Surveillance Assessment Report

Kyocera AVX Components Corporation

Assessment dates	02/01/2022 to 02/03/2022 (Please refer to Appendix for details)
Assessment Location(s)	Fountain Inn (000)
Report Author	Shara Williams
Assessment Standard(s)	ISO 9001:2015

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Executive Summary

The Quality Management System was found to be effective. The Quality Management System is resulting in continual improvement, through the Strategic Planning process, the Management Review process, the Internal Audit Process and individual department KPI goals and objectives.

Based on the sampling process the surveillance audit did not result in any nonconformity requiring corrective action. The facility is being recommended for continued registration.

This audit was conducted as a remote audit due to the COVID-19 pandemic. The client was located in Fountain Inn, S.C. and the Auditor was located in Arden, NC. The audit was conducted using various forms of electronic media and communication, e.g. e-mail, i-phone, and Microsoft Teams.

Changes in the organization since last assessment

There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

There was no change to the reference or normative documents which is related to the scope of certification.

NCR summary graphs

There have been no NCRs raised.

Your next steps

NCR close out process

There were no outstanding nonconformities to review from previous assessments.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

Assessment objective, scope and criteria

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to ensure that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment is the documented management system with relation to the requirements of ISO9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO9001:2015
AVX Greenville Quality Assurance Manual, QCM-130, Revision #07, dated March 2019

Statutory and regulatory requirements

ISO14001:2015 Registration - DQS
Assent Compliance Group (REACH, RoHS, Conflict of Materials, Materials Declarations), Safety – OSHA

Assessment Participants

Name	Position	Opening Meeting	Closing Meeting	Interviewed(processes)
Steve Shipman	Quality Assurance Manager	X	X	X
Fred Hartwig	Facilities Manager	X		
Dan Sagmiller	Quality Engineer II	X	X	X
Laura Brown	Document Control Specialist	X		X
Scott Brewer	Engineering Manager	X		X
David Shields	Operations Manager	X		X
Cyndi Johnson	Production Supervisor	X		
David Jerozal	QA Laboratory Supervisor	X		
Rick VanAlstine	Director of Technology	X		
Ryan Rose	QA Laboratory Manager	X		X
Amy Martin	Project Engineer	X		X
Alison McClure	Engineer II	X		X
Chris King	EHS Manager			X
Rachel Vich	Facilities Administration			X

Assessment conclusion

BSI assessment team

Name	Position
Shara Williams	Team Leader

Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - The audited organization can be recommended for continued certification to the above listed standard and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

Use of certification documents, mark / logo or report

The use of the BSI certification document and mark / logo is effectively controlled.

Findings from this assessment

Employee Headcount/Audit Day Justification/Remote Audit :

Employee Headcount:
The total employee headcount was verified by the Quality Assurance Manager and the Operations Manager.
Total Number of Employees = 576
Note: The site does not currently have any temporary employees.

Review of assessment progress and the re-certification plan:
IAF MD5:2019
Surveillance Audit - 576 employees = 9.0 days x 1/3 = 3.0 days @ 1x/12 months.
Note: 20% reduction for multiple registrations and mature QMS.
Additional Note: The employee headcount increase was changed from the previous visit headcount due to client incorrect count of all processes under the ISO9001 certification and transfer of processes to the Fountain Inn locations within AVX (Kyocera). The next surveillance audit day count will be increased to ensure total number of delivery days is met per IAF MD5:2019. The next visit will be for 3.5 days (2023 = 3.0 + 0.5 due FY2022 = 3.5 days).

Recertification Audit - 576 employees = 9.0 x 2/3 = 6.0 days @ 1/36 months.
Note: 20% reduction for multiple registrations and mature QMS.

Due to Covid-19 pandemic, a BSI risk assessment has been performed prior to audit and confirmed the audit will be conducted 100% remote. The organization has evaluated visitor risks relating to pandemic and has implemented policies. The assessment was conducted as a remote audit using Microsoft Teams, i-phone, and laptop computers, conference calls.

Remote Audit Justification:
This audit was conducted as a remote audit due to the COVID-19 pandemic. The Client is located in Fountain Inn, S.C. and the Auditor was located in Arden, NC. The audit was conducted using various forms of electronic media and communication, e.g. e-mail, Microsoft Teams. The client agrees sharing information during the audit using above communication media does not violate information security sharing. The remote audit was conducted using information and communication technology including Microsoft Teams, i-phone, and laptop computers. The planned audit objectives were achieved, there were no connectivity issues which adversely affected the audit.

