Assessment Report.

Windsor Machine de Mexico S de RL de CV

Report Author **Eduardo Cabrera**

Visit Start Date 11/06/2012

Introduction.

This report has been compiled by Eduardo Cabrera and relates to the assessment activity detailed below:

Visit ref/Type/Date/Duration	Certificate/Standard	Site address
7758787 Re-certification Audit (RA Opt 2) 11/06/2012 6.5 day(s) No. Employees: 270	TS 555155 ISO/TS 16949:2009	Windsor Machine de Mexico S de RL de CV Paso de Servidumbre No. 195 San Jose de los Cerritos Saltillo, Coahuila Coahuila C.P. 25019 Mexico

The objective of the assessment was to conduct a re-assessment of the existing certification to ensure that all elements of the proposed scope of registration and the entire requirements of the management standard are effectively addressed by the organization's management system.

Management Summary.

Overall Conclusion

This recertification audit has resulted in an OPEN verdict. This can be converted to a RECOMMENDED verdict by 100% resolution of all nonconformities detailed in this report, and verification of effectiveness of actions by BSI, within a 30-day period from the closing meeting of this audit, as prescribed in ISO/TS16949 Scheme Rules. However, if all nonconformities are not verified as 100% resolved within the period, the OPEN verdict will be downgraded to NOT RECOMMENDED, and a complete certification audit, Stages 1 and 2 will be required. Root cause analysis is required for each nonconformity identified within this report, and corresponding corrective actions defined. In considering effective resolution of nonconformities, the system within which the nonconformity was observed should be reviewed, not just the nonconformity itself, to ensure the cause of the nonconformity has been addressed, not just the effect. Additionally, there should be a review to determine whether the actions taken to resolve the identified nonconformities can be applied to other similar processes and products, to prevent the same nonconformity occurring elsewhere within the organization.

Upon acceptance of this plan, your client manager will require you evidence of implementation and effectiveness to verify 100% resolution of all nonconformities. Upon 100% resolution of all nonconformities within the 90-day period, the OPEN verdict will be converted to RECOMMENDED. The recommendation made will be subject to independent review by Head Office. On successful completion of this review, your ISO/TS16949:2009 certificate will be issued.

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

6 nonconformities requiring attention were identified. These, along with other findings, are contained within subsequent sections of the report.

A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

Please submit a plan to BSI detailing the nonconformity, the cause and your proposed corrective action, with responsibilities and timescales allocated. The plan is to be submitted no later than 11/19/2012; evidence of implementation should be sent no later than 12/10/2012 by e-mail or fax to your assessor, referencing the report number. Please send to Eduardo.Cabrera@bsigroup.com

Areas Assessed & Findings.

Management responsibility, quality objectives and customer satisfaction 4, 5, 6, 8, CSR

The organization defines objectives based on corporate expectations; quality objectives are measurable and consistent with the quality policy; results a re measured in periodic manner and are communicated within the organization; trends are shown below. Quality policy is documented, reviewed and deployed to all the employees for ensuring understanding.
Customer representative and management representative are appointed; functions are defined.
Management review is performed in quarterly manner; inputs and outputs are documented and in compliance with requirements, reference management review meeting report performed on august 2012.
During this period relevant changes in management staff occurred; were implemented actions to protect the integrity of the quality management system.
Customer satisfaction is measured using customer score cards; positive results are identified.
Sequence and interactions are identified in process map WMM-CAL-MP-002; customer specific requirements are identified; process' effectiveness is measured.

Human resources 4, 5, 6, 8, CSR

The process starts when is required the need for a new employee, documented in a request for hiring; requirements for competence are identified in the same requisition and in job description, and includes requirements for education, experience and skills; are maintained records providing evidence of competence.
Needs for training are determined as described in process map WMM-RH-MP-002; is documented an annual training plan and sampling provides evidence that training is provided as planned; training effectiveness is monitored as documented; is identified a opportunity for improvement regarding the documented description of methodology for detection and effectiveness monitoring.
For operators the organization implemented a "Centro de Entrenamiento" (Training Center), in order to support by electronic media the operators' certification; are included topics related to Safety, Quality, Production and General Information.
In order to motivate the personnel in the participation in continual improvement the organization implemented the productivity race, providing s qualification for Safety, Quality, Productivity, 5Ss, Kaizen and suggestions; progress is measured and the team with best rate receives a recognition.
Personnel awareness is measured by periodic surveys; results and comments are reviewed and corrective actions are implemented as applicable.
Sequence and interactions are documented; process' effectiveness is measured.

