

Instructions: The form must be completed by the City of Houston Approved Special Inspection Agency.

Manufacturer's Name: _____ Manufacturer's number: _____ Date: _____
Plant Address: _____
Manufacturer's Representative Name: _____ Title: _____
Manufacturer's Representative E-Mail Address: _____
Phone Number: _____

SPECIAL INSPECTION AGENCY: _____
Agency's Number: _____ Time In: _____ Time Out: _____
Inspector Name: _____ Phone Number: _____
E-Mail Address: _____

COMMENTS PERTAINING THIS AUDIT

INSPECTOR RECOMMENDATIONS

- NEW CERTIFICATION AS CERTIFIED FABRICATOR OF _____
- RENEWAL OF CERTIFICATION
- APPROVED UPON CORRECTION OF FINDINGS
- DISAPPROVAL

SPECIAL INSPECTOR SIGNATURE: _____ **DATE:** _____

COMPLETE, SIGN, SEAL & DATE THIS FORM AND MAIL OR EMAIL TO THE CITY OF HOUSTON:
City of Houston - Building Code Enforcement – Code Development, 1002 Washington Ave., Houston, Texas
77002
Email: code.development@houstontx.gov

AUDIT OF FABRICATION PRACTICES (COOLER/FREEZER INSULATED PANELS)