Quality Manual:
ISO9001:2015 - AVX Greenville Quality Assurance Manual, QCM-130, Revision #07, dated March 2019

Management Representative: Steve Shipman - Quality Assurance Manager
Deputy Management Representative: Dan Sagmiller - Quality Engineer II

Normative References
The following documents serve as normative references for this document and are essential components of the Quality Management System.
ISO 9001:2015
IATF 16949:2016
MIL-STD-790G

Scope of the QMS:
The scope of activities covered under ISO 9001:2015:
Design, manufacturing, test, and inspection, warehousing and distribution of electronic components and materials.
Not Applicable - Requirements related to Service Provision, Warranty Management, product related software, and embedded software are not applicable because AVX Greenville does not engage in Service Provision activities.
Quality Management System: Scope = no changes

Leadership - the responsibilities and authorities are defined and communicated within the organization though an Organizational Chart and within documented procedures. Resources essential to the implementation and control of the quality management system have been made available. These resource's include personnel with specialized skills and knowledge associated with the implementation and management of the quality management system. A review of the organizational chart and documented procedures, confirms responsibility and process ownership is well defined.

Organizational Changes - there has not been any significant organizational changes in the Leadership Team since the last report.

Actions to Address Risk and Opportunities:
The primary input to this process are the vision/ mission statements, global market opportunities, market opportunities to expand in the electronics, sales forecast, marketing inputs, acquisitions, new product introductions, Economic factors and Stake Holder's expectations and requirements etc.

The outputs are but not limited to development of an annual Master Plan for each month in the fiscal year. Updates to Master Plan may be due to quarterly forecasts. Strategic direction of AVX include continuous assessment of market conditions, competition information AVX's SWOT analysis. Risk reviews are performed during various levels within the QMS. Annual QMS reviews look at the risks and opportunities and are actioned accordingly.

Statutory and Regulatory requirements - Spec. Engineering Group reviews, e.g. lead-free products, generate an internal part number that specifies manufacturing process. (ESD packing, REACH, RoHS, Conflict of Materials, Materials Declarations.

Averse Incidents, Field Safety Corrective Actions and Recalls: There has not been any adverse incident, customer sanctions, line stoppage, no business hold status, recalls, or field issues requiring corrective actions since the last report.

Quality Policy:
The Quality Policy is posted throughout the facility, communicated during on-boarding orientation and maintained within the Quality Manual.

The assessment was performed in English.

Name Change Information: 10/01/2021
Prior Client Name: AVX Corporation
New Client Name: Kyocera AVX Components Corporation
AMCF093 - Kyocera AVX Components Corporation - submitted to Central Planning Group by Client in November 2021.

Leadership/Management Review Process/Continual Improvement:

Process Owner: David Shields -Operation Manager and Steve Shipman - Quality Assurance Manager

The annual Master Plan is the most visible output of Strategic Planning. Top management provides goal and objectives to Divisional VP's and the individual factory management. This process involves all AVX facilities. Feedback is then provided back up thru the chain of command on feasibility and resources. Inputs are driven from customer demands, revenue goals, profitability (ratio) and total output. Upper management will also review the goals of other interested parties and stake holders.

Customer inputs are gathered by AVX Sales from customers and sales representatives. Marketing will then review to establish sales margins. The individual plants' operations groups will then be asked to provide cost and run estimates. This process output is then reviewed by top management and year-on-year goals are set.

Once all of the Master Plan inputs have been reviewed and revised as needed by senior AVX management, the preliminary Master Plan is submitted to Kyocera. Kyocera will provide input and changes, often in the form of revenue growth goals. The Master Plan is then revised as needed and the final version is sent to Kyocera, typically in late February. Risks and opportunities are considered during the process.

Performance against Master Plan is summarized monthly for each manufacturing plant and sales office. Results are reviewed by divisional VP's monthly and quarterly reviews are conducted by top management. Results are compared against the Master Plan goals. Any actions from the reviews are documented by the Finance Department Representative.

KPI's are monitored for all plants and include Yields/Scrap and OTD percentage. Opportunities for improvement have been identified in the area of reporting and tracking of KPI's, and a corporate initiative is underway to improve this process to drive process improvement, customer satisfaction and improve product quality.

