



ASSOCIATION CONNECTING  
ELECTRONICS INDUSTRIES®

# IPC-1710A

# OEM Standard for Printed Board Manufacturers' Qualification Profile

Developed by the OEM council of the IPC, the MQP sets the standard for assessing PWB manufacturers capabilities and allows PWB manufacturers to more easily satisfy customer requirements.

**IPC-1710A**  
May 2004

**A standard developed by IPC**

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The material in this standard was developed by the OEM Council of the Institute for Interconnecting and Packaging Electronic Circuits.

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## FOREWORD

It is not intended that this Manufacturers' Qualification Profile (MQP) satisfies all the requirements of the customer, however, conscientious maintenance of this document and or registration to ISO 9000 requirements should satisfy the major concerns. Thus, audits should be simpler, required less frequently, and facilitate less paper work as customers and suppliers work closer to meeting each others needs.

## ACKNOWLEDGMENTS

The IPC is indebted to the members of the OEM council who participated in the development of this document. A note of thanks is also expressed to the members of the IPC Presidents Council for their review and critique and construction recommendations in finalizing the principles developed for the MQP.

Although the IPC is grateful for all the involvement and individual contributions made in completing the MQP a special acknowledgment is extended to the following individuals. It was their dedication and foresight that made this publication possible.

**Rudolfo Archbold**  
*Digital Equipment Corp*

**Rick Iantaffi**  
*Northern Telecom*

**Don Noel**  
*Harris Corp. - Computer Sys. Div*

**Mario Suarez-Solis**  
*Encore Computer Corp.*

**Patrick Bernardi**  
*IBM*

**Sue Jones**  
*Wilcox Electric*

**Rick Smith**  
*Compaq Computer Corp.*

**Gordon Wolfram**  
*Raytheon Company*

**Vernon Brown**  
*Motorola, Inc.*

**Chuck Krzesicki**  
*Honeywell Avionics Division*

**Peter Solecky**  
*IBM*

**Jerald G. Rosser**  
*Hughes Missile Operations Div.*

**Don Holt**  
*Texas Instruments*

**Thomas Kurtz**  
*Hughes Defense Communications*

**Joseph F. Sterba**  
*Honeywell, Inc.*

**Jamie Zanius**  
*Wellborn Industries Ltd.*

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# SECTION 1.1

## COMPANY DESCRIPTION

|                         |
|-------------------------|
| DATE COMPLETED<br>10/06 |
|-------------------------|

### GENERAL INFORMATION

|  |  |                              |
|--|--|------------------------------|
| LEGAL NAME<br>Pho-Tronics, Inc.            |  |                              |
| PHYSICAL ADDRESS<br>8701 West Bradley Road |  |                              |
| CITY<br>Milwaukee                          | STATE<br>WI                                      | ZIP<br>53224                 |
| PROVINCE<br>Milwaukee                      | COUNTRY<br>USA                                   |                              |
| TELEPHONE NUMBER<br>414-355-5300           | FAX NUMBER<br>414-355-0593                       | TELEX NUMBER                 |
| E-MAIL ADDRESS<br>sales@pho-tronics.com    | MODEM NUMBER                                     | DATE FOUNDED 1963<br>PRIVATE |
| INTERNET URL<br>www.pho-tronics.com        | FTP SITE<br>Pho-Tronics.com or password assigned |                              |

### MANAGEMENT

|   |
|---|
| PRESIDENT<br>Paul Godbout                                     |
| GENERAL MANAGER<br>Dave Olson                                 |
| MANAGER OF MANUFACTURING<br>Nick Koutsios                     |
| MANAGER OF QUALITY<br>Marjorie Pitts                          |
| MANAGER OF MARKETING/SALES<br>Shane McCully                   |
| MANAGER OF CUSTOMER SERVICE<br>Shane McCully                  |
| HAZARDOUS WASTE MANAGER (POLLUTION PREVENTION)<br>Mark Skaros |

| CORPORATE DESCRIPTION  | NUMBER OF EMPLOYEES |      | COMMENTS |
|------------------------|---------------------|------|----------|
|                        | CORPORATE           | SITE |          |
| DESIGN AND DEVELOPMENT | 0                   |      |          |
| ENGINEERING            | 5                   |      |          |
| MANUFACTURING CONTROL  | 0                   |      |          |
| MANUFACTURING          | DIRECT              | 33   |          |
|                        | INDIRECT            | 2    |          |
| QUALITY CONTROL        | QUALITY ENGINEERS   | 1    |          |
|                        | INTERNAL AUDITORS   | 8    |          |
|                        | GENERAL MANAGEMENT  | 1    |          |
| ADMINISTRATION         | 4                   |      |          |
| <b>TOTAL</b>           | <b>56</b>           |      |          |

# SECTION 1.2

## SITE DESCRIPTION

(TO BE COMPLETED FOR EACH SITE)

DATE COMPLETED 10/06  
ATTACH APPROPRIATE CHARTS (OPTIONAL)

| MANUFACTURING FACILITY  |   |                   |    |
|---|---|-------------------|----|
| COMPANY NAME  | Pho-Tronics, Inc.   |                   |    |
| PHYSICAL ADDRESS  | 8701 West Bradley Road  |                   |    |
| CITY Milwaukee  | STATE WI  | ZIP 53224         |    |
| PROVINCE Milwaukee  | COUNTRY USA   |                   |    |
| TELEPHONE NUMBER 414-355-5300   | FAX NUMBER 414-355-0593   | TELEX             |    |
| E-MAIL ADDRESS sales@pho-tronics.com  | MODEM NUMBER  | YEARS IN BUSINESS | 47 |
| INTERNET URL www.pho-tronics.com  | FTP pho-tronics.com or assigned password  |                   |    |
| PRINCIPLE PRODUCTS/SERVICES/SPECIALTIES<br>Rigid Multi-Layer Printed Circuit Boards | BUSINESS CHARACTERIZATION (HIGH VOLUME, QUICK TURN-AROUND, ETC.)<br>High Mix – Prototype through Production |                   |    |

| FACILITY MANAGEMENT  | TITLE                             | REPORTS TO (Function/Job Title) |
|--|-----------------------------------|---------------------------------|
| OVERALL OPERATION RESPONSIBILITY FOR THIS SITE<br>Dave Olson | General Manager                   | President                       |
| MANUFACTURING<br>Nick Koutsios                               | Production Manager                | General Manager                 |
| TECHNICAL/ENGINEERING<br>Robert Engelhardt                   | Engineering Manager               | General Manager                 |
| MATERIALS/PRODUCTION CONTROL<br>Judy Thieleck                | Production Control/Materials Mgr. | General Manager                 |
| PURCHASING<br>Sue Cirra                                      | Purchasing                        | General Manager                 |
| QUALITY<br>Marge Pitts                                       | Quality Manager                   | General Manager                 |
| SALES REPRESENTATIVE<br>Shane McCully                        | Sales Manager                     | General Manager                 |
| WASTE MANAGEMENT<br>Mark Skaros                              | Chemical Technician               | Quality Manager                 |

| BUILDINGS         |     |                |                           | SYSTEMS (INDICATE % COVERAGE) |         |             |                  |            |                 |       |
|-------------------|-----|----------------|---------------------------|-------------------------------|---------|-------------|------------------|------------|-----------------|-------|
|                   | AGE | AREA (Sq. Ft.) | Construction (Wood/Brick) | Power Conditioning            | Heating | Ventilation | Air Conditioning | Sprinklers | Waste Treatment | Other |
| Office            | 26  | 5000           | Brick                     | 100                           | 100     | 100         | 100              | 100        | 0               |       |
| Manufacturing     | 26  | 55000          | Brick                     | 100                           | 100     | 100         | 60               | 100        | 100             |       |
| Storage           | 26  | 5000           | Brick                     | 100                           | 100     | 100         | 5                | 100        | 0               |       |
| Planned additions | 0   |                |                           |                               |         |             |                  |            |                 |       |

| SAFETY AND REGULATORY AGENCY REQUIREMENTS  |   |                             |  |  |
|--|---|-----------------------------|--|--|
| Are fire extinguishers functional and Accessible to employees?                               | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | What is the distance to the nearest fire station? (in minutes)   | 2 Minutes  |
| Do you conform to local/federal environment protection agency requirements?                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Date of last OSHA visit<br>Date of last EPA visit                | 2002<br>NEVER  |
| Are you currently operating under a waiver or in violation of local government requirements? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Other Agency Audits, UL, ISO 9000, NECQ, CSA Approval and Number | <input checked="" type="checkbox"/> UL # E35174 <input type="checkbox"/> ISO 9000# _____<br><input type="checkbox"/> CSA # _____ <input checked="" type="checkbox"/> Other Mil 55110 |
| Do you have a safety program? Describe below.  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Hazardous Waste Number<br>Trade Waste Account Number             |  |

| PLANT PERSONNEL (TOTAL EMPLOYEES) |          |        |                       |            |              |              |       |           |            |                         |
|-----------------------------------|----------|--------|-----------------------|------------|--------------|--------------|-------|-----------|------------|-------------------------|
| Regular                           | Contract | Office | Technical/Engineering | Production | Full-Time QA | Part-Time QA | Union | Non-Union | Union Name | Contract Expires (Date) |
| 56                                | 0        | 6      | 5                     | 35         | 10           | 0            |       | x         |            |                         |

| COMMENTS |
|----------|
|          |
|          |

# SECTION 2.1

## PROCESS

|                         |
|-------------------------|
| DATE COMPLETED<br>10/06 |
|-------------------------|

This section is intended to provide overview information on the processes used to fabricate printed board products.

### Site Capability Snapshot (Please Check all that apply)

| Designators |                             |  | Remarks   |
|-------------|-----------------------------|--|---|
| A           | Conductor Forming Processes | <input checked="" type="checkbox"/> Subtractive<br><input checked="" type="checkbox"/> Thin Foil Subtractive less than .5 oz.<br>Semi-Additive<br><input checked="" type="checkbox"/> Additive (Electro-less)<br><input checked="" type="checkbox"/> Black Hole<br><input type="checkbox"/> Thick Film Paste and Fire<br><input type="checkbox"/> Thin Film Semi-conductor Sputtering<br><input type="checkbox"/> Other: | Cupric I/L & Amonia O/L Etching   |
| B           | PTH Materials and Processes | <input checked="" type="checkbox"/> Acid Copper<br><input type="checkbox"/> Pyro-Phosphate Copper<br><input checked="" type="checkbox"/> Full Built Electro-Less<br><input type="checkbox"/> Gold Paste<br><input type="checkbox"/> Copper Paste<br><input type="checkbox"/> Gold Conductor Sputtering<br><input type="checkbox"/> Nickel Conductor Sputtering<br><input type="checkbox"/> Other:                        |   |
| C           | Permanent Over-plating      | <input checked="" type="checkbox"/> Tin<br><input type="checkbox"/> Tin-Lead<br><input type="checkbox"/> Tin-Nickel Alloy<br><input checked="" type="checkbox"/> Nickel<br><input checked="" type="checkbox"/> Nickel Gold (Hard)<br><input checked="" type="checkbox"/> Nickel Gold (Soft)<br><input type="checkbox"/> Nickel Rhodium<br><input type="checkbox"/> Conductive Polymer<br><input type="checkbox"/> Other: | Outsource Full Body Hard Gold ( Ni/ Au Tab Plating in house)<br><br>Outsource Full Body Soft Gold (ENIG in house) |

|   |                             |   |   |
|---|-----------------------------|---|---|
| D | Permanent Selective Plating | <input checked="" type="checkbox"/> Tin<br><input type="checkbox"/> Tin-Lead<br><input type="checkbox"/> Tin-Nickel Alloy<br><input checked="" type="checkbox"/> Nickel<br><input checked="" type="checkbox"/> Nickel Gold (Hard)<br><input checked="" type="checkbox"/> Nickel Gold (Soft)<br><input type="checkbox"/> Nickel Rhodium<br><input checked="" type="checkbox"/> Other: Immersion Silver   | Outsource Full Body Hard Gold ( Ni/ Au Tab Plating in house)<br><br>Outsource Full Body Soft Gold (ENIG in house) |
| E | Permanent Mask or Coating   | <input checked="" type="checkbox"/> Photo Dry Film<br><input checked="" type="checkbox"/> Photo Liquid<br><input checked="" type="checkbox"/> Image Transfer Screen Mask<br><input checked="" type="checkbox"/> Conformal Coating Solder Mask<br><input type="checkbox"/> Cover Coat<br><input type="checkbox"/> Other:   | Primary circuitry imaging<br><br>Soldermask<br><br>Silkscreened Legend<br><br>Soldermask                          |
| F | Other Surface Finishes      | <input type="checkbox"/> Tin-Lead Fused<br><input checked="" type="checkbox"/> Immersion Tin<br><input checked="" type="checkbox"/> Solder Leveled<br><input type="checkbox"/> Roll Soldered<br><input type="checkbox"/> Electro-less Solder Fused<br><input type="checkbox"/> Solder Bumped Lands<br><input type="checkbox"/> Solder Paste Fused<br><input type="checkbox"/> Azole Organic Protective Covering<br><input type="checkbox"/> Flux Protective Covering<br><input checked="" type="checkbox"/> Other: Immersion Silver | Outsourced  |

# SECTION 2.2

## ELECTRICAL TEST EQUIPMENT

|                         |
|-------------------------|
| DATE COMPLETED<br>10/06 |
|-------------------------|

This section is intended to provide overview information on the test equipment and testing capability of the manufacturer.