Corrective and preventive actions 4, 5, 6, 8, CSR

Documented procedures WMM-CAL-MP-012 and WMM-CAL-MP-018 define methodologies for corrective and preventive actions; inputs are identified, including customer complaints, internal failures, rejection to suppliers, findings from audits, management review.
Corrective and preventive actions are documented using the 8Ds methodology, which is required by the customer. Steps include the identification of the real or potential problem, root cause analysis (using analytical tools such as 5Ws), implementation of containment

actions, that can include support from external processes; implementation of corrective and preventive actions, as applicable and monitoring for implementation and results. There is evidence that rejected parts are analyzed and actions are implemented in similar processes; status is monitored using an action log, describing the issue, action, responsible an status.
Documented procedure defines the methodology for preventive actions but the focus does not satisfy requirements, is identified a minor nonconformity.

Internal audits 4, 5, 6, 8, CSR

Internal audits include: Quality management system, manufacturing process and product.
Requirements for competence are identified, including qualification in core tools, experience for process and product audits; are maintained records providing evidence of compliance to requirements.
Internal audits are performed based on annual plan; criteria for scheduling are defined in documented procedure including all processes; is developed a calendar; impartiality of results is ensured because internal auditors do not audit their own job. Is documented the scope and objective of internal audits
Sampling of internal provides evidence that internal audits are performed as scheduled; results are communicated during closing meeting and corrective actions are required when nonconformities are identified; was taken a sample of the internal audits performed on august 2012; sampling provides evidence that corrective actions are implemented as required.
Product audits are performed in different production stages and inspection points; are maintained records providing evidence of compliance
Customer specific requirements include performing an annual full lay out inspection; is identified a minor nonconformity.
Manufacturing process audits are performed using documented checklists; there is evidence that are performed as scheduled and corrective actions are implemented in case of deviations; manufacturing process audit includes the verification of process using CQI-11 procedure, are maintained records.
Resources are identified and provided; customer specific requirements are identified and implemented; methods are defined in documented procedure WMM-CAL-CL-003.

Production process
Sampled products P.N. lines B299, CD4 and U502 4, 5, 6, 7, 8, CSR

Is received information from production control in daily basis regarding the customer needs describing the required part number, shipping date and quantity; are provided the resources required to complete the requirements including approved raw material, fabrication equipment, measurement and test equipment, packaging materials, tooling and operators.
Set up activities are performed every shift and change over, including the verification of process parameters and product characteristics; results are recorded and records are maintained.
Methods for manufacturing are determined in visual aids and work instructions (ODS), describing the manner for manufacturing and required controls during the manufacturing shifts; documents are available in the points of use and according sampling, the personnel know and implement the identified practices.
Is received support from external suppliers for painting; is identified a minor nonconformity regarding the control over such process.
Control plan describes the required inspection during the production stages; a minor nonconformity was identified. Acceptance criteria are described in control plan, inspection reports and visual aids.
A suitable handling of nonconforming product was found, including activities for identification, segregation and recording.
Was found a suitable work environment, including cleanliness of premises and use of personal safety for the personnel.
Sequence and interactions are identified in documented procedures; responsibilities and authorities are identified, including those required for dealing with quality issues.

Maintenance and tooling 4, 5, 6, 7, 8, CSR

the process is responsible in the implementation of corrective, preventive and predictive maintenance for facilities, equipment and building, as well as tooling; the maintenance services are performed by qualified technicians and external suppliers for predictive maintenance.
Process' effectiveness is measured by attendance to maintenance schedule and downtime; results YTD show evidence that targets are achieved.
Corrective maintenance is implemented when is received a Service Request; the job is assigned to a qualified technician and the service is evaluated by the requestor; are maintained.
Preventive maintenance are performed based on annual plan; it identifies the production line and frequency, this is defined by the maintenance manager. A maintenance checklist identifies the specific tasks to be done in the equipment; the same format is used as evidence of jobs performed, results and actions taken; actions include improvement projects, are maintained records describing the status, actions and results after implementation.
Predictive maintenance is performed in annual basis by external supplier; is based on vibration and thermography measurement in critical equipments; is received a report, observation are reviewed and corrections are implemented as necessary; are maintained records.
There is evidence of control of tooling, including analysis of trends in wearing in order to react in a proactive manner in changes; is received support from remote support location Ellis Tool.
Sequence and interactions are identified in process map WMM-MTO-MP-001; resources are identified and provided, including availability of replacement parts, is identified a opportunity for improvement regarding the validation of parts in inventory; process' effectiveness is measured and in compliance to targets.