Management Review Process:
The management reviews process is robust and is being conducted per planned annual intervals. The reviews are very comprehensive and include charts for data analysis, 1st and 2nd level pareto analysis and monitoring of various trends for continual improvement.

The reviews are based on the fiscal year interval from April 1 to March 31; current FY is 2022. The last management review was conducted on September 23, 2021, March 13, 2020, March 3, 2019, and April 1, 2018. The next management review will be conducted in September 2022, to close FY2021. The meeting minutes/PowerPoint slides provide evidence of all input and output requirements covered. Interested parties, needs and expectations including risk assessment for the QMS is seen to demonstrate risk-based thinking. The management review process is an integrated review that covers both the ISO9001 requirements and the IATF16949 management review requirements.

Continual improvement opportunities were indicated as identified based on analysis of trends of objective data relating to customer feedback, operational and quality metrics and actual performance results against the defined goals and objectives of the business plan. The top management continues to demonstrate very good commitment to maintain the effectiveness and improvement of the implemented quality management system in order to improve performance and meet customer requirements. The top management of the site participated in the audit including the opening and closing meetings.

KPI metrics are reviewed on a monthly basis, during the "Monthly Quality Review" meetings. The KPI metrics are also communicated to employees through the Departmental Communication Boards.

Various other meetings support the management review process, e.g. Staff Meetings 3x/week, Quality Meetings, 1x/month, Production Planning Meeting 1x/Day, performance against Master Plan is summarized monthly for each manufacturing plant and sales office. Results are reviewed by divisional VP's monthly and quarterly reviews are conducted by top management.

Customer satisfaction parameters include quality, OTD, flexibility with products and pricing to name a few. Sales and Marketing in North America is assigned to collect copies of pertinent customer feedback information. The corporate location provides feedback to each AVX facility for review and inclusion to the management review process.
Customer Satisfaction is also measured via:
1. Customer complaint trends
2. Claims
3. Customer Audits
4. Returned Goods
5. Sales Visit Reports
6. Corporate feedback
AVX's fiscal year runs from April – March.

The management review process is effective and is resulting in continual improvement.

Documentation Sampled:
ISO9001:2015
Management Review PowerPoint Presentation - September 23, 2021

Internal Audit Process:

Process Owner: Dan Sagmiller - Senior Quality Engineer & Pam Current - Quality Engineer

Internal audits are planned and executed though the annual internal audit schedule. Audits are scheduled on a quarterly basis and cover all processes at a minimum of one time during the fiscal year.

The auditor assignments ensure auditors maintain impartiality.

The FY2019, FY2020 and FY2021 internal audit schedules were completed per planned intervals. The FY2022 schedule is current through January, with additional audits to be completed by the end of the quarter.

The results of the audits are documented and presented in the "Internal Audit Summary Report"; the results are also reviewed during the Management Review process. The results are also presented on the "Internal Audit NC/Obs. by Clause Pareto Graph" that identifies the clauses with areas of weakness.

Internal audit non-conformities are logged and tracked using the Form-0051, "Audit Finding Action Report". The process is based on 8-D format, using problem solving methodologies, e.g. 5-Why, Fishbone, etc.

The site currently has a total of nine (9) qualified trained internal auditors for the ISO9001 program.

The internal audit process appears to be effective.

Documentation Sampled:
ISO9001:2015
MIL-STD-790, ISO9001, IATF FY2022 Audit Schedule
QA-MU-GV-002, Internal Audit Procedure, Revision #8, dated 11/22/21
Appendix A - Qualified Internal Auditor List
Internal Audit Summary Report, Form #0050, Revision #7, dated 10/14/21
Audit Finding Action Report, Form #0051, Revision #1, dated 11/05/21
Audit Reports Sampled - Termination Area and Plating Area

Non-Conformance & Corrective Action:

Process Owner: Dan Sagmiller - Senior Quality Engineer II

The procedure, QA-MU-GV-004, details both the corrective action and preventive action process.

The corrective/preventive action process is considered effective and is resulting in continuous improvement. Corrective action records reviewed included internal audit non-conformances, external audit nonconformances, customer complaints and supplier management. The facility utilizes the 8-D Problem Solving format and/or the customer designated format, as applicable.

The facility uses either the 5-Why Problem-Solving Methodology, Team Oriented Problem Solving or Fault Tree Analysis process for root cause analysis and corrective action formulation. The PFMEA is used to help with the risk analysis process.