Manufacturer's Name: _____ Manufacturer's Number: _____ Date: _____

A	GENERAL REQUIREMENTS	COMPLIANCE	COMMENTS
A-1	Is the Quality Control Manual fully documented and up to date?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
A-2	Is the Quality Control Manual reviewed at least annually? Provide last review date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
A-3	Are there any revisions to the Quality Control Manual? Provide the latest revision date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
A-4	Are there any key personnel changes since the last inspection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
A-5	Are the annual inspections performed as required? Provide last inspection date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B	ENGINEERING	COMPLIANCE	COMMENTS
B-1	The manufacturer can demonstrate that there is either an in-house or an outside licensed engineer to perform necessary designs and/or to consult on technical questions.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B-2	The manufacturer can demonstrate that he has an in-house or outside Special Process Consultant for each process performed (such as, formulation and treatment of polyurethane foam, and for testing the structural capabilities using different foam formulations, facings and thickness, etc.) <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B-3	The contract documents are reviewed to assure that all materials and processes are specified or indicated on the drawings or specifications.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B-4	The manufacturer reviews the contract documents and structural/architectural drawings for correctness.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B-5	The manufacturer has personnel with adequate knowledge to provide answers to technical questions.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B-6	The manufacturer has personnel with adequate knowledge relating to material specification problems.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C	DRAFTING	COMPLIANCE	COMMENTS
C-1	Shop drawings are properly prepared.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C-2	The manufacturer has personnel capable of supervising, evaluating, and coordinating shop drawing preparation and all shop drawings are reviewed for correctness.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C-3	The manufacturer has in-house capability of providing special details for the plant to solve fabrication problems.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C-4	The shop drawings will show all materials necessary to fabricate panels. <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D	DRAWING CONTROL	COMPLIANCE	COMMENTS
D-1	The manufacturer can verify control of design drawings as follows: <input type="checkbox"/> receipt <input type="checkbox"/> on file <input type="checkbox"/> revisions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D-2	The manufacturer can verify control of specifications and addendums.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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D-3	The manufacturer can demonstrate control of shop drawings: <input type="checkbox"/> receipt <input type="checkbox"/> on file	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D-4	The Quality Control Manual traces each phase from drawing preparation, to shop drawing, receipt, submittals for approval, approval, resubmittals and date sent to shop/plant for fabrication.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D-5	The manufacturer can demonstrate control of revisions to shop drawings.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D-6	The manufacturer can demonstrate control of obsolete shop drawings.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D-7	The drawing control system used is the one described in the Quality Control Manual.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E	WORK ORDER – JOB CONTROL	COMPLIANCE	COMMENTS
E-1	The manufacturer has established a job control number/identification system for all work accepted.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E-2	All correspondence received is marked with its job identification mark.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E-3	Job correspondence is filed with the job files for that work.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E-4	All correspondence received is: <input type="checkbox"/> stamped received <input type="checkbox"/> dated & initialed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F	MATERIAL PROCUREMENT	COMPLIANCE	COMMENTS
F-1	Materials are procured by a purchase order or some other type of form that provides verification and documentation of the order.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F-2	All materials are ordered or procured to acceptable standards and/or specifications.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F-3	The material specifications are indicated/documentated on the purchase order/form used for materials procurement.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F-4	The procurement document states how the material shall be marked/identified.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F-5	The manufacturer requires suppliers to furnish material certification reports on the procurement document.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F-6	The procurement documents specify that material test reports shall accompany material/subassembly delivery to the manufacturer's facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F-7	The manufacturer has documented the review of the quality status of suppliers on a regular scheduled or random basis.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F-8	The QA/QC manager has visited and/or reviewed the subcontractors' manufacturing and/or Quality Control System operations on a random basis where applicable.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G	RECEIVING MATERIAL	COMPLIANCE	COMMENTS
G-1	The manufacturer is using a formal method for receiving materials/subassemblies.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G-2	The manufacturer inspects all incoming materials arriving at the facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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G-3	The manufacturer has a foam identification system to ensure the correct use of rated and non-rated foam.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G-4	Acceptance tolerances are available at the receiving inspection station.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G-5	Receiving inspections are documented.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G-6	The receiving inspector understands the company system for: <ul style="list-style-type: none"> <input type="checkbox"/> receiving materials <input type="checkbox"/> receiving subassemblies <input type="checkbox"/> acceptance/rejection of nonconforming materials and/or subassemblies <input type="checkbox"/> means of handling correctable nonconformities observed during the receiving inspection 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G-7	The material identification process utilized provides material traceability to the final product.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G-8	Receiving inspector confirms: <ul style="list-style-type: none"> <input type="checkbox"/> quantity of materials <input type="checkbox"/> type of material <input type="checkbox"/> thickness of material <input type="checkbox"/> length of material <input type="checkbox"/> manufacturer of material <input type="checkbox"/> specification of material 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
H	HANDLING & STORAGE EQUIPMENT, FACILITIES AND PROCEDURES	COMPLIANCE	COMMENTS
H-1	The manufacturer has adequate facilities, equipment and illustrated drawings or instructions available to indicate the proper way to: <ul style="list-style-type: none"> <input type="checkbox"/> handle materials in the yard <input type="checkbox"/> handle materials in the plant <input type="checkbox"/> store materials/subassemblies <input type="checkbox"/> prevent material/subassembly deterioration <input type="checkbox"/> provide correct storage for finished panels <input type="checkbox"/> <input type="checkbox"/> handle finished panels <input type="checkbox"/> 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
H-2	The manufacturer is utilizing an adequate control process for stocked/stored materials.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I	NORMAL AND SPECIAL PROCESSES CONTROL	COMPLIANCE	COMMENTS
I-1	The manufacturer is controlling normal and special production/work processes.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I-2	Acceptance standards are readily available or posted near workstations for review by production personnel and inspection personnel.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I-3	Sufficient work instructions are available to production personnel at each workstation.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I-4	Two tests have been run per week to assure that satisfactory bonding is taking place between panel facings and core. <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I-5	All inspections are documented.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I-6	The manufacturer can demonstrate the system utilized for: <ul style="list-style-type: none"> <input type="checkbox"/> minor repairs <input type="checkbox"/> major repairs <input type="checkbox"/> documentation of re-inspection of repairs 	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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I-7	Foam tests are being run on a periodical basis as set forth in the Quality Control Manual. <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I-8	The manufacturer can demonstrate a system for rejection and disposal of non-repairable panels. <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I-9	The manufacturer can demonstrate that surveillance of stored panels is performed on a routine scheduled basis. <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I-10	Manufactured products are stored on a hard compacted well drained surface.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
J	EQUIPMENT CONTROL & MAINTENANCE	COMPLIANCE	COMMENTS
J-1	The manufacturer can demonstrate that each piece of equipment in the plant: <ul style="list-style-type: none"> <input type="checkbox"/> is acceptable or not acceptable for use <input type="checkbox"/> is documented on the equipment <input type="checkbox"/> is on a maintenance program <input type="checkbox"/> is listed on a maintenance log <input type="checkbox"/> has been calibrated within an acceptable established time frame where applicable <input type="checkbox"/> is listed, when appropriate, in a calibration log when actively utilized 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
K	AUDITS/REVIEWS OF THE QUALITY PROGRAM	COMPLIANCE	COMMENTS
K-1	Verification was presented to demonstrate that management has reviewed the Quality Control System within the last twelve (12) months.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
K-2	Management has taken steps to measure the effectiveness of the quality program.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
K-3	The QA/QC manager has shown documentation that each Quality Control Manual was reviewed to ensure it is complete and up to date within the last six (6) months.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
K-4	The fabricator has established a record retention system and is retaining job records for a minimum of two (2) years after construction completion.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L	QUALITY CONTROL PERSONNEL/INSPECTORS	COMPLIANCE	COMMENTS
L-1	Quality control inspectors were available in the plant at the time of this inspection, excluding the QC manager (applicable when appropriate).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-2	The quality control personnel have immediate access to the specifications, addendums to specifications, or to the engineer for answering key questions.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-3	The quality control personnel have immediate access to the technical library and other pertinent information.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-4	The quality control personnel inform line production supervisory personnel when nonconforming work is observed.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-5	The quality control personnel verify equipment is checked for acceptable performance.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-6	The quality control personnel verify that production equipment is calibrated.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-7	The quality control personnel can verify documentation of equipment maintenance and repairs.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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L-8	Non-conforming tools and equipment are red tagged to prevent their use in production.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-9	The quality control personnel are equipped to properly perform assigned tasks.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-10	The quality control personnel understand their responsibility to management.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
L-11	The quality control personnel have sufficient authority to perform their assignments.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
M	ADDITIONAL COMMENTS	COMPLIANCE	COMMENTS
It is evident by this inspection and the review of the Quality Control System and its operation that currently:			
M-1	All employees are aware of the Quality Control System.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
M-2	Employees are familiar with the Quality Control System as it may pertain to them.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
M-3	Management has taken an active role in the Quality Control System program.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
M-4	The following key functions are performed by personnel fully aware of and acquainted with the Quality Control System: <input type="checkbox"/> sales <input type="checkbox"/> purchasing <input type="checkbox"/> other _____ <input type="checkbox"/> engineering <input type="checkbox"/> production _____ <input type="checkbox"/> drafting <input type="checkbox"/> quality control _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
M-5	The manufacturer has completely separated production and QA/QC activities.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
M-6	The manufacturer QA/QC program is functioning in each of the key areas without significant omissions, inconsistencies and/or non-compliance with the established program.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
M-7	The manufacturer appears to have sufficient procedure/work instructions to assure all products are fabricated to conform to the contract documents and code requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
M-8	The manufacturer has an adequately documented Quality Assurance Program.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Special Inspector Name: _____

Special Inspector Signature: _____

(Engineer's Seal)

Date: _____