Continual improvement 4, 5, 6, 8, CSR

Was taken a sample of continual improvement projects; the report identifies the initial status, actions taken and results; projects are performed as established in documented procedure.

Customer and Supplier Release 7.5.1.6

Production planning 7.5
The input of this process is the customer releases received by XENA System (EDI) the releases are received and reviewed Monday and Tuesday and any variation (increased & decreased) and holiday are identified and Clarified directly with customers Lear, JCI and the sister company, the process included the plotting of customer requirements to analyze the weekly requirements to cover 2 week on firm and 6 weeks of forecast by program. Requirements are loaded into excel to mix projects/PN and schedule by Production lines.
The output of process is the production program and Releases for supplier During this audit was audit the production program of week 5-9/45/2012 P.N. 2305385-9DS-1 for JCI & L0308580AB01 for Lear. Another input is the release to customer for components supplied by Lear.
The process is properly documented, implemented and effective.

APQP link with Sales and Design at Ontario 7.1, 7.3, 8.1

The inputs of this process is provide by Sales process at Windsor Ontario, the process start with the transferred of new project from Windsor Ontario, then is defined a timing with definition of multidisciplinary team, the process required the use of check list of APQP to ensure that inputs are corrected and completed from Ontario. this is used also as a timing for project these form is used for Engineering Changes.
During the audit was audited the CD4 project for Lear, the PPAP was approved on Aug 2012 presented on level 3, the process included the development of control plans, PFMEAs and Work instructions. Validation of new. One minor NC was documented considering the

updated the documentation when eng. changes occurred.
The process is properly documented, implemented and effective.

Calibration and Laboratory 7.6, 8.2.4

Current process for Control of measuring and Monitoring devices is properly established according to Documented Scope Laboratory: "WMM-CAL.WI.010" Rev 0
Control of Measuring and Test Equipment ".
The Capability of laboratory included Acid attack test for welding process, hardness for foam and dimensional for components.
The calibration and verification of measuring equipments included gages and fixtures verified dimensional performed by external laboratories for calibration the laboratories used are accredited but for flammability test there is no evidence of lab is accredited see NC. " Calibration Program 2012 ", and compliance is monitored, no overdue calibrations observed.
The new gages are regularly are build and verified dimensional by Ontario provide a record records are maintained in a share drive the records of calibration no always were available see minor NC.
Calibration records are maintained and traceability to master equipment, showing the last Calibration date, and the next Calibration due date.
External lab as Corporation BH accredited to ISO /IEC 17025 ; Corresponding Certificates are in Place.
MSA studies scheduled for measurement equipment, R&R mainly, other studies like Bias and Linearity are executed. Results are analyzed and monitored.
According to evidence verified this process is working in affective manner.

Warehouse and Shipping 7.5

Process found effective. There are no main changes in this process. The warehouse actives included a daily revision of inventory levels and controlling by FIFO.
Packaging standards approved during PPAP. Shipping and warehouse areas are weekly assessed to review condition of storage product.
The customer pick up the shipment. The releases are received directly from the customers by the operations manager, to prepare the production programs.
Good conditions of order observed. Delivery has been maintained in 100%.

Recertification Audit.

Review of assessment progress and the re-certification plan:

All areas of the standard were audited during last 3 year cycle as well as the scope and processes of the Organization. Visit cycle scheduled was met as defined. Certificate structure was reviewed and confirmed (Details in the ISO TS 16949 additional scope requirements).
Audit team recommends continued registration once Organization's close Non conformities found in this assessment.

Review of assessment findings:

The results of the 3rd party audits during the cycle are as follows:

TYPE	DATE	PROJECT	NCRs
Stage 2	11/12/2009	7454521	8 minor, 1 major
Special, NCRs closure	12/15/2009	7466269	0
1st surveillance	05/10/2010	7507818	1 minor
2nd surveillance	12/16/2010	7507819	2 minor

Special, new location	06/06/2011	7690819	1 minor
3rd surveillance	06/29/2011	7517569	0
Special, ETS	06/20/2011	7701589	4 minor, 1 major
Special, NCRs closure	09/09/2011	7751344	0
4th surveillance	11/18/2011	7599126	4 minor, 1 major
Special, NCRs closure	02/15/2012	7803823	0
5th surveillance	06/11/2012	7672693	8 minor

Review of progress in relation to the organization's objectives:

The organization measures the results and compares against targets; there is evidence of actions toward the improvement are implemented; relevant changes in management staff occurred during the past year.