The corrective action and preventive action processes were found to be effective and resulting in continual improvement.

Documentation Sampled:
ISO9001:2015
QA-MU-GV-004, Corrective and Preventive Action, Revision #1, dated 4/21/15
QA-MU-GV-003, Nonconforming Material , Revision #2, dated 3/24/15
Audit Finding Action Report, Form #0051, Revision #1, dated 11/05/21
Corrective Action Report, Form #0053, dated 9/25/14
Internal Audit/RCCA Log
Pareto Graph - by Production Line
Pareto Graph - Failure Mode by Product Line
Corrective Action Report #40010216, dated 3/16/21
MRB - Material Review Board
QA-MU-GV-007, Non-Conforming/Material Review Board, Revision #4, dated 10/101/9
MRB Semi-Finished Products, Form #0080, Revision #4, dated 4/04/18
Special Instruction Sheet, Form #0739
Supplier Corrective Action Request, Form #0071

Control of Production and Service Provision - Manufacturing:

Process Owners:
Allison McClure - Process Engineer II
Scott Brewer - Engineering Manager
Jenny Delfin - Process Engineer
Jimmy Allaway - Manufacturing Manager
Jessie Mattson - Process Engineer
Amy Martin - Project Engineer
Chris Marsh - Process Engineer
Ryan Rose - Q.A. Laboratory Manager
Steve Shipman - Quality Assurance Manager
Laura Brown - Document Control Specialist

Kyocera/AVX Components, is an American manufacturer of electronic components headquartered in Fountain Inn, South Carolina. The parent company is Kyocera. AVX Corp is a manufacturer and supplier of electronic components to original-equipment manufacturers, distributors, and electronic manufacturing service providers.

Kyocera/AVX Components is a leading international manufacturer and supplier of a vast portfolio of advanced electronic components, including: capacitors, inductors, filters, resistors, couplers, diodes, and circuit protection devices, as well as a broad range of innovative sensor, control, interconnect and antenna solutions.

The production processes have been effectively established with evidence of effectiveness that includes yield, efficiency, CpK, delivery performance and scrap monitoring. Any goals, that are not currently being met, have corrective action plans identified.

The Planning Group assists with plant loading and, if the plant can meet a 42-week lead time during the RFQ and Contract Review Process, followed by a review of the customer P.O. The Planning Group receives order via the COSE Application Database, after the Customer Service Group has conducted order entry. A Master Production Plan is generated that is used to schedule and track order delivery fulfillment. A Daily Production Meeting is held to review order processing status and address any bottleneck issues. Each department receives a Shop Order Packet that provides details for each job to be processed.

The production process starts with a Router (shop order packet) that identifies each step associated with the product/process. Each operator completes the assigned steps, initials and dates the router, prior to relocation to the next process step. Operators monitor product performance using the MES Database, all data points are entered into the database, the system alerts for any specifications that do not meet tolerance. Any specification outside tolerance is reviewed by MRB for disposition; signoff is controlled by the MES Database (operators cannot over-ride the system).

An information center is available within the departments that provides employees with detailed information concerning goals and objectives, safety, quality concerns, customer visits, etc. Located in each department are specification manuals that include set-up instructions and machine operating parameters, for each process step of the manufacturing of product.

Operators are trained on work instructions and training records are maintained with each work instruction at the designated workstations. A Training Matrix is used to log and track the training competency for each operator, based on the job function. OJT Training Records are maintained within individual departments and in employee training files within the Human Resource Department. All positions have a Job Description that details skills, competency, education, experience requirements. A Job Application and a resume is submitted by all employees for recruitment.

The Plating Master Specification Book is located within the department that provides the Plating Operators with equipment operation instructions. The processes are programed controlled with built-in alarms to alert the Operators should controls fall outside of operational parameters. Product is inspected using X-Ray analysis tool that provides real-time feedback of plating thicknesses.

Gage calibrations are performed and documented for all gages used to measure product characteristics. Gages sampled were found to be within designated calibration due dates and were labeled to identify the status of calibration, e.g. tension gages, temperature gages, temperature and humidity of room, airflow meter, micrometers, scales (table and floor), etc.

A SmartSheet is used to log and track all gages, the calibration due date, calibration provider and status of the gage. The facility uses 3rd party calibration providers that are ISO/IEC17015 accredited with traceability to NIST to perform on-site calibrations. A monthly "recall' report is used to ensure gages are calibrated within the designated due date.