Site Capability Snapshot (Please Check the column that applies furthest to the right.)

| Designators |                   |  | Remarks |
|-------------|-------------------|--|---------|
| A           | Number of Nets    | <input type="checkbox"/> <200<br><input type="checkbox"/> 200<br><input type="checkbox"/> 500<br><input type="checkbox"/> 1000<br><input type="checkbox"/> 2000<br><input type="checkbox"/> 3000<br><input type="checkbox"/> 4000<br><input type="checkbox"/> 5000<br><input type="checkbox"/> x>5000<br><input type="checkbox"/> Other:   |         |
| B           | Number of Nodes   | <input type="checkbox"/> <500<br><input type="checkbox"/> 500<br><input type="checkbox"/> 1000<br><input type="checkbox"/> 2000<br><input type="checkbox"/> 3000<br><input type="checkbox"/> 4000<br><input type="checkbox"/> 5000<br><input type="checkbox"/> 6000<br><input type="checkbox"/> x>6000<br><input type="checkbox"/> Other:  |         |
| C           | Probe Point Pitch | <input type="checkbox"/> >1.0 [.040]<br><input type="checkbox"/> 1.0 [.040]<br><input type="checkbox"/> 0.8 [.032]<br><input type="checkbox"/> 0.65 [.025]<br><input type="checkbox"/> 0.50 [.020]<br><input type="checkbox"/> X 0.40 [.016]<br><input type="checkbox"/> 0.30 [.012]<br><input type="checkbox"/> 0.20 [.008]<br><input type="checkbox"/> <0.20 [.008]<br><input type="checkbox"/> Other: |         |

|   |                      |  |  |
|---|----------------------|--|--|
| D | Test % Single Pass   | <input type="checkbox"/> None<br><input type="checkbox"/> <60%<br><input type="checkbox"/> 60%<br><input type="checkbox"/> 70%<br><input type="checkbox"/> 80%<br><input type="checkbox"/> 90%<br><input type="checkbox"/> 95%<br><input checked="" type="checkbox"/> 99%<br><input type="checkbox"/> 100%<br><input type="checkbox"/> Other:                |  |
| E | Probe Accuracy (DTP) | <input type="checkbox"/> >0.2 [.008]<br><input type="checkbox"/> 0.2 [.008]<br><input type="checkbox"/> 0.15 [.006]<br><input type="checkbox"/> 0.125 [.005]<br><input type="checkbox"/> 0.1 [.004]<br><input checked="" type="checkbox"/> 0.075 [.003]<br><input type="checkbox"/> <0.075 [.003]<br><input type="checkbox"/> Other:                         |  |
| F | Grid Density         | Single Side Grid<br><input type="checkbox"/> Double Sided Grid<br><input type="checkbox"/> Double Density Grid<br><input type="checkbox"/> Double Density Double Sided<br><input type="checkbox"/> Quad Density<br><input type="checkbox"/> Double Sided Quad Density<br><input checked="" type="checkbox"/> Flying Probe<br><input type="checkbox"/> Other: |  |
| G | Netlist Capability   | Golden Board<br>IPC-D-356<br>Net List Extraction<br><input checked="" type="checkbox"/> CAD/CAM Net List Compare<br><input type="checkbox"/> Other:  |  |

|   |                     |  |  |
|---|---------------------|--|--|
| H | Test Voltage        | <input type="checkbox"/> <20 VDC<br><input type="checkbox"/> 20 VDC<br><input type="checkbox"/> 40 VDC<br><input type="checkbox"/> 60 VDC<br><input type="checkbox"/> 80 VDC<br><input type="checkbox"/> X 100 VDC<br><input type="checkbox"/> 500 VDC<br><input type="checkbox"/> 1000 VDC<br><input type="checkbox"/> >1000 VDC<br><input type="checkbox"/> Other: |  |
| J | Impedance Meas      | Micro Section<br>Onboard Circuit<br>Coupon<br><input checked="" type="checkbox"/> Manual TDR<br><input type="checkbox"/> Automated TDR<br><input type="checkbox"/> Other:  |  |
| K | Impedance Tolerance | <input type="checkbox"/> None<br><input type="checkbox"/> >20%<br><input type="checkbox"/> 20%<br><input type="checkbox"/> 15%<br><input checked="" type="checkbox"/> 10%<br><input type="checkbox"/> 7%<br><input type="checkbox"/> 5%<br><input type="checkbox"/> 2%<br><input type="checkbox"/> <2%<br><input type="checkbox"/> Other:                            |  |

# SECTION 2.3

## PRODUCT TYPE

|                         |
|-------------------------|
| DATE COMPLETED<br>10/06 |
|-------------------------|

This section is intended to provide overview information on the printed board product types being fabricated by the manufacturer.

### Site Capability Snapshot (Please Check all that apply.)

| Designators |                       | Remarks   |
|-------------|-----------------------|---|
| A           | Product Type          | <input checked="" type="checkbox"/> Rigid Printed Board<br><input type="checkbox"/> Flex Printed Board<br><input type="checkbox"/> Rigid/Flex Board<br><input checked="" type="checkbox"/> Rigid Back Plane<br><input type="checkbox"/> Molded Product<br><input type="checkbox"/> Ceramic Printed Board<br><input type="checkbox"/> Multichip Module<br><input type="checkbox"/> Laminated Multichip Module<br><input type="checkbox"/> Deposited Dielectric Multichip Modules<br><input type="checkbox"/> Other:          |
| B           | Circuit Mounting Type | <input checked="" type="checkbox"/> Single Sided<br><input checked="" type="checkbox"/> Double Sided<br><input checked="" type="checkbox"/> Multilayer<br><input checked="" type="checkbox"/> Single-sided Bonded to Substrate<br><input checked="" type="checkbox"/> Double-sided Bonded to Substrate<br><input checked="" type="checkbox"/> Multilayer Bonded to Substrate<br><input type="checkbox"/> Constrained Multilayer<br><input type="checkbox"/> Distributed Plane Multilayer<br><input type="checkbox"/> Other: |
| C           | Via Technology        | <input checked="" type="checkbox"/> No-Vias<br><input checked="" type="checkbox"/> Thru Hole Vias<br><input checked="" type="checkbox"/> Buried Vias<br><input checked="" type="checkbox"/> Blind Vias<br><input checked="" type="checkbox"/> Thru Hole & Blind Vias<br><input checked="" type="checkbox"/> Thru Hole & Buried Vias<br><input checked="" type="checkbox"/> Thru Hole Buried & Blind Vias<br><input checked="" type="checkbox"/> Buried & Blind Vias<br><input type="checkbox"/> Other:                      |

|   |                        |   |                            |
|---|------------------------|---|----------------------------|
| D | Laminate Material      | <input type="checkbox"/> Phenolic<br><input type="checkbox"/> Epoxy Paper<br><input checked="" type="checkbox"/> Epoxy Glass<br><input checked="" type="checkbox"/> Modified Epoxy Composite<br><input checked="" type="checkbox"/> Polyimide Film & Reinforce<br><input type="checkbox"/> Cyanate Ester<br><input type="checkbox"/> Teflon<br><input checked="" type="checkbox"/> Ceramic Glass Types<br><input checked="" type="checkbox"/> Various Combinations<br><input type="checkbox"/> Other: | Rogers & Epoxy; BT & Epoxy |
| E | Core Material          | <input type="checkbox"/> No Core<br><input type="checkbox"/> Polymer<br><input type="checkbox"/> Copper<br><input type="checkbox"/> Aluminum<br><input type="checkbox"/> Graphite<br><input type="checkbox"/> Copper Invar/Copper<br><input type="checkbox"/> Copper Moly/Copper<br><input type="checkbox"/> Other:   |                            |
| F | Copper Thickness (Oz.) | <input type="checkbox"/> 1/8 Minimum<br><input checked="" type="checkbox"/> 1/4 Minimum<br>3/8 Minimum<br><input checked="" type="checkbox"/> 1/2 Nominal<br><input checked="" type="checkbox"/> 1 Nominal<br><input checked="" type="checkbox"/> 2 Nominal<br><input checked="" type="checkbox"/> 3-5 Max<br><input type="checkbox"/> 6-9 Max<br><input type="checkbox"/> >10<br><input type="checkbox"/> Other:   |                            |
| G | Construction           | <input checked="" type="checkbox"/> ≤4 Planes<br><input checked="" type="checkbox"/> >4 Planes<br><input checked="" type="checkbox"/> THK to TOL ≤0.2 mm<br><input checked="" type="checkbox"/> THK to TOL >0.2 mm<br><input checked="" type="checkbox"/> Bow/Twist ≤1%<br>Bow/Twist >1%<br><input checked="" type="checkbox"/> ≤0.3 mm Profile Tolerance<br>>0.3 mm Profile Tolerance<br><input type="checkbox"/> Other:   |                            |

|   |                       |   |  |
|---|-----------------------|---|--|
| H | Coatings and Markings | <input checked="" type="checkbox"/> $\leq 0.1$ mm Mask Clearance<br><input type="checkbox"/> $> 0.1$ mm Mask Clearance<br><input checked="" type="checkbox"/> One Side (Legend)<br><input checked="" type="checkbox"/> Two Side (Legend)<br><input type="checkbox"/> None (Legend)<br><input checked="" type="checkbox"/> UL Material Logo<br><input checked="" type="checkbox"/> U.L. V <sub>0</sub> Logo<br><input type="checkbox"/> U.L. V <sub>1</sub> Logo<br><input type="checkbox"/> U.L. V <sub>2</sub> Logo<br><input type="checkbox"/> Other: |  |
|---|-----------------------|---|--|

# SECTION 2.4

## PRODUCT COMPLEXITY

|                         |
|-------------------------|
| DATE COMPLETED<br>10/06 |
|-------------------------|

This section is intended to provide overview information on product complexity being fabricated by the manufacturer.

(Please check the column that applies farthest to the right)

| Designators |                          |   | Remarks |
|-------------|--------------------------|---|---------|
| A           | Board Size Diagonal      | <250 [10.00]<br>250 [10.00]<br>350 [14.00]<br>450[17.50]<br>550 [21.50]<br>650 [25.50]<br><input checked="" type="checkbox"/> 750 [29.50]<br><input type="checkbox"/> 850 [33.50]<br><input type="checkbox"/> >850 [33.50]<br><input type="checkbox"/> Other: |         |
| B           | Total Board Thickness    | 1,0 [.040]<br>1,0 [.040]<br>1,6 [.060]<br>2,0 [.080]<br>2,5 [.100]<br>3,5 [.135]<br><input checked="" type="checkbox"/> 5,0 [.200]<br>6,5 [.250]<br><input type="checkbox"/> >6,5 [.250]<br><input type="checkbox"/> Other:                                   |         |
| C           | Number Conductive Layers | 1-4<br>5-6<br>7-8<br>9-12<br>13-16<br>17-20<br><input checked="" type="checkbox"/> 21-24<br><input type="checkbox"/> 25-28<br><input type="checkbox"/> >28<br><input type="checkbox"/> Other:   |         |

