



UNDERWRITERS LABORATORIES, INC.
QUALITY MANAGEMENT SYSTEM ASSESSMENT REPORT

File No.: A9720 Project No.: 03NK37038

3/8-9/04
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Continuous Assessment Report for Precise Products Corporation

Narrative Summary of Assessment Activity and Results

Thank you for your cooperation during our recent visit to your facility. This audit was conducted on 3/8-9/04 by Lead Assessor. The primary objectives of this audit were to both assess compliance to the AS9100 Rev A standard, as well as to partner with you in improving the effectiveness of your business processes and quality management system. We have noted the following regarding the effectiveness of the major processes audited, as well as any noteworthy areas of strength and/or areas where there are opportunities for improvement:

The quality management system is improving with internal audit and management review planning and results effective. Auditors need to show more process approach rather than compliance auditing to help improve goals. management review needs to address recommended design changes to product as an output. Customer satisfaction is being addressed with continuous improvement underway in lead time accuracy and quoting method changes. Planning for product realization has improved to 100% on time but could look at cost reduction and elimination of common planning changes. Good goal and objective flowdown by Mgmt and awareness in all departments

The corrective and preventive action system is effectively implemented: Yes No

The internal audit system is effectively implemented: Yes No

The management review system is effectively implemented: Yes No

Based on these findings, we are recommending continued registration. Congratulations.

In making this recommendation, we have noted the following:



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Cycle Planning Matrix

Process/Function	1	2	3	4	5	Tri	Primary Relevant Clauses
QMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1
DOC CNTRL / QUAL RECS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.2.3 / 4.2.4
CONFIG MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3
MGMT COMMIT / CUST FOCUS / POLICY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1 / 5.2 / 5.3
QMS PLANNING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4.2
MGMT REP / COMMUNICATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5.5.2 / 5.5.3
PROV RESOURCES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.1
HUMAN RESOURCES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.2
INFRASTRUCTURE / WORK ENVIRON'T	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3 / 6.4
PLANNING PRODUCT REALIZATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.1
CUSTOMER RELATED PROCESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.2
AS9100 CUST SPECIFIC REQMTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UL PROG REQMT
PURCHASING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.4
DOC/PROC CHG/TOOL/SERV OPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5.1.1 - 7.5.1.5
ASSY / TURNING / CLEANING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.5.1
MILLING / DEBURR / DRILLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.5.1
PAINT / TOOL CRIB / SCHED / MAINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.5.1
REC / REC INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.5.1 / 8.2.4
PACK / SHIP / STORES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5.5 / 8.2.4 / 8.3
SPEC PROCESSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5.2
ID AND TRACEABILITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5.3
CUSTOMER PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5.4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CONTROL OF IMTE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.6
MEAS, ANALYSIS / NC PRODUCT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.1 / 8.3
ANALYSIS OF DATA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.4
PREV ACTION / CONTINUAL IMPVMT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.5.3 / 8.5.1
AUDITOR TRAINING PER AIR5359	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UL PROG REQMT
FAA / DoD DOCUMENTATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UL PROG REQMT
AS9100 DESIGNEE / REP ACTIVITIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UL PROG REQMT



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General Information

File No.: A9720 Project No.: 03NK37038
Company Name: Precise Products Corporation
Company Address: 1201 Plymouth Avenue North
Company Phone and Fax: 612-522-2141(ph) / 612-522-0939(fax)
Company Representative: Mr. Craig Hill

(by having my name entered above, I acknowledge receipt of this report)

No off site facilities are included in this registration.

Clauses Audited this time:

<input type="checkbox"/> 4.1 General	<input type="checkbox"/> 6.3 Infrastructure	<input type="checkbox"/> 8.2.3 M&M-Process
<input type="checkbox"/> 4.2 Documentation	<input type="checkbox"/> 6.4 Work Environment	<input checked="" type="checkbox"/> 8.2.4 M&M-Product
<input checked="" type="checkbox"/> 5.1 Mngmt Comtmnt	<input checked="" type="checkbox"/> 7.1 Planning	<input type="checkbox"/> 8.3 N/C Control
<input checked="" type="checkbox"/> 5.2 Customer Focus	<input checked="" type="checkbox"/> 7.2 Customer Processes	<input type="checkbox"/> 8.4 Data Analysis
<input checked="" type="checkbox"/> 5.3 Quality Policy	<input type="checkbox"/> 7.3 Design & Dev	<input type="checkbox"/> 8.5.1 Improvement*
<input checked="" type="checkbox"/> 5.4 Objectives, Planing*	<input type="checkbox"/> 7.4 Purchasing	<input checked="" type="checkbox"/> 8.5.2 Corrective Action*
<input checked="" type="checkbox"/> 5.5 Resp, Rep, Com	<input checked="" type="checkbox"/> 7.5 Production&Service	<input type="checkbox"/> 8.5.3 Preventive Action*
<input checked="" type="checkbox"/> 5.6 Mngmnt Review*	<input type="checkbox"/> 7.6 Calibration	<input checked="" type="checkbox"/> Complaint Handling*
<input checked="" type="checkbox"/> 6.1 Resources	<input checked="" type="checkbox"/> 8.2.1 Customer Sat	<input checked="" type="checkbox"/> Gen Contract/Cust Spec Rqmts*
<input checked="" type="checkbox"/> 6.2 Human Resources	<input checked="" type="checkbox"/> 8.2.2 Internal Audit*	<input checked="" type="checkbox"/> FAA/DoD Publications*
	Required	<input checked="" type="checkbox"/> Rep/Designee Authority