Non-conforming ink and precious metals are reclaimed. The tapes can be reworked after approval by the EPA (grind down to powder form) or put into hazardous waste stream. Any non-conforming or suspect product is dispositioned by the MRB at all process steps. Most all products that are dispositioned as scrap are processed as reclaim. However, some waste or products are placed into the hazardous waste stream for disposal.

KPI's are established for each process, reviewed during the management review process and communicated to employees using Department Communication Boards.

Statutory and Regulatory requirements - Spec. Engineering Group reviews, e.g. lead free products, generate an internal part number that specifies manufacturing process. (ESD packing, REACH, RoHS, Conflict of Materials, Materials Declarations). Some products are not RoHs complaint, but labeled to indicate. Suppliers provide information for raw materials and if the raw materials meet current statutory and regulatory requirements.

Q.C. Inspection/Pre-Package and Shipping Process: final product receives a final inspection to ensure product meets specifications and pre-package prior to release for shipment. The Shipping Department is responsible for order confirmation, shipping, and ensuring product is shipped to meet customer delivery dates.

Customer Property - None

The production process was found to be effective and ensuring product meets customer specific requirements.

Facilities/Maintenance/Infrastructure:

Process Owners:
Fred Hartwig - Facilities Manager
Chris King - EHS Manager
Rachel Vich - Facilities Administration

The preventive and predictive maintenance process appears to be effectively implemented. Work Orders for preventive maintenance are scheduled based on the calendar day of the last PM. A detailed P.M. Checklist is used to list preventive maintenance activities for each piece of equipment. Upon completion of the work order by the Technician, the PM schedule is updated, and the next PM is scheduled based on an established frequency.

Preventive maintenance activities are scheduled on a monthly basis using the P.M. Log (Excel Spreadsheet). A two-person technician team is assigned to perform the preventive maintenance. Upon completion of the preventive maintenance activity a color-coded sticker is applied to the equipment to identify next PM due date. Critical spare parts are maintained within each department in a parts cabinet.

Some of the infrastructure maintenance is contracted out to 3rd party providers. The site appears to be adequately staffed with fourteen (14) trained technicians, including electricians, etc.

Equipment breakdowns are handled using a Work Order and Job Number Assignment. A Work Order Log is maintained to track the number of work orders issued to a piece of equipment. Spare parts are maintained that help ensure parts are available to perform repairs as needed. The Work Order Request Form is maintained in a share-drive folder for access by each department.

Predictive maintenance activities include vibration analysis (pumps) and air leak detection and thermography imaging of the electrical panels for hot spots.

The facility infrastructure includes maintaining equipment for a W.W.T. Facility, Chillers (4), Air Compressors (4), HVAC units, fire equipment, fire pumps (2), fork trucks, cranes, vacuum pumps, manufacturing equipment, etc.

The infrastructure appears to be well maintained, e.g. grounds, silos. The audit process confirms the work environment includes:
* Proper lighting
* Monitoring and measurement devices needed to provide evidence of conformity of product
* Process equipment (machines, hardware, software)
* Computers and software applications
* Resources
* Security

The EHS Manage maintains a Compliance Calendar that is used to ensure all permits and permit reporting meets statutory and regulatory requirements, e.g. Title V Air Permit, W.W.T., LGG (waste), SPCCC Plan, etc. The facility currently has not NOV's, no pending court orders, no litigations. The Maintenance Team supports this process through routine preventive maintenance activities. The calibration process supports this function through ensuring all gages used to monitor compliance are within current designated calibration due dates and are included in the calibration recall program.

KPI's:
PM Completion Goal 100% / Actual 98%

Documentation Sampled:
ISO9001:2015

Laboratory - Product Testing and Release:

Process Owner: Ryan Ross - Q.A. Laboratory Manager

The Quality Assurance Laboratory is an internal captive laboratory that conducts in-process testing and final product testing. The laboratory has responsibility for compliment of final product testing reports, data analysis and release of product for shipment. The laboratory is a 12,000 sq. ft. facility that is staffed with both equipment and laboratory technicians to perform various types of testing.

In-process testing for acceptance of product is a well-managed process. Specimens are brought to the laboratory and are logged-in using a bar-code scanning process, into the Active Sample Database. The database is used to log and track each specimen throughout the testing process through bar-code scanning.