Management system strategy and objectives:

Quality objectives defined by the organization are:

RESULTS AGAINST TARGETS

OBJECTIVE	2009	2010	2011	2012 YTD
PPMs	NO OK	OK	NO OK	OK
Delivery	OK	OK	OK	OK
FTQ	OK	OK	OK	OK
Sorting cost	OK	NO OK	NO OK	NO OK
Scrap	OK	OK	NO OK	NO OK
Efficiency	OK	OK	OK	OK

BSI Client Management:

The last assessment cycle was attended by Mayra Gonzalez and Raul Trevino

Minor Nonconformities Raised at Last Assessment.

Ref	Area/Process	Clause
A740297/1	Corrective and preventive actions	8.5.2
Details:	NC Corrective and preventive actions process is not fully effective. Requirement 8.5.2 Corrective action The organization shall take action to eliminate the causes of nonconformities in order to prevent recurrence. Corrective actions shall be appropriate to the effects of the nonconformities encountered. A documented procedure shall be established to define requirements for a) reviewing nonconformities (including customer complaints), b) determining the causes of nonconformities, c) evaluating the need for action to ensure that nonconformities do not recur, Evidence In the analysis of GP12 results, from all manufacturing lines, the IPPMs (internal PPms)are monitored and	

	corrective actions are established for main defects, however, records do not include evidence of a root cause analysis to ensure prevention of recurrence and permanent actions. In Charts observed at the production area, i.e scrap, OEE, no corrective actions are recorded when goal is not achieved, as required.
Requirements:	
Objective Evidence:	
Actions:	Corrective action plan identifies the root cause for occurrence, escape and systemic; is found that the requirements were not clearly addressed in the quality management system; actions included the changes in format for final inspection, including analysis of root cause for top 3 defects; sampling of implementation, September and October 2012 provides evidence of compliance. Te NC is closed.
Closed?:	Yes

Ref	Area/Process	Clause
A740297/2	Management	5.4.1, 5.6.1
Details:	NC Management process is not effective. Requirement 5.4.1 Quality objectives Top management shall ensure that quality objectives, including those needed to meet requirements for product [see 7.1 a)], are established at relevant functions and levels within the organization. The quality objectives shall be measurable and consistent with the quality policy. 5.6 Management review 5.6.1 General Top management shall review the organization's quality management system, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness. This review shall include assessing opportunities for improvement and the need for changes to the quality management system, including the quality policy and quality objectives. Records from management reviews shall be maintained 5.6.1.1 Quality management system performance. These reviews shall include all requirements of the quality management system and its performance trends as an essential part of the continual improvement process. Part of the management review shall be the monitoring of quality objectives, and the regular reporting and evaluation of the cost of poor quality (see 8.4.1 and 8.5.1). Evidence The objectives and targets have not been clearly established and communicated to personnel. Management review has not been performed as required in documented procedures, including all inputs required and at frequency established (every 3 months), maintaining the minutes, with agreements and improvements. Also,	

	No evidence of information reviewed of field failures (warranties) and cost of poor quality. Proc. WMM-CAL-MP-002. Last minute, from Feb 2012.
Requirements:	
Objective Evidence:	
Actions:	Root cause identified is: lack of personnel and organizational changes; a quality management system road map was documented, describing the relevant events and date; resources were provided, including the hiring of QMS coordinator; quality department was restructured. Is reviewed the management review meeting report performed on august 2012, there is evidence of compliance. The NC is closed.
Closed?:	Yes

Ref	Area/Process	Clause
A740297/3	Internal Audits	8.2
Details:	NC Internal Audit process is not effective. Requirement 8.2.2 Internal audit The organization shall conduct internal audits at planned intervals to determine whether the quality management system…. 8.2.2.1 Quality management system audit The organization shall audit its quality management system to verify compliance with this Technical Specification and any additional quality management system requirements. 8.2.2.2 Manufacturing process audit The organization shall audit each manufacturing process to determine its effectiveness. Evidence -Lack of evidence of follow up to audit results from Oct. 2011, no evidence of corrective actions taken. Status of actions is not tracked. -Process audits, LPAs are not performed as required in the quality system, weekly, monthly, by different levels in the organization. Last records dated Nov 2011. Proc. WMM-CAL-MP-011.	
Requirements:		
Objective Evidence:		
Actions:	Root cause identified is organizational changes and lack of resources; new personnel was hired; job descriptions were reviewed; deliverables for each process owner are documented in "Control de Pasivos"; is reviewed the implementation in monthly manner. Reviewing of implementation provides evidence of compliance. The NC is closed.	

