

QMS AUDIT (APPAREL – WOVEN & JERSEY)

VENDOR NAME:		SUPPLIER CODE:	
FACTORY NAME:		FACTORY CODE:	
VENDOR (CONTACT) NAME:		EMAIL ADDRESS:	
FACTORY (CONTACT) NAME:		EMAIL ADDRESS:	

RAW MATERIAL RECEIPT / INSPECTION				SECTION TOTAL	40
FABRIC:					
HOUSEKEEPING IN THE FABRIC WAREHOUSE				SCORE:	/ 5
1	FABRIC ON PALETTE / SHELF / RACK	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> PARTLY	
2	FABRIC ROLL IN PLASTIC BAG / COVER	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> PARTLY	
3	LOCATION SYSTEM FOR FABRIC STORAGE	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> PARTLY	
4	STOCK KEEPING RECORDS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> PARTLY	
5	IS THERE STOCK ROTATION MANAGEMENT BY DATE?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> PARTLY	
6	IF YES THEN HOW?				
7	DIRECT SUNLIGHT SHINNING ON FABRIC	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> PARTLY	
8	CLEANLINESS	<input type="checkbox"/> UNACCEPTABLE	<input type="checkbox"/> IMPROVEMENT NEEDED	<input type="checkbox"/> ACCEPTABLE	
9	TIDINESS	<input type="checkbox"/> UNACCEPTABLE	<input type="checkbox"/> IMPROVEMENT NEEDED	<input type="checkbox"/> ACCEPTABLE	
10	VENTILATION SYSTEM	<input type="checkbox"/> UNACCEPTABLE	<input type="checkbox"/> IMPROVEMENT NEEDED	<input type="checkbox"/> ACCEPTABLE	

COLOR ASSESSMENT:				SCORE:	/ 5
1	IS THERE ANY LIGHT BOX IN THE AREA?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	MODEL OF LIGHT BOX:	
2	IS THERE A CALIBRATION REPORT FROM 3 RD PARTY?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
3	IS FACTORY AWARE OF THEIR CUSTOMER'S LIGHTING POLICY?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
4	AVAILABILITY OF THE COLOR STANDARD	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
5	IS THE LIGHT BOX IN A DARK ROOM?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> PARTLY	
6	HOW DOES THE FACTORY USES THE LIGHT BOX?				
7	ARE RECORDS KEPT FOR EACH DYELOT?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> PARTLY	

TESTING:				SCORE:	/ 10
1	DOES THE FACTORY HAVE IN-HOUSE LAB?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
2	IF YES, ACCREDITED BY:		ACCREDITATION VALID TO:		
3	WHAT TEST ARE DONE IN THE IN-HOUSE LABORATORY?				
	<input type="checkbox"/> COLOR FASTNESS	<input type="checkbox"/> SHRINKAGE	<input type="checkbox"/> DURABILITY		
	<input type="checkbox"/> WEIGHT CHECK	<input type="checkbox"/> SEAM TWISTING	<input type="checkbox"/> CROCKING		
	OTHERS, PLEASE SPECIFY:				