The Active Sample Database is a new application program developed in-house that uses barcode scanning to log and track each test request throughout the testing stages and when the testing is complete scans the job to the complete cycle. The Lot Acceptance Personnel then compile the test reports and/or Certificate of Conformance reports for the customer.

The specimens are received with a Part Router and the Lab Submission Sheet, which outlines the test requirements, based on the part number, e.g. test parameters and the MIL-STD.

Product line testing is conducted for the Olean, Diverse, ATC, and EMI filter products. The Laboratory Operators and/or Technicians perform the required test, record the results and sign-off to verify the testing parameters were met. Any part failing will result in notification to the Supervisor and/or the Operator and a MRB review.

Testing is conducted using either MIL-Standards, internal test methods or customer test methods identified on the part drawing (the larger percentage of testing is conducted using the MIL-STD's). Operators and Lab Technicians perform test, depending on the technical level of the test and equipment. All Operators and Lab Technicians are evaluated and signed off for competency.

The Lot Acceptance Personnel review the product test results and compile the Final Test Report for the customer.

The Military Sourcing Personnel conducts on-site reviews of test results and performs on-site testing, as applicable, prior to releasing product for shipment (government orders).

All of the laboratory test equipment is calibrated to ensure the validity of the test results and the test equipment is identified on the calibration recall program.

Any suspect or potential non-conforming product is segregated and identified pending disposition. The disposition process is through the Material Review Board (MRD) function. Product is placed into a unique code in the system, pending disposition by the MRB, to prevent further processing or releasing for shipment to the customer.

The laboratory efficiency is monitored by tracking cycle times, Meeting Cycle Times. The laboratory is currently at an average of >90% efficiency. KPI's are communicated using an internal department communication board.

Documents Sampled:
ISO9001:2015

Control of Documented Information/Control of Retain Information:

Process Owner: Laura Brown - Document Control Specialist

New and modified documents are reviewed and approved by the appropriate personnel prior to issue and release. Document revision levels are to be easily identifiable by either a revision number and/or effective dates. The most recent revision level of a document is to be easily accessible for all employees to do their job. Obsolete or history documents must be identified and isolated, so they are not unintentionally used. Documents of external origin are also controlled by individual departments, e.g. customer drawings, equipment manuals, etc.

The Document Control Specialist maintains the master document and records database. The database has controlled access for read, write, print availability.

Operators and individual departments have hardcopy access to work instructions through controlled binders at the work stations; and also through computerized controlled access.

Any documents requiring an emergency modification are handled using a "yellow" copy of the corrected procedure as a visual identification a change is in process. All affected personnel are required to sign-off they have been notified and trained on the change. The Document Control Specialist will then follow document control procedure for updating and redistribution of the change.

Records control is detailed in the Data Retention Procedure, QA-MU-GV-005. Each department is responsible for record retention. The Data Retention procedure provides retention time requirements and disposal method for each process.

Records are stored in a controlled environment pending disposal designated date and disposed after Dec. 31 of the year.

The I.T. Department is responsible for control and disposition of electronic retained information. The Data Retention procedures details back-up frequencies and retention time and disposition.

The process to control documented information and retained documented information was found to be effective.

Documentation Sampled:
ISO9001:2015
QA-MU-GV-005, Records Control, Revision !11, dated 5/04/20
QCM-13-, Quality Assurance Manual, Revision #7, dated March 2019
QA-MU-GV-004 Corrective and Preventive Action, Revision #1, dated 4/21/15
QA-MU-GV-003 Non-Conforming, Revision #2, dated 3/24/15
QA-MU-GV-001, Document Control Procedure, Revision #11, dated 11/16/20

Next visit objectives, scope and criteria

The objective of the assessment is to conduct a re-assessment of the existing certification to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organization's management system.

The scope of the assessment is the documented management system with relation to the requirements of ISO9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO9001:2015
AVX Greenville Quality Assurance Manual, QCM-130, Revision #07, dated March 2019

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization within 30 days of an agreed visit date.