|   |                                |   |  |
|---|--------------------------------|---|--|
| D | Dia Drilled Holes              | <input type="checkbox"/> >0,5 [.020]<br><input type="checkbox"/> 0,5 [.020]<br><input type="checkbox"/> 0,4 [.016]<br><input type="checkbox"/> 35 [.014]<br><input type="checkbox"/> 30 [.012]<br><input type="checkbox"/> 25 [.010]<br><input checked="" type="checkbox"/> 20 [.008]<br><input type="checkbox"/> 0,15 [.006]<br><input type="checkbox"/> <0,15 [.006]<br><input type="checkbox"/> Other:                     |  |
| E | Total PTH TOL (Max-Min)        | <input type="checkbox"/> >0,250 [.010]<br><input type="checkbox"/> 0,250 [.010]<br><input type="checkbox"/> 0,200 [.008]<br><input type="checkbox"/> 0,150 [.006]<br><input type="checkbox"/> 0,125 [.005]<br><input type="checkbox"/> 0,100 [.004]<br><input checked="" type="checkbox"/> 0,075 [.003]<br><input type="checkbox"/> 0,050 [.002]<br><input type="checkbox"/> <0,050 [.002]<br><input type="checkbox"/> Other: |  |
| F | Hole Location TOL DTP          | <input type="checkbox"/> >0,50 [.020]<br><input type="checkbox"/> 0,50 [.020]<br><input type="checkbox"/> 0,40 [.016]<br><input type="checkbox"/> 0,30 [.012]<br><input type="checkbox"/> 0,25 [.010]<br><input type="checkbox"/> 0,20 [.008]<br><input type="checkbox"/> 0,15 [.006]<br><input checked="" type="checkbox"/> 0,10 [.004]<br><input type="checkbox"/> <0,10 [.004]<br><input type="checkbox"/> Other:          |  |
| G | Internal Layer Clearance (Min) | <input type="checkbox"/> >0,350 [.014]<br><input type="checkbox"/> 0,350 [.014]<br><input type="checkbox"/> 0,250 [.010]<br><input type="checkbox"/> 0,200 [.008]<br><input type="checkbox"/> 0,150 [.005]<br><input type="checkbox"/> 0,125 [.005]<br><input checked="" type="checkbox"/> 0,100 [.004]<br><input type="checkbox"/> 0,075 [.003]<br><input type="checkbox"/> <0,075 [.003]<br><input type="checkbox"/> Other: |  |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| H | Internal Layer Conductor Width (Min) | <input type="checkbox"/> >0,250 [.010]<br><input type="checkbox"/> 0,250 [.010]<br><input type="checkbox"/> 0,200 [.008]<br><input type="checkbox"/> 0,150 [.006]<br><input type="checkbox"/> 0,125 [.005]<br><input type="checkbox"/> 0,100 [.004]<br><input checked="" type="checkbox"/> 0,075 [.003]<br><input type="checkbox"/> 0,050 [.002]<br><input type="checkbox"/> <0,050 [.002]<br><input type="checkbox"/> Other:     |  |
| J | Internal Layer Process Allowance     | <input type="checkbox"/> >0,100 [.004]<br><input type="checkbox"/> 0,100 [.004]<br><input type="checkbox"/> 0,075 [.003]<br><input type="checkbox"/> 0,050 [.002]<br><input type="checkbox"/> 0,040 [.0015]<br><input type="checkbox"/> 0,030 [.0012]<br><input type="checkbox"/> 0,025 [.001]<br><input type="checkbox"/> 0,020 [.0008]<br><input checked="" type="checkbox"/> <0,020 [.0008]<br><input type="checkbox"/> Other: |  |
| K | External Layer Clearance (Min)       | <input type="checkbox"/> >0,350 [.014]<br><input type="checkbox"/> 0,350 [.014]<br><input type="checkbox"/> 0,250 [.010]<br><input type="checkbox"/> 0,200 [.008]<br><input type="checkbox"/> 0,150 [.006]<br><input type="checkbox"/> 0,125 [.005]<br><input type="checkbox"/> 0,100 [.004]<br><input checked="" type="checkbox"/> 0,075 [.003]<br><input type="checkbox"/> <0,075 [.003]<br><input type="checkbox"/> Other:     |  |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| L | External Layer Conductor Width (Min) | <input type="checkbox"/> >0,250 [.010]<br><input type="checkbox"/> 0,250 [.010]<br><input type="checkbox"/> 0,200 [.008]<br><input type="checkbox"/> 0,150 [.006]<br><input type="checkbox"/> 0,125 [.005]<br><input type="checkbox"/> 0,100 [.004]<br><input checked="" type="checkbox"/> 0,075 [.003]<br><input type="checkbox"/> 0,050 [.002]<br><input type="checkbox"/> <0,050 [.002]<br><input type="checkbox"/> Other:     |  |
| M | External Layer Process Allowance     | <input type="checkbox"/> >0,100 [.004]<br><input type="checkbox"/> 0,100 [.004]<br><input type="checkbox"/> 0,075 [.003]<br><input type="checkbox"/> 0,050 [.002]<br><input type="checkbox"/> 0,040 [.0015]<br><input type="checkbox"/> 0,030 [.0012]<br><input checked="" type="checkbox"/> 0,025 [.001]<br><input type="checkbox"/> 0,020 [.0008]<br><input type="checkbox"/> <0,020 [.0008]<br><input type="checkbox"/> Other: |  |
| N | Feature Location DTP                 | <input type="checkbox"/> >0,50 [.020]<br><input type="checkbox"/> 0,50 [.020]<br><input type="checkbox"/> 0,40 [.016]<br><input type="checkbox"/> 0,30 [.012]<br><input type="checkbox"/> 0,25 [.010]<br><input type="checkbox"/> 0,20 [.008]<br><input type="checkbox"/> 0,15 [.006]<br><input checked="" type="checkbox"/> 0,10 [.004]<br><input type="checkbox"/> <0,10 [.004]<br><input type="checkbox"/> Other:              |  |

All Dimensions are in millimeters [inches shown in brackets]

# SECTION 2.5

## QUALITY DEVELOPMENT

|                         |
|-------------------------|
| DATE COMPLETED<br>10/06 |
|-------------------------|

This section is intended to provide overview information on the quality systems in place in the manufacturing facility.

### Site Capability Snapshot (Please Check all that apply.)

| Designators |                      |   | Remarks |
|-------------|----------------------|---|---------|
| A           | Strategic Plan       | <input checked="" type="checkbox"/> Functional Steering Committee Formed<br><input type="checkbox"/> TQM Plan & Philosophy Established & Published<br><input checked="" type="checkbox"/> Documented Quality Progress Review<br><input checked="" type="checkbox"/> Implementation & review of Project Team Recommendations<br><input type="checkbox"/> TQM Communicated throughout organization<br><input checked="" type="checkbox"/> Controlled New process Start-up<br><input type="checkbox"/> Management Participates in TQM Audits<br><input type="checkbox"/> Employee Recognition Program<br><input type="checkbox"/> Total TQM Plan/Involvement Customer Training<br><input type="checkbox"/> Other:  |         |
| B           | Employee Involvement | <input checked="" type="checkbox"/> Certified Training Available<br><input checked="" type="checkbox"/> Training of Employee Base<br><input type="checkbox"/> TQM Team Trained<br><input type="checkbox"/> Design of Experiment Training and Use<br><input checked="" type="checkbox"/> New Process Implementation Training<br><input checked="" type="checkbox"/> Support Personnel Training<br><input type="checkbox"/> Advanced Statistical Training<br><input type="checkbox"/> Quality Functional Deployment<br><input checked="" type="checkbox"/> Ongoing Improvement Program for Employees<br><input type="checkbox"/> Other:   |         |
| C           | Quality Manual       | <input type="checkbox"/> Quality Manual Started<br><input checked="" type="checkbox"/> Generic Quality Manual for Facility<br><input type="checkbox"/> 10% of manufacturing depts. have process specifications<br><input type="checkbox"/> 25% of manufacturing depts. have process specifications<br><input type="checkbox"/> 50% of manufacturing depts. have process specifications<br><input type="checkbox"/> Non-manufacturing Manuals Developed<br><input type="checkbox"/> 25% of all departments have quality manuals<br><input type="checkbox"/> 50% of all departments have quality manuals<br><input type="checkbox"/> All Manufacturing and support depts. have controlled quality manual<br><input checked="" type="checkbox"/> Other: 100% of manufacturing depts. have process specifications |         |

|   |  |   |  |
|---|--|---|--|
| D | Instructions                                     | <input type="checkbox"/> Work Instructions Started<br><input type="checkbox"/> Quality Instructions Started<br><input type="checkbox"/> 10% Work Instructions Completed<br><input type="checkbox"/> 10% Quality Instructions Completed<br><input type="checkbox"/> 25% Work Instructions Completed, Controlled<br><input type="checkbox"/> 25% Quality Instructions Completed, Controlled<br><input type="checkbox"/> 50% Work Instructions Completed, Controlled<br><input type="checkbox"/> 50% Quality Instructions Completed, Controlled<br><input checked="" type="checkbox"/> Quality and work Instruct. Completed, Controlled<br><input type="checkbox"/> Other: |  |
| E | SPC Implementation IPC-PC-90                     | <input checked="" type="checkbox"/> Plan Exists<br><input type="checkbox"/> Training Started<br><input checked="" type="checkbox"/> Process Data Collected & Analyzed<br><input type="checkbox"/> All Employees Trained<br><input checked="" type="checkbox"/> First Process Stable & Capable<br><input checked="" type="checkbox"/> Several Major Processes Stable & Capable<br><input checked="" type="checkbox"/> Continued Improvement of Stable Processes<br><input type="checkbox"/> Additional Mfg Processes under Control<br><input type="checkbox"/> All Processes Under Control<br><input type="checkbox"/> Other:  |  |
| F | Supplier Programs/Controls                       | <input type="checkbox"/> Supplier Rating Program<br><input type="checkbox"/> Monthly Analysis Program<br><input type="checkbox"/> Key Problems Identified<br><input type="checkbox"/> Supplier Reviews Performance Data provided<br><input type="checkbox"/> TQM Acceptance by suppliers<br><input type="checkbox"/> 10% of Suppliers Using SPC<br><input type="checkbox"/> 25% of Suppliers Using SPC<br><input type="checkbox"/> 50% of Suppliers Using SPC<br><input type="checkbox"/> All Key Suppliers using Certified parts program<br><input type="checkbox"/> Other:  |  |
| G | Third Party IPC-QS-95 (Obsolete w/o replacement) | <input type="checkbox"/> Instrument Controls in Place<br><input type="checkbox"/> Measurement System in Control IPC-PC-90<br><input type="checkbox"/> Document Controls in Place<br><input type="checkbox"/> Reduced Lot Sampling<br><input type="checkbox"/> 10% of Processes Under Audit Control<br><input type="checkbox"/> 50% or Greater of Processes Under Audit Control<br><input type="checkbox"/> ISO-9003 Certified<br><input type="checkbox"/> ISO-9002 Certified<br><input type="checkbox"/> ISO-9001:2008<br><input type="checkbox"/> Other:   |  |

# SECTION 3

## EQUIPMENT PROFILE (Pre-Site Audit)

DATE COMPLETED  
10/06

\* Examples of equipment limitations include:  
min/max board size & min/max working area

| 3.1 PHOTOTOOL CAPABILITY  | YES                                 | NO                       | EQUIPMENT  | QTY | EQUIPMENT LIMITS |
|---|-------------------------------------|--------------------------|------------|-----|------------------|
| A) AOI of phototool   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Camtek     | 1   |                  |
| B) AOI CAD reference (CAM)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Camtek     |     |                  |
| C) Photoplotting  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Barco      | 1   |                  |
| D) Photo reductions   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Barco      |     |                  |
| E) Film scan and conversion   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outsourced |     |                  |
| F) Film processing<br><input type="checkbox"/> air-dried <input type="checkbox"/> force-dried<br><input checked="" type="checkbox"/> processed in automatic processor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DuPont     |     |                  |
| G) Media types<br><input checked="" type="checkbox"/> silver halide film <input type="checkbox"/> glass<br><input checked="" type="checkbox"/> diazo                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |            |     |                  |

| 3.2 DRILLING EQUIPMENT      | YES                                 | NO                                  | EQUIPMENT | QTY | EQUIPMENT LIMITS |
|-----------------------------|-------------------------------------|-------------------------------------|-----------|-----|------------------|
| A) Manual                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |           |     |                  |
| B) Optical (single spindle) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |           |     |                  |
| C) N.C. drill               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Excellon  | 7   |                  |

| 3.3 ROUTING EQUIPMENT       | YES                                 | NO                       | EQUIPMENT | QTY | EQUIPMENT LIMITS |
|-----------------------------|-------------------------------------|--------------------------|-----------|-----|------------------|
| A) Edge beveler             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           | 2   |                  |
| B) Hand router (pin router) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           | 1   |                  |
| C) N.C. router              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Excellon  | 3   |                  |
| D) N.C. driller/router      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |     |                  |
| E) Scoring (profile)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Filotec   | 1   |                  |
| F) Scoring (straight line)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Filotec   |     |                  |

| 3.4 MECHANICAL EQUIPMENT | YES                                 | NO                       | EQUIPMENT  | QTY | FOUR-DIGIT NUMS |
|--------------------------|-------------------------------------|--------------------------|------------|-----|-----------------|
| A) Punch press           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |            |     |                 |
| B) Shear                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |            |     |                 |
| C) Milling machine       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bridgeport | 1   |                 |

| 3.5 HOLE PREPARATION (DESMEAR) | YES                                 | NO                                  | EQUIPMENT    | QTY | FOUR-DIGIT NUMS |
|--------------------------------|-------------------------------------|-------------------------------------|--------------|-----|-----------------|
| A) Permagnate                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |              | 1   |                 |
| B) Plasma                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Plasm-Etch   | 1   |                 |
| C) Mechanical                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |              |     |                 |
| D) Etchback                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Plasma -Etch |     |                 |

| 3.6 PRIMARY IMAGE APPLICATION | YES                                 | NO                       | EQUIPMENT                      | QTY | FOUR-DIGIT NUMS |
|-------------------------------|-------------------------------------|--------------------------|--------------------------------|-----|-----------------|
| A) Dry film                   | x                                   | <input type="checkbox"/> | Haukuto; DuPont ASL            | 3   |                 |
| B) Hand screening             | <input checked="" type="checkbox"/> |                          | S/M & legend                   | 2   |                 |
| C) Machine screening          | <input checked="" type="checkbox"/> |                          | Sveca – S/M & legend           | 1   |                 |
| D) Wet film                   | <input checked="" type="checkbox"/> |                          |                                |     |                 |
| E) Liquid photoimageable      | <input checked="" type="checkbox"/> |                          | Circuit Automation – S/M DP 10 | 1   |                 |

