

QAP Completed Job File Inspection Checklist

Label Number: N- _____

Client Name: _____

Dealer Name: _____

NOTE TO AUDITOR: Attach Copy of Label Reporting Form to This Checklist

| | <u>Yes</u> | <u>No</u> |
|--|-----------------------|-----------------------|
| 1. Does the file identify the technician(s) who installed the equipment? | <input type="radio"/> | <input type="radio"/> |
| 2. Do all technicians have current training certificates for the equipment they have installed? | <input type="radio"/> | <input type="radio"/> |
| 3. Were manufacturer's installation instructions and/or procedures in the quality assurance manual followed? | <input type="radio"/> | <input type="radio"/> |
| 4. Is it evident the NMEDA Structural Manual or instructions were used? | <input type="radio"/> | <input type="radio"/> |
| 5. Are the FMVSS/CMVSS documents readily available for reference? | <input type="radio"/> | <input type="radio"/> |
| 6. If 220 lbs./100 kg. was installed, was the vehicle weighed and labeled? | <input type="radio"/> | <input type="radio"/> |
| 7. Are the SAE documents readily available for reference and use? | <input type="radio"/> | <input type="radio"/> |
| 8. Does the customer file include: | | |
| a. Documents describing all work performed? | <input type="radio"/> | <input type="radio"/> |
| b. The Make Inoperative Form? | <input type="radio"/> | <input type="radio"/> |
| c. The completed checklist for all work performed? | <input type="radio"/> | <input type="radio"/> |
| d. Quality inspection form signed by someone other than installer? | <input type="radio"/> | <input type="radio"/> |
| e. A Road-test checklist? | <input type="radio"/> | <input type="radio"/> |
| f. Crosscheck-ability with the label log and the label number? | <input type="radio"/> | <input type="radio"/> |

Comments: _____