Additional objectives of this audit:

- Scope Expansion- Recommended Yes (see below for revised scope) No
- Addition of new site(s)- Recommended Yes No
- Change/Upgrade in standard to - Recommended Yes No

Audit Duration: 2 day(s)

Audit Report Date: 3/9/04

Number of shifts:1 Number of shifts audited:1

IAF Two digit Scope category(ies): 21

IAF MLA Accreditation Body requested: RAB

Normative Standards Used as Requirements Documents (e.g. AIR 5359, SBAC TS 157, JIS 5359, etc):AIR5359B

Date, type, and number of certificates issued:(1) AS9100:2001-08 cert issued 1/16/04

Approximate number of employees currently covered by registration:60

Current scope of registration: The manufacture of precision metal parts to customer specifications servicing the aerospace, medical, industrial and other industries



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Appendix B: Meeting Attendees/Triennial Summary

Opening	Closing	Name	Department
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Craig Hill	VP Oper / QA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jerry Swanson	VP Eng
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Darrell Freitag	President
<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

For Triennial Assessments only:

- Have any AR's been rewritten over the certificate period? YES NO
 If yes, have the rewritten AR's now been adequately addressed? YES NO
 Explain if not adequately addressed, including why and their planned actions, if applicable:
- Does the analysis of UL AR trends reflect continued effectiveness of the quality mgmnt system? Yes No
 Explain if no:
- Do management review records indicate the continued effectiveness of the quality management system over the cycle?
 Yes No If no, explain what action was taken to reslove the issue:
- Do internal quality audit and corrective action records show continued compliance of the quality management system and that any adverse trends been adequately addressed? YES NO.
 If no, explain including nature of any negative trends and any planned actions:
- Was a special assessment conducted or was the registration placed on suspension or probation during the certificate cycle? YES NO
 If yes, have the related issues been resolved?

Registration Renewal Recommendation:

- Renew Registration
- Renew Registration Pending Review of Other Sites
- Potential Suspension



Appendix C: Instructions for Follow-Up

I-Action Requests:

For any action requests which are marked as requiring a response, please note the following:

- 1) Corrective Actions Taken and Completed

This applies to action requests that can be addressed within the requested response time (normally 30 days). To prevent delays in the AR review process please provide UL with a brief summary of the identified cause of the condition(s), the action plan to prevent recurrence, and objective evidence that the action plan was taken and completed. Examples of objective evidence for completed corrective actions include copies of revised procedures, updated training records, records of internal audit results, etc. Verification of implementation and effectiveness may be necessary at the next Continuous Assessment. Without objective evidence, the response to the identified Action Request may not be acceptable.

- 2) Corrective Actions Planned and In-Process

This applies to Action Requests that address a condition that cannot be corrected prior to the requested response date (or within a short time thereafter - an extension of a few weeks can be requested and will likely be granted). Providing UL with a "milestone" plan for each planned & in-process corrective action, including what interim action or steps are planned and the associated plan dates, will assist UL in reviewing AR responses. In addition, objective evidence of progress toward completion of the plan is required. (For example, if a team is formed to evaluate, propose, and implement corrective action; team-meeting minutes may provide evidence of progress.) Action and milestone plans should be limited to those items that require more than 30 days to correct. Additional monitoring of milestone plan progress may be necessary.

Action Requests must be entered into the Registered Firm's corrective action system and resolved, with verification of effectiveness in accordance with ISO-9001, Clause . The effective resolution of all Action Requests will be verified by UL at the next continuous assessment.

II- Recommendation for Potential Registration Suspension (only if indicated on page 1)

The noncompliances indicated below and recorded on the attached Action Requests are considered of major significance, and as such, indicate a breakdown in your management system.

Clause No./AR Reference	Description
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Therefore, you must forward a root cause analysis and corrective action plan to UL management within 10 business days of this report date. Should you wish to dispute the action request(s) resulting in this recommendation, please also forward your dispute with supporting information within 10 business days. Any milestone corrective action plans must be completed within 3 months of this report date. The report is being forwarded to UL management for immediate review, who will advise you of their decision on one of the following two courses of action:

1. A special assessment will be conducted within 3 months (90 days) to re-audit the clauses/action request(s) indicated above. If the outcome shows the corrective action was effectively implemented and the system to be in compliance, then the normal continuous assessment program will be resumed. Should the action request(s) not be resolved at this time, then your Registration will be placed on suspension.
2. The Registration will be suspended immediately until a complete management system reassessment has been conducted and the management system is found to be in compliance. This recommendation is based on the nature and number of noncompliances found during the assessment.

In either course of action, if the system is not found to be in compliance within 120 days from the date of this report, the Registration will be withdrawn.

III- Recommendation for Registration Withdrawal (only if indicated on page 1)

The Quality Management System was not found to be in compliance within 120 days from the date in which the Action Requests considered of major significance were noted. The noncompliances indicated below and recorded on the attached Action Requests are considered of major significance, and as such, indicate a breakdown in your management system. This report is being forwarded to UL management for immediate review, who will advise you of their decision.

Clause No./AR Reference	Description	Original Issue Date of AR
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