| 3.7 TYPE OF TREATMENT FOR MULTILAYER INNERLAYERS | YES                                 | NO                       | EQUIPMENT               | QTY | FOUR-DIGIT NUMS |
|--|-------------------------------------|--------------------------|-------------------------|-----|-----------------|
| A) Black oxide                                   | <input type="checkbox"/>            | <input type="checkbox"/> |                         |     |                 |
| B) Red oxide                                     | <input type="checkbox"/>            | <input type="checkbox"/> |                         |     |                 |
| C) Copper scrub                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Schmid – Pumice Scubber | 1   |                 |
| D) Durabond                                      | <input type="checkbox"/>            | <input type="checkbox"/> |                         |     |                 |
| E) Alternative oxide                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Manual Hoist            | 1   |                 |

| 3.8 LAMINATION        | YES                                 | NO                       | EQUIPMENT                          | NO. OF EQUIPMENT LINES |  |
|-----------------------|-------------------------------------|--------------------------|------------------------------------|------------------------|--|
| A) High pressure      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Accudyne 6 opening & PHI 6 opening |                        |  |
| B) High temperature   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Accudyne & PHI                     |                        |  |
| C) Vacuum             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Accudyne                           | 1                      |  |
| D) Vacuum assist      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PHI                                | 1                      |  |
| E) Foil heat assist   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Accudyne                           |                        |  |
| F) Separate cool-down | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Accudyne & PHI                     | 2                      |  |

| 3.9 ELECTROLESS COPPER PLATING           | YES                                 | NO                                  | EQUIPMENT          | NO. OF EQUIPMENT LINES |  |
|--|-------------------------------------|-------------------------------------|--------------------|------------------------|--|
| A) Fully additive application            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | ME Baker Automated | 1                      |  |
| B) Electroless deposition (semiadditive) |                                     | <input checked="" type="checkbox"/> |                    |                        |  |
| C) Through-hole and via                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | ME Baker Automated |                        |  |

| 3.10 COPPER ELECTROPLATING | YES                                 | NO                                  | EQUIPMENT       | NO. OF EQUIPMENT LINES |  |
|----------------------------|-------------------------------------|-------------------------------------|-----------------|------------------------|--|
| A) Copper sulfate          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Manual 1200 gal | 3                      |  |
| B) Pyrophosphate           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                 |                        |  |
| C) Copper fluoborate       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                 |                        |  |
| D) Other                   |                                     | <input type="checkbox"/>            |                 |                        |  |

| 3.11 TIN/LEAD SURFACE PLATINGS/COATINGS    | YES                                 | NO                                  | EQUIPMENT           | NO. OF EQUIPMENT LINES |  |
|--|-------------------------------------|-------------------------------------|---------------------|------------------------|--|
| A) Tin/lead electroplated                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                     |                        |  |
| B) Immersion tin or tin/lead (electroless) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                     |                        |  |
| C) Hot air solder leveled (HASL)           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Argus HASL Vertical | 1                      |  |

| 3.12 FUSING PROCESSES         | YES                                 | NO                                  | EQUIPMENT  | QTY | EQUIPMENT LIMITS |
|-------------------------------|-------------------------------------|-------------------------------------|------------|-----|------------------|
| A) I.R. reflow                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |            |     |                  |
| B) Hot oil reflow             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |            | 1   |                  |
| C) Horizontal (hot air level) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Outsourced |     |                  |
| D) Vertical (hot air level)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Argus      | 1   |                  |

| 3.13 NICKEL SURFACE PLATING | YES                                 | NO                       | EQUIPMENT  | QTY | EQUIPMENT LIMITS |
|-----------------------------|-------------------------------------|--------------------------|------------|-----|------------------|
| A) Electroless nickel       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outsourced |     |                  |
| B) Electroplated nickel     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outsourced |     |                  |

| 3.14 GOLD SURFACE PLATING | YES                                 | NO                       | EQUIPMENT  | QTY | EQUIPMENT LIMITS |
|---------------------------|-------------------------------------|--------------------------|------------|-----|------------------|
| A) Electroless gold       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outsourced |     |                  |
| B) Electroplated gold     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outsourced |     |                  |

| 3.15 PALLADIUM SURFACE PLATING       | YES                      | NO                                  | EQUIPMENT | QTY | EQUIPMENT LIMITS |
|--------------------------------------|--------------------------|-------------------------------------|-----------|-----|------------------|
| A) Electroless palladium (immersion) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |           |     |                  |
| B) Electroplated palladium           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |           |     |                  |

| 3.16 SOLDERMASK                | YES                                 | NO                                  | EQUIPMENT                | QTY | EQUIPMENT LIMITS |
|--------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----|------------------|
| A) Screened deposited image    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          | 1   |                  |
| B) Dry film photoimageable     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |     |                  |
| C) Liquid photoimageable       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Circuit Automation DP 10 | 1   |                  |
| D) Dry film/liquid combination | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |     |                  |

| 3.17 ORGANIC SURFACE PROTECTION | YES                      | NO                                  | EQUIPMENT | QTY | EQUIPMENT LIMITS |
|---------------------------------|--------------------------|-------------------------------------|-----------|-----|------------------|
| A) Benzotriazole                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |           |     |                  |
| B) Imidazole                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |           |     |                  |
| C) Benzimidazole                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |           |     |                  |

| 3.18 MICROSECTION CAPABILITY  | YES                                 | NO                       | EQUIPMENT         | ES | EQUIPMENT LIMITS |
|-------------------------------|-------------------------------------|--------------------------|-------------------|----|------------------|
| A) Manual                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Buehler           |    |                  |
| B) Single cavity automated    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Buhler            |    |                  |
| C) Multiple cavity automated  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Buehler           |    |                  |
| D) Plating thickness analysis | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nikon Micro-scope |    |                  |

| 3.19 CHEMICAL ANALYSIS     | YES                                 | NO                                  | EQUIPMENT       | ES | EQUIPMENT LIMITS |
|----------------------------|-------------------------------------|-------------------------------------|-----------------|----|------------------|
| A) Etching chemistry       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                 |    |                  |
| B) Plating chemistry       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Hull Cell - CVS |    |                  |
| C) Effluent (PPM) analysis | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | AA              |    |                  |

| 3.20 ELECTRICAL TEST EQUIPMENT | YES                                 | NO                       | EQUIPMENT                    | ES     | EQUIPMENT LIMITS |
|--------------------------------|-------------------------------------|--------------------------|------------------------------|--------|------------------|
| A) Continuity and shorts       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TTI                          | 1      |                  |
| B) Fixture development         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | MANIABARCO                   | 1      |                  |
| C) Flying probe test           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PROBOT<br>MICROCRAFT ELX6146 | 2<br>1 |                  |
| D) Impedance control           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ZEMETRIX                     | 1      |                  |



# SECTION 4

## TECHNOLOGY PROFILE SPECIFICS

|                         |
|-------------------------|
| DATE COMPLETED<br>10/06 |
|-------------------------|

### 4.1 ADMINISTRATION

| 4.1.1 CAPACITY PROFILE   | UNITS PER MONTH |  |
|--|-----------------|--|
| A) Total annual capacity in square meters (surface area) per month | 16000           |  |
| B) Presently running at 62 % of capacity                           | 10000           |  |

| 4.1.2 PERCENTAGE OF DOLLAR VOLUME   | PERCENT | COMMENTS |
|-------------------------------------|---------|----------|
| A) Single sided (rigid)             | 2       |          |
| B) Double sided (rigid)             | 10      |          |
| C) Multilayer (rigid)               | 88      |          |
| D) Single side (unreinforced-flex)  |         |          |
| E) Double sided (unreinforced-flex) |         |          |
| F) Multilayer (unreinforced-flex)   |         |          |
| G) Multilayer (rigid/flex) ———      |         |          |

| 4.1.3 PANEL PRODUCTION PROFILE        | UNITS PER MONTH |  |
|---------------------------------------|-----------------|--|
| A) Size of a production lot in panels |                 |  |
| 1) Normal                             | 40              |  |
| 2) Smallest                           | 1               |  |
| B) Number of panels per month         |                 |  |
| 1) High Production                    | 800             |  |
| 2) Medium Production                  | 200             |  |
| 3) Low Production                     | 50-100          |  |
| 3) Short run                          | 10-25           |  |
| 4) Prototype                          | 1-10            |  |

|  |                                     |                                     |                      |
|--|-------------------------------------|-------------------------------------|----------------------|
| C) Average lead time (delivery) as defined in B)             |                                     |                                     |                      |
| 1) High Production   |                                     | 15 Days                             |                      |
| 2) Medium Production   |                                     | 15 Days                             |                      |
| 3) Low Production  |                                     | 15 Days                             |                      |
| 3) Short run   |                                     | 15 Days                             |                      |
| 4) Prototype   |                                     | 15 days                             |                      |
| Quick turn - No. of days <u>3</u>                            |                                     |                                     |                      |
| D) Product delivered in full panel or array sub-panel format |                                     |                                     |                      |
| 1) Total in panel or array format                            |                                     | 50%                                 |                      |
| 2) Scored format   |                                     | 20%                                 |                      |
| 3) Tab breakaway format                                      |                                     | 30%                                 |                      |
| 4) Other   |                                     |                                     |                      |
| 5) Total to customer layout                                  |                                     | 90%                                 |                      |
| 6) Total to manufacturing layout                             |                                     | 10%                                 |                      |
| E) Product delivered in board format                         |                                     |                                     |                      |
| 1) Total in board format                                     |                                     | 50%                                 |                      |
| 2) Extracted: scored to size                                 |                                     | 30%                                 |                      |
| 3) Extracted: sheared to size                                |                                     | 0                                   |                      |
| 4) Extracted: routed to size                                 |                                     | 70%                                 |                      |
| <b>4.1.4 APPROVAL AND CERTIFICATION</b>                      | <b>YES</b>                          | <b>NO</b>                           | <b>Comments</b>      |
| A) Company approvals   |                                     |                                     |                      |
| 1) UL approval   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 94V-Q. <u>    </u>   |
| 2) Canadian standards  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |
| 3) MIL-PRF-55110   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Epoxy, BT, Polyimide |
| 4) MIL-P-50884   | <input type="checkbox"/>            | <input type="checkbox"/>            | Spec is obsolete     |
| 5) ISO-9002  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                      |
| 6) ISO-9001-2008   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |

|                                    |                                     |                                     |                  |
|------------------------------------|-------------------------------------|-------------------------------------|------------------|
| 7) ISO-14000                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  |
| 8) BABT                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  |
| 9) EEC                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  |
| 10) Customer satisfaction          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                  |
| B) Other certification information |                                     |                                     |                  |
| 1)Laminate/Prepreg                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | UL 976           |
| 2)Quality standards                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | IPC 6040 Class 3 |
| 3)Equipment calibration            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                  |

| 4.1.5 CUSTOMER INTERFACE PROFILE     | YES                                 | NO                                  | COMMENTS |
|--------------------------------------|-------------------------------------|-------------------------------------|----------|
| A) Modem capability                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| B) Baud rate                         |                                     |                                     |          |
| C) Data verification technique       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| D) Engineering change order process  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| E) Job status reporting to customers | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |

| 4.1.6 OTHER CAPABILITIES                             | YES                                 | NO                                  | COMMENTS |
|--|-------------------------------------|-------------------------------------|----------|
| A) Facility research and development                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| B) (Automated) On-line shop floor control/MRP system | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| C) Process control system                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |
| D) Operator training system                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |

