAYED ITEMS / CHANGES

2. IF DELAY EXISTS, WHAT IS THE RECOVERY PLAN?

REMARKS:

ROUTING: SUPPLIER → TMI QC