

A-0 APQP Risk Factors Checklist

Customer or Internal Part No _____

Revision Level _____

	General Risk Criteria	Yes	No	Comment / Action Required	Person Responsible	Due Date
A. Commitment						
1	Customer product requirements understood					
2	Additional customer requirements understood and complied with					
3	Management oversight confirmed					
B. Part Criticality						
4	Safety item					
5	Historical problems					
6	Pass through potential					
C. Workload						
7	Simultaneous launches					
8	Adequate resources					
9	Bottlenecks and constraints					
D. Management						
10	Significant management changes					
11	Engaged					
12	Adequate resources					
13	Appropriate priority set					
14	KPI's set and monitored					
15	Contingency plans are adequate					
E. Leadership						
16	Knowledgeable					
17	Engaged					
18	Checklists being used and reviewed					
F. Process Owners						
19	All functions represented					
20	Knowledgeable					
21	If applicable, the organization is familiar with the requirements of special process audits (AIAG CQI's) and auditors qualifications for CQI audits					
G. Knowledge						
22	Retention and storage method adequate					
23	Transfer method adequate					
24	"Read across" adequate					
H. Performance						
25	Past launch issues/lessons learned					
26	Containment actions					
I. Certification						
27	IATF certification current					
28	Certified APQP experts on staff					
J. Sub-tier Management						
29	Evidence APQP used					
30	If applicable, the supplier is familiar with the requirements of special process audits (AIAG COI's) and auditors qualifications for COI audits					
Risk criteria by phase						
Plan and Define						
	Checklist completed					
	Actions reviewed					
	Actions completed					
Product Design and Development						
	Checklist completed					
	Actions reviewed					
	Actions completed					
Process Design and Development						
	Checklist completed					
	Actions reviewed					
	Actions completed					
Product and Process Validation						

Checklist completed					
Actions reviewed					
Actions completed					
Feedback, Assessment and Corrective Action					
Checklist completed					
Actions reviewed					
Actions completed					

* Every "No" item must have approved action plan

Revision date: _____

Prepared By: _____