Closed?:	Yes

Ref	Area/Process	Clause
A740297/4	GP-12 inspection	8.3
Details:	NC Process for control of non conforming product is not effective. Req. 8.3 Control of nonconforming product The organization shall ensure that product which does not conform to product requirements is identified and controlled to prevent its unintended use or delivery. A documented procedure shall be established to define the controls and related responsibilities and authorities for dealing with nonconforming product. Evidence At the GP12 inspection area , there is no place or container assigned to segregate NC product, the inspectors do not have labels for rejected parts, as required in Proc. WMM-CAL-MP 001 REV. 2	
Requirements:		
Objective Evidence:		
Actions:	Root cause identified was change in process flow; as corrective actions was reviewed work instruction for nonconforming product; all areas were assigned with red containers and red tags. Quarantine area are identified and separated for the process flow. Is reviewed the implementation, sampling provides evidence of compliance. The NC is closed.	
Closed?:	Yes	

Ref	Area/Process	Clause
A740297/5	Manufacturing- Foam	7.5.1.1
Details:	NC Manufacturing process not effective to maintain control plan updated. Requirement 7.5.1.1 The control plan shall ☐ list the controls used for the manufacturing process control, ☐ include methods for monitoring of control exercised over special characteristics (see 7.3.2.3) defined by both the customer and the organization, ☐ include the customer-required information, if any, and Control plans shall be reviewed and updated when any change occurs affecting product, manufacturing process, measurement, logistics, supply sources or FMEA (see 7.1.4).	

	Evidence The control plan is not updated to include: Process parameters being monitored, such as temperatures and pressures. The set up activities, such as first sample release WMM-CAL-CL-010.
Requirements:	
Objective Evidence:	
Actions:	Root cause identified is deficient focus in the implementation of this requirements; corrective actions included evaluation of control Plans & FMEAs; these documents were updated and the requirement is included as part of the internal audits. Is verified the implementation of actions in 2 different control plans, there is evidence of compliance. The NC is closed.
Closed?:	Yes

Ref	Area/Process	Clause
A740297/6	Maintenance- Set up and tooling	7.5.1.3, 7.5.1.5
Details:	NC Manufacturing process is not effective to establish set up activities and tooling status. Requirement 7.5.1.3 Verification of job set-ups Job set-ups shall be verified whenever performed, such as an initial run of a job, material changeover or job change. Work instructions shall be available for set-up personnel. The organization shall use statistical methods of verification, where applicable. 7.5.1.5 Management of production tooling The organization shall provide resources for tool and gauge design, fabrication and verification activities. The organization shall establish and implement a system for production tooling management including: ☐ maintenance and repair facilities and personnel; ☐ storage and recovery; ☐ set-up; ☐ tool identification, defining the status, such as production, repair or disposal. Evidence There is no work instruction for Set Up activities, i.e. mold set up. Tooling- Molds next to foaming line do not indicate status, i.e. ready for production or pending for maintenance.	
Requirements:		
Objective Evidence:		
Actions:	Root cause is that the requirements was not addressed in the quality management system; actions included	

	the release of work instruction for control of molds and setup; is reviewed the implementation, 7 molds available in the production area are properly identified; the NC is closed.
Closed?:	Yes

Ref	Area/Process	Clause
A740297/7	APQP	7.3
Details:	NC APQP-New projects process is not effective. Requirement 7.3.1 Design and development planning The organization shall plan and control the design and development of product. During the design and development planning, the organization shall determine a) the design and development stages, b) the review, verification and validation that are appropriate to each design and development stage, and c) the responsibilities and authorities for design and development. The organization shall manage the interfaces between different groups involved in design and development to ensure effective communication and clear assignment of responsibility. Planning output shall be updated, as appropriate, as the design and development progresses. Evidence New project CD4, local activities are being planned in a timeline, however, the documented procedure in the quality system is not followed, i.e. checklists and forms referenced in Proc. WMM-CAL-MP-009 REV. 2. There are no records/ minutes of meetings.	
Requirements:		
Objective Evidence:		
Actions:	Root cause identified is non-proper assignment of responsibilities; actions included the review of job description for quality engineer, training in required techniques. Is reviewed the implementation, there is evidence of compliance. The NC is closed.	
Closed?:	Yes	

Ref	Area/Process	Clause
A740297/8	Manufacturing- Safety	6.4.1
Details:	NC Manufacturing process is not effective to identify and use safety equipment.	