It is a condition of Registration that a Deputy Management Representative be nominated. It is expected that the Deputy Management Representative would stand in should the Management Representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Next Visit Plan

Date	Auditor	Time	Area/Process	Clause
1/10/23	Williams	8:30 am	Opening Meeting ▪ verify number of employees ▪ verify shift pattern ▪ verify latest release of quality management system ▪ verify logo usage rules ▪ verify chain of command – Quality Management Representative ▪ review scope of registration ▪ verify audit plan ▪ PPE Requirements ▪ Safety/Evacuation Guidelines ▪ Role of Guide(s)/Observers ▪ Confidentiality Agreement ▪ Sampling Process ▪ A-7 Auditor Notes ▪ Language of Audit – English ▪ Questions	ISO19011
		9:00 am	Management Processes: ▪ Senior Management ▪ Management Review ▪ Customer Satisfaction ▪ Quality Goals & Objectives ▪ Quality Policy Deployment ▪ Organizational Structure/Roles/Responsibilities	9.3, 10.3
		10:00 am	QMS Internal Audit Process Corrective Action Process Auditor Training/Competency	9.2, 7.2
		11:00 am	Corrective Action Process Preventive Action Process Customer Concern/ Supplier Concerns (SCAR)	10.2
		12:00	Lunch	n/a
		12:30 pm	Sales/Marketing/Quote Process	8.2
		1:30 pm	Customer Service Order Entry/Processing	8.2
		2:30 pm	Planning/Scheduling Process/Shop Order Preparation & Distribution	8.1, 8.2
		3:30 pm	Audit Trail Follow-up	n/a

		4:00 pm	Daily Debriefing	n/a
		4:30 pm	Depart Site – End of Day #1	n/a
1/11/23 Day #2	Williams	8:30 am	External Providers/Evaluation Receiving/Incoming Inspection/Inventory Management	8.4
		10:30 am	Design and Development Process/PPAP (as applicable)	8.3
		12:00	Lunch	n/a
		12:30 pm	Human Resources/Training/Competency/Awareness/Communication/Organizational Knowledge	7.1, 7.1.2, 7.1.4, 7.2, 7.3, 7.4, 7.1.6
		2:00 pm	Product Realization - MLO Process	8.5
		4:00 pm	Audit Trail Follow-up	n/a
		4:30 pm	Daily Debriefing	n/a
		5:00 pm	Depart Site – Close Day #2	n/a
1/12/23 Day #3	Williams	8:30 am	Control of Monitoring and Measurement Devices	7.1.5
		9:30 am	Product Realization – Chip Finishing Termination/Plating/Test	8.5
		12:00	Lunch	n/a
		12:30 pm	Product Realization - TTP Process	8.5
		2:30 pm	Product Realization - Powder Batch Processes	8.5
		4:30 pm	Daily Debriefing	n/a
		5:00 pm	Depart Site – Close Day #3	n/a
Day #4	Williams	8:00 am	Report Preparation	n/a
		11:30 am	Closing Meeting – Recommendation	n/a
		12:00	Depart Site – Close Audit	n/a

Appendix: Your certification structure & ongoing assessment programme

Scope of Certification

FM 629962 (ISO 9001:2015)
The Design and manufacture, test, inspection, warehousing and distribution of electronic components and materials.

Assessed location(s)

The audit has been performed at Permanent Locations.

Fountain Inn / FM 629962 (ISO 9001:2015)

Location reference	**0047546244-000**
Address	AVX Corporation 1 AVX Blvd. Fountain Inn South Carolina 29644-9039 USA
Visit type	Continuing assessment (surveillance)
Assessment number	3303733
Assessment dates	02/01/2022
Deviation from Audit Plan	No
Total number of Employees	576
Effective number of Employees	576
Scope of activities at the site	The Design and manufacture, test, inspection, warehousing and distribution of electronic components and materials.
Assessment duration	2.5 Day(s)

Shift Details

The shifts are identical in terms of process outputs and as a result it has been determined that the effectiveness of all shifts can be seen from outputs records and coverage within the normal assessment times.

The shifts are identical in terms of process outputs and as a result it has been determined that the effectiveness of all shifts can be seen from outputs records and coverage within the normal assessment times.

