



PRE-AUDIT MEETING CHECKLIST

Supplier Name:

Audit Number:

Supplier Number :

Audit Type: ☐ Initial ☐ Control Plan ☐ Follow-up

ACTIVITY	ASSIGNED TO	Date Due	Completed
Supplier contacted and approved audit date			<input type="checkbox"/>
Audit team selected			<input type="checkbox"/>
Travel arrangements completed			<input type="checkbox"/>
Pre-audit survey sent supplier			<input type="checkbox"/>
Completed pre-audit survey received			<input type="checkbox"/>
Pre-audit survey reviewed			<input type="checkbox"/>
Pre-audit meeting established (date / time) all participants notified by e-mail.			<input type="checkbox"/>
Print out of components purchased			<input type="checkbox"/>
Print out of Monthly Performance Report			<input type="checkbox"/>
PPM Review / Analysis			<input type="checkbox"/>
Corrective Action Review / Analysis			<input type="checkbox"/>
Warranty Issues Review / Analysis			<input type="checkbox"/>
Control Plan Review – If available			<input type="checkbox"/>
Print Control of Littelfuse drawings			<input type="checkbox"/>
Plant Issues “other than RM issues”			<input type="checkbox"/>
Other:			<input type="checkbox"/>
Other:			<input type="checkbox"/>
Items to Completed Prior to Audit			
Business Review Presentation			<input type="checkbox"/>
Rejected Material Review Presentation			<input type="checkbox"/>
Completion of Audit Plan			<input type="checkbox"/>
Other:			<input type="checkbox"/>
Other:			<input type="checkbox"/>
NOTES / COMMENTS:			



PRE-AUDIT MEETING

ATTENDEES:

	Department:	
	Department:	
	Department:	
	Department:	
	Department:	
	Department:	
	Department:	
	Department:	

Meeting Date:

Time:

Agenda

- 1.) **Review of pre-audit survey** - Supplier Quality Engineer
- 2.) **Review of supplier monthly performance report** - Global Sourcing Manager
- 3.) **Review of PPM** - Supplier Quality Engineer
- 4.) **Review of RM's and corrective actions** - Quality Engineers / Supplier Quality Manager
- 5.) **Review of warranty claims** - Warranty Quality Manger
- 6.) **Review of plant related issues** - Supplier Quality Engineer
- 7.) **Other issues as required** – TBD _____
- 8.) **Other issues as required** – TBD _____
- 9.) **Complete audit plan** - Supplier Quality Engineer
- 10.) **Assign and review action items** – Supplier Quality Engineer

ACTION ITEMS

Action #	Description of Action Request	Assigned To	Date Due	Completed
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>