	Requirement 6.4.1 Personnel safety to achieve conformity to product requirements Product safety and means to minimize potential risks to employees shall be addressed by the organization, especially in the design and development process and in manufacturing process activities. Evidence Safety equipment required at Foam process, is not clearly established and personnel was observed in the area without equipment provided, mouth cover.
Requirements:	
Objective Evidence:	
Actions:	Root cause identified is changes in the production method, de-flashing area, with no changes in the safety requirements. Work instruction was modified, visual aids are implemented for identification of personal safety equipment; a risk analysis was performed by operation, including review of requirements for new equipment and process changes, new procedure was documented for process changes control. Sampling provides evidence of compliance. The NC is closed.
Closed?:	Yes

Minor Nonconformities Arising from this Assessment.

Ref	Area/Process	Clause
A809284/1	Corrective and preventive actions	8.5.3
Details:	The process is not fully effective in the definition of steps for preventive actions.	
Requirements:	A documented procedure shall be established to define requirements for evaluating the need for action to prevent occurrence of nonconformities and determining and implementing action needed	
Objective Evidence:	Documented procedure WMM-CAL-MP-018 rev. 1 does not clarify the steps after identification the need for implementing preventive actions.	

Ref	Area/Process	Clause
A809284/2	Internal audits	8.2.4.1
Details:	The process is not fully effective in implementing product audits according customer specific requirements.	
Requirements:	Lear specific requirements manual requires the implementation of annual full lay out inspections	
Objective	There is no evidence of annual lay out inspections for part numbers AR GMT 610 (last performed July	

Evidence:	2011) and BU5A-96501B18 (last performed November 2010).

Ref	Area/Process	Clause
A809284/3	Production	4.1
Details:	The process is not effective in ensuring control over outsourced processes	
Requirements:	Where an organization chooses to outsource any process that affects product conformity to requirements, the organization shall ensure control over such processes. The type and extent of control to be applied to these outsourced processes shall be defined within the quality management system.	
Objective Evidence:	Not defined the controls over external process for painting.	

Ref	Area/Process	Clause
A809284/4	Production	7.5.1.1
Details:	The process is not effective in ensuring the information required in control plans, such as specifications, tolerances.	
Requirements:	The organization shall develop control plans according TS Annex A.	
Objective Evidence:	Control plans do not satisfy completely the information required in TS Annex A.	

Ref	Area/Process	Clause
A809284/5	APQP	4.2.3.1
Details:	The APQP process is not totally effective	
Requirements:	.2.3.1 Engineering specifications The organization shall have a process to assure the timely review, distribution and implementation of all customer engineering standards/specifications and changes based on customer-required schedule. Timely review should be as soon as possible, and shall not exceed two working weeks. The organization shall maintain a record of the date on which each change is implemented in production. Implementation shall include updated documents.	
Objective Evidence:	Even when the changes of drawing level 3 P.N. L0308580AB01 was reviewed there is no evidence of been updated the W.I. and date and level of control Plan: 1. Control plan 2349713 was changed classification of characteristic for operation 160 as HI but Engineer level and date was no updated the revision date was no modified. 2. Operational Data Sheet revision (W.I.) no identify the hot melt application as HI characteristic as Drawing level 3 identify. The revision level identified in the ODS is Eng. level 1 (05/14/12). 3. The ODS for Riveting operation the drawing required a diameter of 14.00mm minimum but ODS 14.5	