1st Shift = 7:00 am - 3:00 pm
2nd Shift = 3:00 pm - 11:00 pm
3rd Shift = 11:00 pm - 7:00 am
Weekend Shift - 2x/12 hours

Certification assessment program

Certificate Number - FM 629962
Location reference - 0047546244-000

		Audit 1	Audit 2	Audit 3	Audit 4	Audit 5	Audit 6	Audit 7
Business area/Location	**Date (mm/yy):**	1/18	1/19	1/20	1/21	1/22	1/23	1/24
	Duration (days):	5	2.5	2.5	5.0	2.5	3.5	6.0
Opening Meeting		X	X	X	X	X	X	X
Quality Manual Review		X	X	X	X	X	X	X
Management Review, Continual Improvement, Quality Policy, Goals and Objectives, Customer Satisfaction, Goals and Objectives, analysis of data		X	X	X	X	X	X	X
Internal Audits , Corrective and Preventive Action		X	X	X	X	X	X	X
Screener/Stacker Process		X		X	X		X	X
Dicing/Burn-in/Firing		X	X		X	X		X
Powder Batch processes		X	X		X		X	X
Control of Documents and Records		X	X		X	X		X
HR – Resources, Organizational knowledge, Competence		X	X		X		X	X
Infrastructure/Maintenance		X	X		X	X		X

Quality Assurance Test Laboratory	X	X	X	X	X	X	X
Distribution Warehouse/Shipping/Receiving Raw Materials	X	X	X	X		X	X
Metal Paste	X		X	X	X		X
Production Scheduling	X	X		X		X	X
Control of Monitoring and Measurement Devices	X		X	X	X	X	X
ATC Process				X		X	X
CMAP Process				X	X		X
TTP Process				X		X	X
Chip Finishing (Termination/Plating/Test)				X	X	X	X
MLO Process				X		X	X
Design and Development				X	X	X	X
Recertification Assessment				X			X
Recertification Audit Planning						X	

Expected outcomes for accredited certification.

What accredited management system certification means?

To achieve an organization's objectives related to the Expected Outcomes intended by the management systems standard, the accredited management system certification is expected to provide confidence that the organization has a management system that conforms to the applicable requirements of the specific ISO standard.

In particular, it is to be expected that the organization

- has a system which is appropriate for its organizational context and certification scope, a defined policy appropriate for the intent of the specific management system standard and to the nature, scale and impacts of its activities, products and services over their lifecycles, is addressing risks and opportunities associated with its context and objectives;
- analyses and understands customer needs and expectations, as well as the relevant statutory and regulatory requirements related to its products, processes and services;
- ensures that product, process and service characteristics have been specified in order to meet customer and applicable statutory/regulatory requirements;
- has determined and is managing the processes needed to achieve the Expected Outcomes intended by the management system standard;

• has ensured the availability of resources necessary to support the operation and monitoring of these products, processes and services;
• monitors and controls the defined product process and service characteristics;
• aims to prevent nonconformities, and has systematic improvement processes in place including the addressing of complaints from interested parties;
• has implemented an effective internal audit and management review process;
• is monitoring, measuring, analysing, evaluating and improving the effectiveness of its management system and has implemented processes for communicating internally, as well as responding to and communicating with interested external parties.

What accredited management systems certification does not mean?

It is important to recognize that management system standards define requirements for an organization's management system, and not the specific performance criteria that are to be achieved (such as product or service standards, environmental performance criteria etc).

Accredited management systems certification should provide confidence in the organization's ability to meet its objectives related to the intent of the management system standard. A management systems audit is not a full legal compliance audit, and does not necessarily ensure ethical behaviour or that the organization will always achieve 100% conformity and legal compliance, though this should of course be a permanent goal.

Within its scope of certification, accredited management systems certification does not imply or ensure, for example:
• that the organization is providing a superior product and service, or
• that the organization's product and service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

Definitions of findings:

Nonconformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results. Nonconformities could be classified as major in the following circumstances:
- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity:

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement:

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practice but no specific solution shall be provided as a part of an opportunity for improvement.

Observation:

It is ONLY applicable for those schemes which prohibit the certification body to issue an opportunity for improvement.

It is a statement of fact made by the assessor referring to a weakness or potential deficiency in a management system which, if not improved, may lead to a nonconformity in the future.

How to contact BSI

Visit the BSI Connect Portal, our web-based self-service tool to access all your BSI assessment and testing data at a time that's convenient to you. View future audit schedules, submit your corrective action plans and download your reports and Mark of Trust logos to promote your achievement. Plus, you can benchmark your performance using our dashboards to help with your continual improvement journey.

Should you wish to speak with BSI in relation to your certification, please contact your local BSI office – contact details available from the BSI website:

https://www.bsigroup.com/en-US/contact-us/

Notes:

This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organization, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organization and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.

This audit was conducted through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.

Regulatory Compliance:

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.