**4.2 PROCESS ORIENTATION**

| 4.2.1 LAMINATE MATERIAL   | Quantity                            | Comments   |
|---|-------------------------------------|--|
| A) Most commonly used laminates (G10, FR4, etc.)  | 50<br>35<br>15                      | Brand name Isola Type Epoxy, BT, GI<br>Brand name Grace Type Epoxy, BT, GI<br>Brand name Type<br>Brand name Type |
| B) Other laminate material  |                                     |  |
| 1) Planar resistor layers   | 5                                   | UL approved - No   |
| 2) BT epoxy   | <input checked="" type="checkbox"/> | UL approved Yes  |
| 3) Kevlar   |                                     | UL approved <input type="checkbox"/>   |
| 4) Teflon   |                                     | UL approved <input type="checkbox"/>   |
| 5) Polyimide  | <input checked="" type="checkbox"/> | UL approved - No   |
| 6) Cyanate ester  |                                     | UL approved <input type="checkbox"/>   |
| 7) Other  |                                     | UL approved <input type="checkbox"/>   |
| C) Specification to which laminate is purchased (check all that apply)<br><input type="checkbox"/> MIL-P-13949 <input type="checkbox"/> IPC-4204<br><input checked="" type="checkbox"/> IPC-4101 <input checked="" type="checkbox"/> UL<br><input type="checkbox"/> IPC-4103 <input type="checkbox"/> Other<br><input type="checkbox"/> IPC-4202<br><input type="checkbox"/> IPC-4203 |                                     |  |
| D) Laminate storage<br><input type="checkbox"/> Uncontrolled<br><input checked="" type="checkbox"/> Humidity controlled<br><input checked="" type="checkbox"/> Temperature controlled<br><input checked="" type="checkbox"/> Dry box<br><input checked="" type="checkbox"/> JIT inventory   |                                     |  |
| E) Panel size configurations in X, Y dimensions<br>maximum X <u>508</u> Y <u>609</u> mm<br>minimum X <u>457</u> Y <u>609</u> mm<br>other X _____ Y _____mm  |                                     |  |

| 4.2.2 PROCESS PRECISION SPECIFICS                  | YES                                 | NO                                  | SYSTEM         | COMMENTS           |
|--|-------------------------------------|-------------------------------------|----------------|--------------------|
| A) Maximum printed board thickness built in volume |                                     |                                     |                |                    |
| 1) Single sided                                    |                                     | <input checked="" type="checkbox"/> | .250           |                    |
| 2) Double sided                                    |                                     | <input checked="" type="checkbox"/> | .250           |                    |
| 3) Multilayer                                      |                                     |                                     |                |                    |
| 4) Rigid flex                                      |                                     |                                     |                |                    |
| B) Printed board electrical performance capability |                                     |                                     |                |                    |
| 1) Impedance control                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |                    |
| 2) Capacitance control                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |                    |
| 3) Microstrip boards                               |                                     | <input checked="" type="checkbox"/> |                |                    |
| C) Tooling system description                      |                                     |                                     |                |                    |
| 1) Same holes in panels used for all processes     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 4 slot -offset |                    |
| 2) Optical registration                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                | Process: O/L Image |
| 3) Other   | <input type="checkbox"/>            | <input type="checkbox"/>            |                |                    |

| 4.2.3 OTHER PROCESS ORIENTATION SPECIFICS | YES                                 | NO                                  | SYSTEM               | COMMENTS |
|---|-------------------------------------|-------------------------------------|----------------------|----------|
| A) Solder mask over bare copper           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Vertical HASL        |          |
| B) Plating/coating information            |                                     |                                     |                      |          |
| 1) Tin/lead reflow                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                      |          |
| 2) Hot air leveling                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Vertical HASL        |          |
| 3) Azole organic                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                      |          |
| 4) Conductive                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                      |          |
| C) Hole formation                         |                                     |                                     |                      |          |
| 1) Hole cleaning                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Plasma & permaganate |          |
| 2) Hole cleanliness verified              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Micro-section        |          |

### 4.3 PRODUCT DESCRIPTION

\*CONSISTENCY IMPLIES YIELDS IN EXCESS OF 80%

| 4.3.1. THROUGH HOLE INSERTION |   | Size                | Tolerance                 | Comments              |
|-------------------------------|---|---------------------|---------------------------|-----------------------|
| A)                            | Smallest conductor width and tolerance produced with consistency  |                     |                           |                       |
|                               | 1) Outer layers (print and etch)  | Size <u>.075</u> mm | Tol $\pm$ <u>.01</u> .mm  |                       |
|                               | 2) Inner layers (print and etch)  | Size <u>.075</u> mm | Tol $\pm$ <u>.013</u> .mm |                       |
|                               | 3) Outer layers (plated)  | Size <u>.075</u> mm | Tol $\pm$ <u>.01</u> .mm  |                       |
|                               | 4) Inner layers (plated)  | Size _____ mm       | Tol $\pm$ _____ .mm       | N/A                   |
|                               | 5) Outer layers (additive plating)  | Size _____ mm       | Tol $\pm$ _____ .mm       | N/A                   |
|                               | 6) Inner layers (additive plating)  | Size _____ mm       | Tol $\pm$ _____ .mm       | N/A                   |
| B)                            | Smallest plated-through hole (PTH) and tolerance consistently produced in 1.5mm thickness material or multilayer board                                |                     |                           |                       |
|                               | 1) Minimum PTH diameter   | Size <u>.203</u> mm | Tol $\pm$ <u>.076</u> .mm |                       |
|                               | 2) Largest panel where this hole can be controlled (across diagonal)  | Size <u>.740</u> mm | Tol $\pm$ <u>.035</u> .mm |                       |
| C)                            | Largest hole size that can be drilled and plated through in a 1.25mm diameter land while maintaining an annular ring of 0.125mm in large/small boards |                     |                           |                       |
|                               | 1) Largest board size (across diagonal)   | Size <u>.716</u> mm |                           |                       |
|                               | 2) Largest hole diameter  | Size <u>.63</u> mm  |                           | BASED ON 1 OZ. COPPER |
|                               | 3) Smallest board size (across diagonal)  | Size <u>.12</u> mm  |                           |                       |
|                               | 4) Largest hole diameter  | Size <u>.63</u> mm  |                           |                       |
| D)                            | Surface mount land pattern pitch (check all that apply)   |                     |                           |                       |
|                               | X 1.27mm [.050]      X 0.63mm [.025]  |                     |                           |                       |
|                               | X 0.5mm [.020]      X 0.4mm [.016]  |                     |                           |                       |
|                               | X 0.3mm [.012] <input type="checkbox"/> 0.25mm [.010]   |                     |                           |                       |
|                               | <input type="checkbox"/> Other _____ .  |                     |                           |                       |

|  |  |  |  |
|--|--|--|--|
| E) Solder mask dam between lands (check all that apply)<br>X 1.27mm [.050]    X 0.63mm [.025]<br>X 0.5mm [.020]    X 0.4mm [.016]<br>X 0.3mm [.012]    X 0.25mm [.010]<br>X Other .003 .                       |  |  |  |
| F) Flatness tolerance (bow & twist) after reflow or solder coating<br><input type="checkbox"/> 1.5% <input checked="" type="checkbox"/> 1.0% <input type="checkbox"/> 0.5% <input type="checkbox"/> Other ____ |  |  |  |

| 4.3.2 PRODUCT QUALITATIVE AND QUANTITATIVE INFORMATION  | YES                                 | NO                                  | COMMENTS |                  |
|---|-------------------------------------|-------------------------------------|----------|------------------|
| A) Multilayer layer count                               |                                     |                                     |          |                  |
| 1) Maximum layers fabricated in volume (Maximum Lot)    | <input checked="" type="checkbox"/> |                                     | 24       |                  |
| 2) Maximum layers fabricated in prototype (Minimum Lot) | <input checked="" type="checkbox"/> |                                     | 24       |                  |
| B) Buried vias produced consistently in volume          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |                  |
| 1) Size   |                                     |                                     |          | Design Dependent |
| 2) Number of layers                                     |                                     |                                     | 6        |                  |
| B) Blind vias produced consistently in volume           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |                  |
| 1) Size   |                                     |                                     |          | Design Dependent |
| 2) Number of layers                                     |                                     |                                     | 12       |                  |
| 1) Controlled depth drilling                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |                  |
| 2) Total number of layers                               |                                     |                                     |          |                  |

**4.4. TESTING CAPABILITY**

| 4.4.1 TEST AND TEST EQUIPMENT CAPABILITY   | YES                                 | NO                                  | COMMENTS             |              |
|--|-------------------------------------|-------------------------------------|----------------------|--------------|
| A) SMT centerline pitch that can be electrically tested<br><input type="checkbox"/> 0.63mm [.025] <input type="checkbox"/> 0.5mm [.020]<br><input type="checkbox"/> 0.4mm [.016] <input checked="" type="checkbox"/> 0.3mm [.012]<br><input type="checkbox"/> 0.25mm [.010] <input type="checkbox"/> Other |                                     |                                     |                      |              |
| B) Double sided simultaneous electrical testing  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | MICRO CRAFT ELX-6146 | FLYING PROBE |
| 1) Equipment type  | <input type="checkbox"/>            | <input type="checkbox"/>            |                      |              |
| 2) X-ray fluorescence inspection equipment   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | FISCHER XRF          |              |
| 3) TDR equipment   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | ZMETRIX ST100        |              |
| 4) Hi-pot test equipment   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | SLAUGHTER 1305       |              |
| 5) Four-wire kelvin tester   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                      |              |

|                        |                                     |                          |                  |
|------------------------|-------------------------------------|--------------------------|------------------|
|                        |                                     |                          |                  |
| 6) Capacitance meter   | <input type="checkbox"/>            | <input type="checkbox"/> |                  |
| 7) Cleanliness testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | OMEGA METER 600R |

| 4.4.2 AUTOMATED OPTICAL INSPECTION USAGE                      | ISSUES | COMMENTS |
|---|--------|----------|
| A) Before etching   | 0      |          |
| B) After etching  |        |          |
| C) Internal layers  | 100    |          |
| D) Final inspection   | 0      |          |
| E) Other  |        |          |
| F) Conductor/clearance normally inspected by AOI equipment    |        |          |
| 1) 0.05mm [.002]  |        |          |
| 2) <input checked="" type="checkbox"/> 0.05-.10mm [.002-.004] |        |          |
| 3) <input type="checkbox"/> >.10mm [.004]                     |        |          |
| 4) <input type="checkbox"/> Planes                            |        |          |
| G) CAD download to AOI  | 100 %  |          |

# SECTION 5

## QUALITY PROFILE

|                         |
|-------------------------|
| DATE COMPLETED<br>10/06 |
|-------------------------|

### GENERAL INFORMATION

|                                       |                            |
|---------------------------------------|----------------------------|
| COMPANY NAME<br>Pho-Tronics, Inc.     |                            |
| CONTACT<br>Paul Godbout               |                            |
| TELEPHONE NUMBER<br>414-355-5300 x 27 | FAX NUMBER<br>414-355-0593 |

This section of the Manufacturer's Qualification Profile is intended to describe the Total Quality Management (TQM) activity in place of being implemented at the manufacturing facility identified in the site description of this MQP.

To ease in the task of identifying the TQM program being planned or underway at the manufacturing site, the activities have been divided into twenty sections which when completed, provide the total picture of the posture toward managing quality issues. Each section contains a number of questions with regard to the topic under review.

It is not the intent to have the questions be all encompassing, nor is every question applicable to all manufacturers. However, identification of the status, related to each questions, when considered as a whole will convey an impression of the progress that the company has achieved in adopting the principles of total quality management.

The twenty sections, in order of the occurrence are:

- |                                       |  |
|---------------------------------------|--|
| 5.1 General Quality Programs          | 5.11 Statistical Process Control             |
| 5.2 New Products/Technical Services   | 5.12 Problem Solving                         |
| 5.3 Customer Satisfaction             | 5.13 In-Process Control                      |
| 5.4 Computer Integrated Manufacturing | 5.14 Receiving Inspection                    |
| 5.5 Process Documentation             | 5.15 Material Handling                       |
| 5.6 Quality Records                   | 5.16 Non-Conforming Material Control         |
| 5.7 Skill, Training & Certification   | 5.17 Inspection and Test Plan                |
| 5.8 Subcontractor Control             | 5.18 Product Inspection/Final Audit          |
| 5.9 Calibration Control               | 5.19 Tooling Inspection, Handling, & Storage |
| 5.10 Internal Audits                  | 5.20 Corrective Action                       |

Each section provides a status report related to each question. The question may not be applicable, no activity has started as yet, or the company may have developed an approach to the issues raised by the questions. An (X) is indicated in the appropriate column. If deployment/implementation has started, the status is reported as percent deployment; this is indicated in column 4. The percentage number closely approximates the status of deployment. If deployment exists, the percentage results that have been achieved is indicated in column 5. Results are based on expected goals. Not providing percent information in either the deployment or results column implies a lack of activity in the particular area.