	+/-0.5 and control plan and form CAL-CL-00 requires 14.00 minimum

Ref	Area/Process	Clause
A809284/6	Laboratory and Calibration	7.6
Details:	The Calibration process is not effective	
Requirements:	7.6 Control of monitoring and measuring equipment a) be calibrated or verified, or both, at specified intervals, or prior to use, against measurement standards traceable to international or national measurement standards; where no such standards exist, the basis used for calibration or verification shall be recorded (see 4.2.4); Records of the results of calibration and verification shall be maintained (see 4.2.4). 7.6.3.2 External laboratory External/commercial/independent laboratory facilities used for inspection, test or calibration services by the organization shall have a defined laboratory scope that includes the capability to perform the required inspection, test or calibration, and either ☐ there shall be evidence that the external laboratory is acceptable to the customer, or ☐ the laboratory shall be accredited to ISO/IEC 17025 or national equivalent.	
Objective Evidence:	a) There are no evidence of maintained record of calibration for PIN Gage 1.19-1.20 and for Fixture 13194. b) There is no evidence of external laboratory to perform Flammability test is accredited to provide this service laboratory or accepted by customer.	

TS16949 Additional Scope Requirements.

Customer-specific requirements audited for each site:

Lear
JCI

Supplier codes allocated to each site by OEM customers (as appropriate):

JCI 307858 / 359549
Lear 779600 050

Permitted exclusions for each site:

None

Are there any support locations to be included in certification?:

Yes

Enter audit date(s) and report number(s) under which these location have been/will be audited:

Support Site 1: Ellis Tool (product design, tooling management) SMO 7820170 June 28, 2012
Support Site 2: Windsor Machine & Stamping LTD Ontario, (Purchasing, Sales and Engineering) SMO 7820171 June 28, 2012
Support site 3: Windsor Machine Products, Inc. Taylor. (Raw Material Warehouse) SMO 7820172, July 1 2012.

Identify support activities provided at these locations:

Support Site 1: Ellis Tool (Product design, tooling management)
Support Site 2: Windsor Machine & Stamping LTD. (Purchasing, sales and engineering)
Support Site 3: Windsor Machine Products, Inc. (Raw Materials Warehouse)

Shift Details.

The shift systems produce different outputs or are prone to differing conditions and as a result future assessments need to see different shifts which is reflected in the planning section of this report.

Site		Shift 1	Shift 2	Shift 3	Shift 4	Night shift	Week -end
WMM	Exists?	☐	☐				
	Audited?	☐	☐				

Assessment Participants.

On behalf of the organization:

Name	Position
Martin Rosales	Plant Manager
Luis Marcelo Contreras	Quality Manager
Francisco Javier Martinez	Quality Coordinator
Marisol Garcia	Human Resources
Diana Lumbreras	Training
Oswaldo Muza	Process Engineer
Rogelio Alfaro	Production Supervisor
Erika Sanchez	Quality Engineer
Ricardo Esquivel	Production Leader
Aaron Gonzalez	Maintenance Manager
Nestor Arrieta	Production Planning
Polo Valencia	Supplier Release
Luis Marcelo Contreras	Quality Manager
Jesús Ibarra Caballero	Production

José Octavio Santander	Quarantine Control
Raúl Cervantes Guerrerro	Inspector
Francisco Javier Rivera	Assembly Operator
Luis Flores Hernandez	Warehouse
Yuridia Torres Coronado	Quality Gate
Nadia Aldaco Jalomo	Quality Gate
Claudia Maria Hdez. Zuñiga	Quality Gate
Susana Gonzalez	Operator
Martha Alicia Peña	Operator
Griselda Fuentes	Operator
Alan Alvarado	Laboratory
Nallely Coronado	Calibration
Sergio Mata	Calibration
Zahira Melendez	Calibration

The assessment was conducted on behalf of BSI by:

Name	Position
Eduardo Cabrera	Team leader
Lizbeth Arias	Team member

Continuing Assessment.

The program of continuing assessment is detailed below.

Site Address	Certificate Reference/Visit Cycle	
Windsor Machine de Mexico S de RL de CV Paso de Servidumbre No. 195 San Jose de los Cerritos Saltillo, Coahuila Coahuila C.P. 25019	TS 555155	
	Visit interval:	6 months
	Visit duration:	16 hours
	Next re-certification:	11/01/2015

Mexico		

Re-certification will be conducted on completion of the cycle, or sooner as required. An entire system re-assessment visit will be required.

Re-certification Plan.