The quality descriptions requested are completed on the following pages by checking (X) the appropriate column to reflect the status of the manufacturing facility TQM program. Additional information may be provided as comments shown below, or on individual sections, or additional sheets as necessary.

| COMMENTS |
|----------|
|          |
|          |
|          |
|          |
|          |
|          |

| <b>5.1 GENERAL QUALITY PROGRAMS</b> |  | <b>STATUS</b>  |                                     |                                     |                  |                 |
|-------------------------------------|--|----------------|-------------------------------------|-------------------------------------|------------------|-----------------|
| <b>DESCRIPTION OF PROGRAM</b>       |  | Not Applicable | Not Started                         | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                                  | Are quality objectives and responsibilities clearly stated, widely distributed and understood through the company?   |                |                                     | <input checked="" type="checkbox"/> | 80               |                 |
| 2.                                  | Is there a quality function or well defined organization which provides customer advocate guidance to the total organization and is this position fully supported by management? |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                                  | Does a quality measurement system exist with clearly defined metrics and is it utilized as a management tool?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                                  | Are work instructions approved and controlled; and are they under revision control?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                                  | Are the quality procedures and policies current and available at the point of application; and are they under revision control?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                                  | Are benchmark and customer satisfaction studies done to determine best in class for all products, services, and administrative functions; and are quality goals set?             |                |                                     | <input checked="" type="checkbox"/> | 20               |                 |
| 7.                                  | Are Statistical Process Control (SPC) principles understood by all levels of management?   |                |                                     | <input checked="" type="checkbox"/> | 30               |                 |
| 8.                                  | Are there programs with sufficient resources assigned to support corrective actions and prevention?  |                |                                     | <input checked="" type="checkbox"/> | 60               |                 |
| 9.                                  | Does management solicit and accept feedback from the work force?   |                |                                     | <input checked="" type="checkbox"/> | 20               |                 |
| 10.                                 | Is there management support of ongoing training (including quality training), and is it documented by an organizational training plan?   |                | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 11.                                 | Are there regular management reviews of elements of the quality improvement process, including feedback for corrective action, and are the results acted upon?                   |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 12.                                 | Are the quality and reliability goals aggressive relative to customer expectations and targeted at continuous improvement?   |                |                                     | <input checked="" type="checkbox"/> | 50               |                 |
| 13.                                 | Are the people who are responsible for administering the quality assurance function technically informed?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 14.                                 | Does Management have a "defect prevention" attitude to achieve continuous improvement?   |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |

| <b>5.2 NEW PRODUCTS/TECHNICAL SERVICES</b> |   | <b>STATUS</b>                       |             |                    |                  |                 |
|--|---|-------------------------------------|-------------|--------------------|------------------|-----------------|
| <b>DESCRIPTION OF PROGRAM</b>              |   | Not Applicable                      | Not Started | Approach Developed | Percent Deployed | Percent Results |
| 1.   | Do new product/technology/service development policies and procedures exist, and do they result in clearly defined project plans with appropriate measureables and approvals? | <input checked="" type="checkbox"/> |             |                    |                  |                 |
| 2.   | Is quantitative benchmarking used to evaluate all new products/technologies/services in comparison to best-in-class offerings?  | <input checked="" type="checkbox"/> |             |                    |                  |                 |
| 3.   | Does a roadmap exist to ensure continued development of leading edge, best-in-class products/technology/services?   | <input checked="" type="checkbox"/> |             |                    |                  |                 |
| 4.   | Is the capability of each operation which controls critical-to-function characteristics for new products, fully certified?  | <input checked="" type="checkbox"/> |             |                    |                  |                 |
| 5.   | Are statistical tools used in the development of robust (high yield) new processes, products, and services?   | <input checked="" type="checkbox"/> |             |                    |                  |                 |
| 6.   | When new product/technology/service requires a new process, is it developed jointly and concurrently with the customer and/or suppliers?                                      | <input checked="" type="checkbox"/> |             |                    |                  |                 |
| 7.   | Are design reviews conducted on a scheduled basis which properly address the process capability indices of critical-to-function and product/service characteristics?          | <input checked="" type="checkbox"/> |             |                    |                  |                 |
| 8.   | Is the new product/technology/service, as produced by the process, verified to meet all customer satisfaction requirements?   | <input checked="" type="checkbox"/> |             |                    |                  |                 |

| <b>COMMENTS</b> |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
|                 |  |  |  |  |  |  |

| 5.3 CUSTOMER SATISFACTION |  | STATUS         |             |                                     |                  |                 |
|---------------------------|--|----------------|-------------|-------------------------------------|------------------|-----------------|
|                           |  | Not Applicable | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| DESCRIPTION OF PROGRAM    |  |                |             |                                     |                  |                 |
| 1.                        | Is there a measurement system in place to assess the customer's perception of complete performance?  |                |             | <input checked="" type="checkbox"/> | 20               |                 |
| 2.                        | Is an independent (unbiased) customer survey routinely conducted?  |                |             | <input checked="" type="checkbox"/> | 90               |                 |
| 3.                        | Is there an internal measurement system within the organization which correlates to the level of customer satisfaction?  |                |             | <input checked="" type="checkbox"/> | 20               |                 |
| 4.                        | Are there specific goals for achieving Total Customer Satisfaction, both internal and external?  |                |             | <input checked="" type="checkbox"/> | 30               |                 |
| 5.                        | To what extent are customer satisfaction goals disseminated and understood by everyone in the organization?  |                |             | <input checked="" type="checkbox"/> | 20               |                 |
| 6.                        | Does management regularly review and assess all operating systems to determine if barriers to customer satisfaction exist and are appropriate action plans then implemented? |                |             | <input checked="" type="checkbox"/> | 10               |                 |
| 7.                        | Is there a method in place to obtain future customer requirements?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 8.                        | Are all findings of customer dissatisfaction reported back to the proper organization for analysis and corrective action?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 9.                        | Are customer satisfaction requirements formally defined and documented, and are they based on customer input?  |                |             | <input checked="" type="checkbox"/> | 75               |                 |
| 10.                       | Do all support organizations understand their role in achieving total customer satisfaction?   |                |             | <input checked="" type="checkbox"/> | 40               |                 |

| 5.4 COMPUTER INTEGRATED MANUFACTURING |   | STATUS                              |             |                                     |                  |                 |
|---------------------------------------|---|-------------------------------------|-------------|-------------------------------------|------------------|-----------------|
|                                       |   | Not Applicable                      | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| DESCRIPTION OF PROGRAM                |   |                                     |             |                                     |                  |                 |
| 1.                                    | Are systems integrated to allow electronic transfer of information between multiple systems to eliminate redundant data entry?  |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                                    | Can customers electronically transfer CAD/CAM directly into manufacturing?  |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                                    | Can customers electronically transfer order information directly into the business system?  | <input checked="" type="checkbox"/> |             |                                     |                  |                 |
| 4.                                    | Is data electronically shared between shop floor control and process control systems (i.e., CNC, SPC, Electrical Test, AOI, etc.)?  |                                     |             | <input checked="" type="checkbox"/> | 30               |                 |
| 5.                                    | Are planning systems (MRP, forecasting, capacity planning, financial planning, etc.) electronically integrated with operation systems (order processing, purchasing, inventory management, shop floor control, financial/cost control, etc.)? |                                     |             | <input checked="" type="checkbox"/> | 10               |                 |
| 6.                                    | Is information available from system processes in real time (vs. batch processing)?   |                                     |             | <input checked="" type="checkbox"/> | 20               |                 |
| 7.                                    | Are processes and procedures documented and available on-line?  |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 8.                                    | Do all functional departments have system access to key financial, manufacturing, sales, and operational data, as it relates to their functional objectives?  |                                     |             | <input checked="" type="checkbox"/> | 20               |                 |
| 9.                                    | Are computer simulation and design tools used to the maximum extent practicable in the design of new products/technologies/services   | <input checked="" type="checkbox"/> |             |                                     |                  |                 |

| COMMENTS |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|
|          |  |  |  |  |  |  |

| <b>5.5 PROCESS DOCUMENTATION</b> |  | <b>STATUS</b>                       |             |                                     |                  |                 |
|----------------------------------|--|-------------------------------------|-------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM           |  | Not Applicable                      | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                               | Are manufacturing product, process, and configuration documents under issue control?                                       |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                               | Are "preliminary" and "special product" specifications controlled?   | <input checked="" type="checkbox"/> |             |                                     |                  |                 |
| 3.                               | Does the system ensure that the most current customer specifications are available to the manufacturing personnel?         |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                               | Does the system ensure that the most current material specifications are available to the procurement function?            |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                               | Are incoming orders reviewed for revisions and issue changes?  |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                               | Is conformance to customer specifications assured before an order is accepted?   |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 7.                               | Is customer feedback provided when designs do not meet manufacturability requirements?                                     |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 8.                               | Are critical characteristics classified, relative to impact on product performance?  |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 9.                               | Are customers informed of changes made to products controlled by customer drawings or specifications?                      |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 10.                              | Is there an effective internal deviation control procedure and, are customer requested deviations documented and followed? |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 11.                              | Do new product development procedures exist, and are they followed in the design development process?                      | <input checked="" type="checkbox"/> |             |                                     |                  |                 |

| <b>5.6 QUALITY RECORDS</b> |  | <b>STATUS</b>  |             |                                     |                  |                 |
|----------------------------|--|----------------|-------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM     |  | Not Applicable | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                         | Are records of inspection and process control maintained and available for review?                               |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                         | Are records of equipment and equipment maintenance kept?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                         | Is the record and sample retention program defined?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                         | Are quality data used as a basis for corrective action?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                         | Are quality data used in reporting performance and trends to management?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                         | Are quality data used in supporting certifications of quality furnished to customers?                            |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 7.                         | Is field information used for corrective action?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 8.                         | Does a cost of quality measurement system exist?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 9.                         | Are customer reported quality problems responded to, and resolved in the time period requested?                  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 10.                        | Is quality information on production material rejects provided to sub-suppliers with required corrective action? |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 11.                        | Are computers used to collect and analyze quality data?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |

| <b>COMMENTS</b> |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
|                 |  |  |  |  |  |  |

| <b>5.7 SKILLS, TRAINING, &amp; CERTIFICATION</b> |   | <b>STATUS</b>  |                                     |                                     |                  |                 |
|--|---|----------------|-------------------------------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM                           |   | Not Applicable | Not Started                         | Approach Developed                  | Percent Deployed | Percent Results |
| 1.   | Does management ensure that all personnel are trained in their role for achieving Total Customer Satisfaction?                              |                |                                     | <input checked="" type="checkbox"/> | 10               |                 |
| 2.   | Do all personnel understand how their performance impacts internal and external customer satisfaction?                                      |                |                                     | <input checked="" type="checkbox"/> | 5                |                 |
| 3.   | Do all personnel who contact external customers reflect quality improvement programs?   |                | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 4.   | Do personnel participate in professional societies and growth programs?   |                |                                     | <input checked="" type="checkbox"/> | 10               |                 |
| 5.   | Are all personnel trained in sufficient detail to support key initiatives?  |                |                                     | <input checked="" type="checkbox"/> | 60               |                 |
| 6.   | Are the results of training evaluated and indicated program changes made?   |                | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 7.   | Does a policy exist which encourages the cross training and rotation of personnel, and is this policy used as the basis of job progression? |                |                                     | <input checked="" type="checkbox"/> | 80               |                 |
| 8.   | Are performance standards participatively developed, and regularly applied for all personnel?   |                |                                     | <input checked="" type="checkbox"/> | 90               |                 |
| 9.   | Are Total Customer Satisfaction programs and resulting successes publicized to all personnel?   |                |                                     | <input checked="" type="checkbox"/> | 10               |                 |
| 10.  | Do goal setting and reward/incentive programs support the quality improvement process?  |                | <input checked="" type="checkbox"/> |                                     |                  |                 |

| <b>5.8 SUBCONTRACTOR CONTROL</b> |  | <b>STATUS</b>  |                                     |                                     |                  |                 |
|----------------------------------|--|----------------|-------------------------------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM           |  | Not Applicable | Not Started                         | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                               | Are requirements defined, communicated, and updated to ensure that the supplier understands expectations?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                               | Does a system exist which measures the performance of the supplier and communicates such information to the supplier? (i.e., supplier rating system)                           |                |                                     | <input checked="" type="checkbox"/> | 10               |                 |
| 3.                               | Have the organization's processes been characterized to identify the critical requirements for the suppliers products?   |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                               | Have the capabilities of the supplier's processes been assessed and considered in the establishment of the requirements?   |                |                                     | <input checked="" type="checkbox"/> | 50               |                 |
| 5.                               | Have partnerships been established with suppliers, and is assistance provided to ensure that each supplier has the capability to consistently supply conforming products?      |                |                                     | <input checked="" type="checkbox"/> | 33               |                 |
| 6.                               | Have quality and cycle time metrics and improvement goals been established participatively with the supplier?  |                |                                     | <input checked="" type="checkbox"/> | 20               |                 |
| 7.                               | Has a system been established with the supplier for identification and verification of corrective action?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 8.                               | Have the requirements for supplier materials been properly characterized and specified to ensure conformance of the product/service to the customer satisfaction requirements? |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 9.                               | Is there a supplier certification program or equivalent procured material/service continuous quality improvement program?  |                | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 10.                              | Can all personnel who contract suppliers properly reflect appropriate quality improvement programs and status to them?   |                | <input checked="" type="checkbox"/> |                                     |                  |                 |

| <b>DOCUMENTS</b> |  |  |  |  |  |
|------------------|--|--|--|--|--|
|                  |  |  |  |  |  |

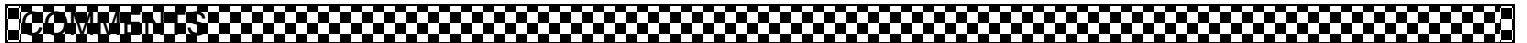
| <b>5.9 CALIBRATION CONTROL</b> |  | <b>STATUS</b> |  |  |  |  |
|--------------------------------|--|---------------|--|--|--|--|
|--------------------------------|--|---------------|--|--|--|--|

| DESCRIPTION OF PROGRAM |   | Not Applicable | Not Started                         | Approach Developed                  | Percent Deployed | Percent Results |
|------------------------|---|----------------|-------------------------------------|-------------------------------------|------------------|-----------------|
| 1.                     | Are calibration and preventative maintenance programs in place and documented?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                     | Are calibration and maintenance personnel trained?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                     | Is traceability to NIST maintained?   |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                     | Is quality measurement and control equipment current, effective, and sufficiently integrated with production equipment?   |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                     | Is the history of quality measurement and control equipment documented?   |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                     | Has repeatability of measuring devices and inspection or testing processes been established and monitored; are gauge capability studies conducted and GR&R ratios acceptable(<10%)? |                | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 7.                     | Are calibration and preventative maintenance cycles on schedule?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 8.                     | Is the use of non-calibrated equipment for design and production purposes prohibited?   |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 9.                     | Are tools and fixtures used as criteria or acceptability of product/work fully qualified and identified?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 10.                    | Are calibration intervals defined in accordance with industry standards or manufacturer's recommendations and the calibration history of the equipment?                             |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |

### 5.10 INTERNAL AUDITS



| DESCRIPTION OF PROGRAM |  | Not Applicable | Not Started                         | Approach Developed                  | Percent Deployed | Percent Results |
|------------------------|--|----------------|-------------------------------------|-------------------------------------|------------------|-----------------|
| 1.                     | Are regular reviews of the product/process conducted and are goals/plans established to continually improve?   |                |                                     | <input checked="" type="checkbox"/> | 75               |                 |
| 2.                     | Are the processes/products properly documented and controlled? Do they include appropriate customer requirements and are they executed in conformance to the documentation?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                     | Are the required quality checks built into the operations within the manufacturing, field installation, and service process, and is the resulting data maintained and promptly acted upon?                                 |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                     | Are all pertinent methods of statistical quality control properly, effectively and efficiently used?   |                | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 5.                     | Does a process change control system exist, and are customers informed of changes made to products and processes with customer approval prior to the change, when required?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                     | Are the operators within the process provided with written work instructions and are they trained?   |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 7.                     | Is the receipt, handling, storage, packaging and release of all material, including customer provided items, at all stages, specified and controlled to prevent damage or deterioration, and to address obsolete material? |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 8.                     | Is there a first in/first out (FIFO) system in place, and is it followed?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |



| <b>5.11 STATISTICAL PROCESS CONTROL</b> |  | <b>STATUS</b>  |                                     |                                     |                  |                 |
|---|--|----------------|-------------------------------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM                  |  | Not Applicable | Not Started                         | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                                      | Have the personnel who will be responsible for guiding the implementation of SPC been designated?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                                      | Are statistical techniques used to reduce variation in the engineering process before the start of production?   |                |                                     | <input checked="" type="checkbox"/> |                  |                 |
| 3.                                      | Is the quality system dependent upon process rather than product controls?   |                |                                     | <input checked="" type="checkbox"/> | 50               |                 |
| 4.                                      | Is the capability of critical processes and machines measured and monitored with CpK's >1.5, and targeted with CP of 2.0?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                                      | Are incapable processes or machines targeted for improvement or replacement?   |                |                                     | <input checked="" type="checkbox"/> | 10               |                 |
| 6.                                      | Is SPC implemented for all critical processes?   |                |                                     | <input checked="" type="checkbox"/> | 40               |                 |
| 7.                                      | Are procedures that control the reaction to out-of-control situations adequate and effective?  |                |                                     | <input checked="" type="checkbox"/> | 20               |                 |
| 8.                                      | Are operators trained in the use of appropriate statistical techniques, and are they properly applying them?   |                |                                     | <input checked="" type="checkbox"/> | 15               |                 |
| 9.                                      | Are advanced problem solving techniques used by engineers to solve problems? (Design of Experiments, planned experimentation, advanced diagnostic tools, etc.)                 |                | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 10.                                     | Are control charts and other process controls properly implemented?  |                |                                     | <input checked="" type="checkbox"/> | 20               |                 |
| 11.                                     | Is statistical process control being practiced in work centers and are yields being recorded and plotted on a scheduled basis, with respect to upper and lower control limits? |                |                                     | <input checked="" type="checkbox"/> |                  |                 |

| <b>5.12 PROBLEM SOLVING</b> |   | <b>STATUS</b>  |             |                                     |                  |                 |
|-----------------------------|---|----------------|-------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM      |   | Not Applicable | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                          | Are employees trained in problem solving techniques, in comparison to the needs of the organization?                                    |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                          | Does the organization utilize participative problem solving techniques to identify, measure and resolve internal and external problems? |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                          | Are problem solving efforts timely and effective?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                          | Are applied resources sufficient to remove problem solving constraints?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                          | Are statistical techniques used for problem solving?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                          | Are quality data used to identify barriers, and to determine the priority of problems?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 7.                          | Is there a policy/procedure that includes the use of problem solving techniques to systematically drive reduction in variability?       |                |             | <input checked="" type="checkbox"/> | 100              |                 |

| <b>COMMENTS</b> |
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|                 |

| <b>5.13 IN-PROCESS CONTROL</b> |  | <b>STATUS</b>  |             |                                     |                  |                 |
|--------------------------------|--|----------------|-------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM         |  | Not Applicable | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                             | Are process capabilities established and maintained on all major processes? (critical parameters)  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                             | Are in-process inspections, test operations, and processes properly specified and performed?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                             | Are in-process inspection facilities and equipment adequate?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                             | Are the results of in-process inspections used in the promotion of effective preventative action and corrective action?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                             | Is preventative maintenance performed on the equipment and facilities?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                             | Are housekeeping procedures adequate and how well are they followed?   |                |             | <input checked="" type="checkbox"/> |                  |                 |
| 7.                             | Are process management plans established, and are critical parameters followed?  |                |             | <input checked="" type="checkbox"/> |                  |                 |
| 8.                             | Are work areas uncluttered and free of excess work-in-process, supplies, debris, etc? Is the environment conducive to producing quality work? Is proprietary information adequately protected? |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 9.                             | Are certifications and in-process inspection results used in making final acceptance decisions?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 10.                            | Are methods and procedures for the control of metallurgical, chemical, and other special processes established and followed?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |

| <b>5.14 RECEIVING INSPECTION</b> |   | <b>STATUS</b>  |             |                                     |                  |                 |
|----------------------------------|---|----------------|-------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM           |   | Not Applicable | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                               | Are receiving inspection facilities and equipment adequately and properly maintained?               |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                               | Are receiving inspection procedures documented and followed?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                               | Are receiving inspection results used for corrective and preventive action?                         |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                               | Are the procedures for storage and timely disposition of discrepant material in place and followed? |                |             | <input checked="" type="checkbox"/> | 100              |                 |

| <b>COMMENTS</b> |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
|                 |  |  |  |  |  |  |

| <b>5.15 MATERIAL HANDLING</b> |   | <b>STATUS</b>  |             |                                     |                  |                 |
|-------------------------------|---|----------------|-------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM        |   | Not Applicable | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                            | Are procured material releases from receiving inspection clearly identified, as to acceptance status?               |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                            | Are procedures to facilitate limited life materials, such as prepreg, in place, properly controlled, and monitored? |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                            | Are procured items identified with some means of traceability (serial number, lot number, date code, etc.)?         |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                            | Are procedures and facilities adequate for storage, release and control of materials?                               |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                            | Are in-store and in-process materials properly identified and controlled?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                            | Is in-process material protected from corrosion, deterioration, and damage?   |                |             | <input checked="" type="checkbox"/> | 100              |                 |

| <b>5.16 NON-CONFORMING MATERIAL CONTROL</b> |   | <b>STATUS</b>                       |             |                                     |                  |                 |
|---|---|-------------------------------------|-------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM                      |   | Not Applicable                      | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| 1.  | Is non-conforming material identified, segregated from regular production material, and properly dispositioned?   |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.  | Are non-conforming materials properly identified and controlled to prevent inadvertent use?   |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 3.  | Is the review and disposition of non-conforming materials defined, and are provisions made for inclusion of the customer in disposition decision?   |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.  | Are procedures for controlling non-conforming materials, and for ensuing corrective action, in place and followed?  |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 5.  | Do procedures provide for material review by a committee consisting of Quality and Engineering (as a minimum), to determine the disposition of non-conforming materials? (deviating from drawings or specification) | <input checked="" type="checkbox"/> |             |                                     |                  |                 |
| 6.  | Do supplier's procedures and controls for corrective action prevent recurrence of non-conformances?   |                                     |             | <input checked="" type="checkbox"/> |                  |                 |
| 7.  | Is there a system for coordinating necessary corrective action with purchasing personnel?   |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |
| 8.  | Does the corrective action extend to all applicable causes of non-conformance (e.g., design, workmanship, procedures, equipment, etc.)?   |                                     |             | <input checked="" type="checkbox"/> | 100              |                 |

| <b>COMMENTS</b> |  |
|-----------------|--|
|                 |  |

| 5.17 INSPECTION AND TEST PLAN |  | STATUS         |             |                                     |                  |                 |
|-------------------------------|--|----------------|-------------|-------------------------------------|------------------|-----------------|
|                               |  | Not Applicable | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| DESCRIPTION OF PROGRAM        |  |                |             |                                     |                  |                 |
| 1.                            | Are statistical techniques used in determining the acceptability of finished goods to customer requirements?                   |                |             | <input checked="" type="checkbox"/> |                  |                 |
| 2.                            | Are periodic tests conducted to audit reliability and environmental performance of the final product?                          |                |             | <input checked="" type="checkbox"/> |                  |                 |
| 3.                            | Is CpK tracking performed for critical characteristics, with plans to achieve CpK = 1.5 with a target of CP of 2.0?            |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                            | Is root cause failure analysis performed for internal and external failures, and is appropriate corrective action implemented? |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                            | Are test and inspection personnel trained in the procedures of their operations, and are those procedures being followed?      |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                            | Is the new product/technology/service, as produced by the processes, verified to meet all customer satisfaction requirements?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |

| 5.18 PRODUCT INSPECTION/FINAL AUDIT |  | STATUS                              |                                     |                                     |                  |                 |
|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|------------------|-----------------|
|                                     |  | Not Applicable                      | Not Started                         | Approach Developed                  | Percent Deployed | Percent Results |
| DESCRIPTION OF PROGRAM              |  |                                     |                                     |                                     |                  |                 |
| 1.                                  | Are final product acceptance procedures documented and followed?   |                                     |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                                  | Are all specific customer product audits conducted, as required?   | <input checked="" type="checkbox"/> |                                     |                                     |                  |                 |
| 3.                                  | Are inspectors trained for the tasks performed?  |                                     |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                                  | Are flow charts or milestones developed with checkpoints readily available?  |                                     | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 5.                                  | Is a system in place which denotes inspection performed; e.g., use of initials, stamps, labels, bar codes, etc., affixed to production documentation?                  |                                     |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 6.                                  | Is a quality system established and maintained for control of product/production documentation?  |                                     |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 7.                                  | Is "accept/reject" criteria defined and available for use?   |                                     |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 8.                                  | Is a final audit performed to ensure that all required verifications and tests, from receipt of materials through point of product completion, have been accomplished? |                                     |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 9.                                  | Are packing and order checking procedures documented and followed?   |                                     |                                     | <input checked="" type="checkbox"/> | 100              |                 |

| COMMENTS |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|
|          |  |  |  |  |  |  |

| <b>5.19 TOOLING INSPECTION, HANDLING, &amp; STORAGE</b> |   | <b>STATUS</b>  |             |                                     |                  |                 |
|---|---|----------------|-------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM                                  |   | Not Applicable | Not Started | Approach Developed                  | Percent Deployed | Percent Results |
| 1.  | Are temperature, humidity, <del>laminar flow controls in place to prevent contamination, and to assure dimensional stability?</del>                               |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 2.  | Do operators use hairnets, <del>gloves &amp; lab coats in all photolab and photoexposure areas?</del>   |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 3.  | Are work instructions and related forms in place to control all applicable tooling requirements, as stated in the customer's purchase order?                      |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 4.  | Are customer provided artworks controlled with regard to handling, storage, revision control and relationship to converted production phototools (working films)? |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 5.  | Are production phototools (working films) controlled with regard to handling, storage, use life, and <del>relationship to customer purchase order?</del>          |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 6.  | Are customer provided artworks and production phototools (working films) inspected, <del>including dimensional checks?</del>                                      |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 7.  | Are all tools, fixtures, and other devices, used for tooling inspection and control, maintained under the calibration control procedure?                          |                |             | <input checked="" type="checkbox"/> | 100              |                 |
| 8.  | Are records showing initial acceptance, periodic checks, and any needs for rework and/or modification available?  |                |             | <input checked="" type="checkbox"/> | 100              |                 |

| <b>5.20 CORRECTIVE ACTION</b> |   | <b>STATUS</b>  |                                     |                                     |                  |                 |
|-------------------------------|---|----------------|-------------------------------------|-------------------------------------|------------------|-----------------|
| DESCRIPTION OF PROGRAM        |   | Not Applicable | Not Started                         | Approach Developed                  | Percent Deployed | Percent Results |
| 1.                            | Are final acceptance inspection results used for corrective and preventative action?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 2.                            | Is root-cause analysis performed for non-conformances? This includes, but is not limited to, non-conformances (problems) caused by suppliers, found/caused "in-house" during processing, or those reported by the customer. |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 3.                            | Is positive action taken to prevent recurrence of problems, and are there documented reports/records of each occasion?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 4.                            | Do procedures and systems provide for ensuring that replies are made to customer requests for correction action within the time limit specified?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |
| 5.                            | Is corrective action controlled and documented for all applicable work centers?   |                | <input checked="" type="checkbox"/> |                                     |                  |                 |
| 6.                            | When corrections are made, is their effectiveness subsequently reviewed and monitored?  |                |                                     | <input checked="" type="checkbox"/> | 100              |                 |

| <b>COMMENTS</b> |  |
|-----------------|--|
|                 |  |

# SECTION 6 (CHECK ONE IN EACH LINE THAT APPLIES)

## MANUFACTURING HISTORY (See Section 2 Site Capability)

|                        |
|------------------------|
| DATE COMPLETED<br>7/09 |
|------------------------|

Please complete as many history profiles so that the total descriptions of products you manufacture account for production orders that reflect 70% of your business. History profiles are for board or board family (board types may be grounded together if they are similar).