		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
Business area/Location	**Date (mm/yy):**	05/13	11/13	05/14	11/14	05/15	11/15
	Duration (days):	3.0	2.0	2.0	2.0	2.0	6.5
QMS- changes		☐	☐	☐	☐	☐	☐
Customer Satisfaction		☐	☐	☐	☐	☐	☐
Management responsibilities- Performance Indicators		☐	☐	☐	☐	☐	☐
Continual Improvement		☐	☐	☐	☐	☐	☐
Internal Audits- System, Process, Product		☐	☐	☐	☐	☐	☐
Corrective and preventive actions- customer complaints		☐	☐	☐	☐	☐	☐
Sales- Interaction, APQP/ PPAP, Eng. changes			☐		☐		☐
Purchasing, SQA- Incoming Insp.			☐			☐	☐
Materials- Releases				☐			☐
Warehouses, dock audits, Shipping					☐		☐
Production- Foam, assembly		☐	☐	☐	☐	☐	☐
Maintenance, Tooling					☐		☐
Laboratory			☐		☐		☐
Calibrations		☐		☐			☐
Human Resources, Training				☐			☐

Next Visit Plan.

Visit objectives:

Assessment of the effective implementation of the QMS in meeting the requirements of ISO/TS-16949:2009 plus associated support documentation and additional customer requirements, company objectives, policies and procedures.

Visit scope:

The management system implemented to satisfy the requirements of ISO/TS-16949:2009 and associated support documentation, as well as additional customer requirements, as appropriate.

Date	Assessor	Time	Area/Process	Clause
05/14/2013	Lizbeth Arias	09:00	Opening meeting	BSI protocol
05/14/2013	Lizbeth Arias	09:30	Quality objectives and customer satisfaction	5.4.1, 8.2.1
05/14/2013	Lizbeth Arias	10:00	Management responsibilities-Performance Indicators	4, 5, 6, 8, CSR
05/14/2013	Lizbeth Arias	11:00	Continual Improvement	4, 5, 6, 8, CSR
05/14/2013	Lizbeth Arias	12:00	Corrective and preventive actions-customer complaints	4, 5, 6, 8, CSR
05/14/2013	Lizbeth Arias	13:00	Lunch	
05/14/2013	Lizbeth Arias	14:00	Calibrations	4, 5, 6, 7, 8, CSR
05/14/2013	Lizbeth Arias	15:00	Production process 1st shift	4, 5, 6, 7, 8, CSR
05/14/2013	Lizbeth Arias	18:00	Wrap up meeting	BSI protocol
05/15/2013	Lizbeth Arias	10:30	Production process 1st shift	4, 5, 6, 7, 8, CSR
05/15/2013	Lizbeth Arias	13:00	Lunch	
05/15/2013	Lizbeth Arias	14:00	Calibrations	4, 5, 6, 7, 8, CSR
05/15/2013	Lizbeth Arias	16:00	Production process 2nd shift	4, 5, 6, 7, 8, CSR
05/15/2013	Lizbeth Arias	19:30	Wrap up meeting	BSI protocol
05/16/2013	Lizbeth Arias	08:00	Verification of previous NCRs	8.5.2
05/16/2013	Lizbeth Arias	13:00	Working lunch	
05/16/2013	Lizbeth Arias	13:30	Verification of previous NCRs	8.5.2
05/16/2013	Lizbeth Arias	15:00	Report Preparation	BSI protocol
05/16/2013	Lizbeth Arias	16:30	Closing meeting	BSI protocol

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization within 30 days of an agreed visit date. It is a condition of Registration that a deputy management representative be nominated. It is

expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Notes.

The assessment was based on sampling and therefore nonconformities may exist which have not been identified.

If you wish to distribute copies of this report external to your organization, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organization and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to www.bsigroup.com/j4c to register. When registering for the first time you will need your client reference number and your certificate number

Should you wish to file an appeal then this must be completed in writing and to the address below. The appeals process will be completed within 30 days of the date of this report.

As part of BSI's Terms, it is necessary for you to notify BSI of any of the following: Major changes to Management System; Change of ownership, merger or acquisition; Significant change to employee numbers; Introduction of new products/processes; Introduction of new customers; Initiation of customer-enforced sanctions. Notification should be made to your Client Manager within 5 business days of occurrence. Your Client Manager will evaluate the impact of the notification, review this with the BSI Scheme Manager and contact you as necessary to discuss any additional activities required as a result.

This report and related documents is prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report.

Should you wish to speak with BSI in relation to your registration, please contact our Operations Support Team:

BSI Group Canada Inc.
6205B Airport Road, Suite 414
Mississauga, Ontario L4V 1E3
Canada

Tel: +1 (416) 620 9991 Fax: +1 (416) 620 9911