|            |                     |                           |           |
|------------|---------------------|---------------------------|-----------|
| BOARD TYPE | DATE OF ORD         | MATERIAL                  | HISTORY # |
| VIA TYPE   | PRODUCTION QUANTITY | TOTAL YEARLY PRODUCTION % |           |

Dimensions in millimeters (inches in brackets)

| BOARD   |  |   | HOLES  |   |   |
|---|--|---|--|---|---|
| BOARD SIZE DIAGONAL                               | TOTAL BOARD THICKNESS                            | NUMBER CONDUCTIVE LAYERS                          | DIA DRILLED HOLES                                | TOTAL PTH TOL (MAX-MIN)                             | LOCATION TOL DTP                                  |
| <input checked="" type="checkbox"/> <250 [<10.00] | <input checked="" type="checkbox"/> <1,0 [<.040] | <input checked="" type="checkbox"/> 1-4 [1-4]     | <input checked="" type="checkbox"/> >0,5 [>.020] | <input checked="" type="checkbox"/> >0,250 [> .010] | <input checked="" type="checkbox"/> >0,50 [>.020] |
| <input checked="" type="checkbox"/> 250 [10.00]   | <input checked="" type="checkbox"/> 1,0 [.040]   | <input checked="" type="checkbox"/> 5-6 [5-6]     | <input checked="" type="checkbox"/> 0,5 [.020]   | <input checked="" type="checkbox"/> 0,250 [.010]    | <input checked="" type="checkbox"/> 0,50 [.020]   |
| <input checked="" type="checkbox"/> 350 [14.00]   | <input checked="" type="checkbox"/> 1,6 [.060]   | <input checked="" type="checkbox"/> 7-8 [7-8]     | <input checked="" type="checkbox"/> 0,4 [.016]   | <input checked="" type="checkbox"/> 0,200 [.008]    | <input checked="" type="checkbox"/> 0,40 [.016]   |
| <input checked="" type="checkbox"/> 450[17.50]    | <input checked="" type="checkbox"/> 2,0 [.080]   | <input checked="" type="checkbox"/> 9-12 [9-12]   | <input checked="" type="checkbox"/> 0,35 [.014]  | <input checked="" type="checkbox"/> 0,150 [.006]    | <input checked="" type="checkbox"/> 0,30 [.012]   |
| <input checked="" type="checkbox"/> 550 [21.50]   | <input checked="" type="checkbox"/> 2,5 [.100]   | <input checked="" type="checkbox"/> 13-16 [13-16] | <input checked="" type="checkbox"/> 0,30 [.012]  | <input checked="" type="checkbox"/> 0,125 [.005]    | <input checked="" type="checkbox"/> 0,25 [.010]   |
| <input checked="" type="checkbox"/> 650 [25.50]   | <input checked="" type="checkbox"/> 3,5 [.135]   | <input checked="" type="checkbox"/> 17-20 [17-20] | <input checked="" type="checkbox"/> 0,25 [.010]  | <input checked="" type="checkbox"/> 0,100 [.004]    | <input checked="" type="checkbox"/> 0,20 [.008]   |
| <input checked="" type="checkbox"/> 750 [29.50]   | <input type="checkbox"/> 5,0 [.200]              | <input checked="" type="checkbox"/> 21-24 [21-24] | <input checked="" type="checkbox"/> 0,20 [.008]  | <input checked="" type="checkbox"/> 0,075 [.003]    | <input checked="" type="checkbox"/> 0,15 [.006]   |
| <input type="checkbox"/> 850 [33.50]              | <input type="checkbox"/> 6,5 [.250]              | <input type="checkbox"/> 25-28 [25-28]            | <input type="checkbox"/> 0,15 [.006]             | <input checked="" type="checkbox"/> 0,050 [.002]    | <input checked="" type="checkbox"/> 0,10 [.004]   |
| <input type="checkbox"/> >850 [>33.50]            | <input type="checkbox"/> >6,5 [>.250]            | <input type="checkbox"/> >28 [>28]                | <input type="checkbox"/> <0,15 [.006]            | <input type="checkbox"/> <0,050 [<.002]             | <input type="checkbox"/> <0,10 [<.004]            |
| <input type="checkbox"/> Other:                   | <input type="checkbox"/> Other:                  | <input type="checkbox"/> Other:                   | <input type="checkbox"/> Other:                  | <input type="checkbox"/> Other:                     | <input type="checkbox"/> Other:                   |

### CONDUCTORS

| INTERNAL ELEC CLEARANCE (MIN)                      | INTERNAL COND WIDTH (MIN)                          | INTERNAL PROCESS ALLOWANCE                         | EXTERNAL ELEC CLEARANCE (MIN)                      | EXTERNAL COND WIDTH (MIN)                          | EXTERNAL PROCESS ALLOWANCE                         | FEATURE LOCATION DTP                              |
|--|--|--|--|--|--|---|
| <input checked="" type="checkbox"/> >0,350 [>.014] | <input checked="" type="checkbox"/> >0,250 [>.010] | <input checked="" type="checkbox"/> >0,100 [>.004] | <input checked="" type="checkbox"/> >0,350 [>.014] | <input checked="" type="checkbox"/> >0,250 [>.010] | <input checked="" type="checkbox"/> >0,100 [>.004] | <input checked="" type="checkbox"/> >0,50 [>.020] |
| <input checked="" type="checkbox"/> 0,350 [.014]   | <input checked="" type="checkbox"/> 0,250 [.010]   | <input checked="" type="checkbox"/> 0,100 [.004]   | <input checked="" type="checkbox"/> 0,350 [.014]   | <input checked="" type="checkbox"/> 0,250 [.010]   | <input checked="" type="checkbox"/> 0,100 [.004]   | <input checked="" type="checkbox"/> 0,50 [.020]   |
| <input checked="" type="checkbox"/> 0,250 [.010]   | <input checked="" type="checkbox"/> 0,200 [.008]   | <input checked="" type="checkbox"/> 0,075 [.003]   | <input checked="" type="checkbox"/> 0,250 [.010]   | <input checked="" type="checkbox"/> 0,200 [.008]   | <input checked="" type="checkbox"/> 0,075 [.003]   | <input checked="" type="checkbox"/> 0,40 [.016]   |
| <input checked="" type="checkbox"/> 0,200 [.008]   | <input checked="" type="checkbox"/> 0,150 [.006]   | <input checked="" type="checkbox"/> 0,050 [.002]   | <input checked="" type="checkbox"/> 0,200 [.008]   | <input checked="" type="checkbox"/> 0,150 [.006]   | <input checked="" type="checkbox"/> 0,050 [.002]   | <input checked="" type="checkbox"/> 0,30 [.012]   |
| <input checked="" type="checkbox"/> 0,150 [.005]   | <input checked="" type="checkbox"/> 0,125 [.005]   | <input checked="" type="checkbox"/> 0,040 [.0015]  | <input checked="" type="checkbox"/> 0,150 [.006]   | <input checked="" type="checkbox"/> 0,125 [.005]   | <input checked="" type="checkbox"/> 0,040 [.0015]  | <input checked="" type="checkbox"/> 0,25 [.010]   |
| <input checked="" type="checkbox"/> 0,125 [.005]   | <input checked="" type="checkbox"/> 0,100 [.004]   | <input checked="" type="checkbox"/> 0,030 [.0012]  | <input checked="" type="checkbox"/> 0,125 [.005]   | <input checked="" type="checkbox"/> 0,100 [.004]   | <input checked="" type="checkbox"/> 0,030 [.0012]  | <input checked="" type="checkbox"/> 0,20 [.008]   |
| <input checked="" type="checkbox"/> 0,100 [.004]   | <input checked="" type="checkbox"/> 0,075 [.003]   | <input checked="" type="checkbox"/> 0,025 [.001]   | <input checked="" type="checkbox"/> 0,100 [.004]   | <input checked="" type="checkbox"/> 0,075 [.003]   | <input checked="" type="checkbox"/> 0,025 [.001]   | <input checked="" type="checkbox"/> 0,15 [.006]   |
| <input checked="" type="checkbox"/> 0,075 [.003]   | <input type="checkbox"/> 0,050 [.002]              | <input checked="" type="checkbox"/> 0,020 [.0008]  | <input checked="" type="checkbox"/> 0,075 [.003]   | <input type="checkbox"/> 0,050 [.002]              | <input type="checkbox"/> 0,020 [.0008]             | <input checked="" type="checkbox"/> 0,10 [.004]   |
| <input type="checkbox"/> <0,075 [<.003]            | <input type="checkbox"/> <0,050 [<.002]            | <input type="checkbox"/> <0,020 [<.0008]           | <input type="checkbox"/> <0,075 [<.003]            | <input type="checkbox"/> <0,050 [<.002]            | <input type="checkbox"/> <0,020 [<.008]            | <input type="checkbox"/> <0,10 [<.004]            |
| <input type="checkbox"/> Other:                    | <input type="checkbox"/> Other:                    | <input type="checkbox"/> Other:                    | <input type="checkbox"/> Other:                    | <input type="checkbox"/> Other:                    | <input type="checkbox"/> Other:                    | <input type="checkbox"/> Other:                   |

# SECTION 7

|                |
|----------------|
| DATE COMPLETED |
|----------------|

## IDENTIFICATION OF PREVIOUS AUDITS (Optional)

Please complete as many forms as you feel reflect the intensity of your customer visits.

|                                  |                              |
|----------------------------------|------------------------------|
| COMPANY AUDITORS                 | DATE OF AUDIT                |
| AUDIT TEAM MEMBERS               | AUDITOR REMARKS              |
|                                  | SPECIFICATIONS USED IN AUDIT |
| LENGHT OF AUDIT                  |                              |
| TEAM MEMBERS MAY BE CONTACTED AT |                              |
| COMPANY AUDITORS                 | DATE OF AUDIT                |
| AUDIT TEAM MEMBERS               | AUDITOR REMARKS              |
|                                  | SPECIFICATIONS USED IN AUDIT |
| LENGHT OF AUDIT                  |                              |
| TEAM MEMBERS MAY BE CONTACTED AT |                              |
| COMPANY AUDITORS                 | DATE OF AUDIT                |
| AUDIT TEAM MEMBERS               | AUDITOR REMARKS              |
|                                  | SPECIFICATIONS USED IN AUDIT |
| LENGHT OF AUDIT                  |                              |
| TEAM MEMBERS MAY BE CONTACT AT   |                              |

\*REPEAT THIS FORM AS NECESSARY

# SECTION 8

## FINANCIAL REVIEW (OPTIONAL)

|                |
|----------------|
| DATE COMPLETED |
|----------------|

Please complete the following financial information that coincides with the company description and site information provided in section 1.

### COMPANY FINANCIAL DESCRIPTION

|                       |                |                |
|-----------------------|----------------|----------------|
| LEGAL NAME            |                |                |
| TAXPAYER ID NUMBER    | DUNS NUMBER    | TRADING SYMBOL |
| ANNUAL SALES          | PRIOR YEAR     | YEAR-TO-DATE   |
| FISCAL YEAR           |                |                |
| BANK                  | ACCOUNT NUMBER |                |
| BANK ADDRESS          | STATE          | ZIP            |
| PROVINCE              | COUNTRY        |                |
| BANK TELEPHONE NUMBER | FAX NUMBER     |                |
| COMMENTS              |                |                |

### SITE FINANCIAL DESCRIPTION

|                       |                |                |
|-----------------------|----------------|----------------|
| SITE NAME             |                |                |
| TAXPAYER ID NUMBER    | DUNS NUMBER    | TRADING SYMBOL |
| ANNUAL SALES          | PRIOR YEAR     | YEAR-TO-DATE   |
| FISCAL YEAR           |                |                |
| BANK                  | ACCOUNT NUMBER |                |
| BANK ADDRESS          | STATE          | ZIP            |
| PROVINCE              | COUNTRY        |                |
| BANK TELEPHONE NUMBER | FAX NUMBER     |                |
| COMMENTS              |                |                |

# SECTION 9

# MQP ELECTRONIC EDITING

This MS Word template comes with editable fields. IPC has made this electronic document available for ease of completing, updating, and filing the MQP, as well as to give the laminate manufacturer and customer a common interface. Using the template enables laminate manufacturers to maintain several customer specific files without the endless stream of paperwork.

Editable fields are highlighted in gray. To complete the fields in the template, use the TAB key to toggle from field to field, entering the information as instructed in the introductory text for each section.

The developers of this MQP strongly suggest the person at the laminate manufacturing facility responsible for creating and maintaining the MQP write protect the file to be sent.