

# NMEDA QAP DEALERS AUDIT REPORT FORM



**Dealer Type/Category:** (choose one)

- Type 1-** Mobility Equipment Installer (No Manuals Required)
- Type 2-** Installer and Structural Modifier (Manuals Required)
- Type 3-** Installer and High Tech Systems (No Manuals Required)
- Type 4-** Installer, High Tech, and Structural (Manuals Required)

Auditor: \_\_\_\_\_  
 Audit Date: \_\_\_\_\_  
 Last Audit Date: \_\_\_\_\_  
 Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_  
 RADCO # \_\_\_\_\_ WO# \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary QAP Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

NMEDA Account # \_\_\_\_\_ Audit Type:  Initial Accreditation  Annual  Out-of-Sequence

NOTE: For all sections below, mark the appropriate answer to each line from the choices in the right column: YES, NO, or Not-Applicable (N/A).

**SECTION I – DOCUMENTATION REVIEW**

**YES NO N/A**

**A. Quality Control Manual (QCM):**

1. Date approved by NMEDA \_\_\_\_\_ (current revision): \_\_\_\_\_
2. Date of last QCM review (by dealer, from review log): \_\_\_\_\_
3. Are there any unapproved changes to the QCM? .....    
 (if "YES", dealer must submit changes to NMEDA for approval)
4. Does the QCM need to be updated? (personnel, products, etc.) .....    
 (if "YES", list all changes that need to be made in audit summary)
5. Is dealer using all forms and documents currently listed in the appendices of their approved QCM? ...

**B. Label Log and Reporting:**

1. Is the label log up to date and in the correct format? (QAP-101: V.B.2) .....
2. Is the dealer using the current Label Reporting Form (QAP-F25)? .....
3. Unused NMEDA label numbers on hand: \_\_\_\_\_ - \_\_\_\_\_
4. List any damaged or lost labels: \_\_\_\_\_

**C. QAP Documentation:**

1. Are the current NMEDA Guidelines (QAP-103) accessible for reference? .....
2. Are the current NMEDA QAP Rules (QAP-101) accessible for reference? .....
3. Are the current NMEDA Dealer By-Laws (OPS-002) accessible for reference? .....
4. Is the QAP Contact able to login to the NMEDA website (member area)? .....
5. Does dealer have applicable structural manual(s) on hand? (QAP-101: V.D, type 2 & 4 only) .....
6. Does dealer retain customer files dating back seven (7) years,  
 or to its initial NMEDA QAP accreditation? (QAP-101: I) .....

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## D. Insurance and other Required Documentation

1. Completed Operations and Garage Keepers Liability insurance current? (QAP-101: V.A) .....
2. Is NMEDA listed as a Certificate Holder? (attach copy to audit report or record below).....    
Policy # \_\_\_\_\_ Renewal Date: \_\_\_\_\_
3. Does dealer have a system in place for 24/7 customer service and is the phone number the same as the one listed in the NMEDA member information? (QAP-101: V.I, see member info in AMS) .....    
If not, list Telephone # \_\_\_\_\_
4. Is dealer's name, address, phone # on file with NHTSA current/accurate? (QAP-101: IV.B.3).....    
(search NHTSA's web site here: <http://www.nhtsa.gov/apps/modifier/index.htm>)
5. a. Has dealer had any out of area sales in the past 12 months or since last audit? .....    
b. If yes, was the *NMEDA Servicing Dealer Agreement* (QAP-F33) filled out completely and accurately for each file? (Choose up to 3 files, QAP-101, V. J).....

## E. Training/Certifications Verification

1. Has dealer completed QAP 1-2-3 online training? (QAP-101: Appendix D: 17).....
2. Do all technicians have access to the current Guidelines (QAP-103, interview at least 1 tech)? .....
3. (Type 2 & 4 only) Does at least one technician have a current welding certificate? (QAP-101: IV.B.2)..

## F. Customer File Review (QAP-101: Appendix A: B.3)

Randomly select five (5) completed job/customer files from the Label Log to review. Choose files that have not previously been reviewed, and were completed after previous audit.

For each job file, complete Appendix A of this form. If initial audit, check this box:.....

## G. Customer File Review – Label Check (QAP-101: Appendix A: B.3)

Randomly select three (3) customer files from dealer's general files to review for proper labeling.

Look through the job file and determine if a QAP label should be applied to the vehicle based on the installed parts and/or services described by using the QAP Label Decision Tree (QAP-F12).....

Job File 1: Vehicle: \_\_\_\_\_

1. Should a NMEDA Label have been applied to this vehicle? .....
2. If Yes, is a Label Reporting Form (QAP-F25) present in the file? .....
3. If Yes, is the NMEDA QAP label number recorded in the Label Log? .....

Job File 2: Vehicle: \_\_\_\_\_

1. Should a NMEDA Label have been applied to this vehicle? .....
2. If Yes, is a Label Reporting Form (QAP-F25) present in the file? .....
3. If Yes, is the NMEDA QAP label number recorded in the Label Log? .....

Job File 3: Vehicle: \_\_\_\_\_

1. Should a NMEDA Label have been applied to this vehicle? .....
2. If Yes, is a Label Reporting Form (QAP-F25) present in the file? .....
3. If Yes, is the NMEDA QAP label number recorded in the Label Log? .....

# NMEDA QAP DEALERS AUDIT REPORT FORM

## SECTION II – FACILITY/SHOP/TOOLS INSPECTION

### A. Facility

1. Since last audit, has dealer moved or undergone renovations? .....    
(If "NO", skip to question A.3. If "YES", provide details in comments section.)
2. Are the following areas accessible and barrier free? (Reference ADA Guide for Small Businesses)
  - a. Parking area .....
  - b. Parking space to entrance of building .....
  - c. Building entrance door clearance (minimum width of 32") .....
  - d. Showroom (optional) .....
  - e. Office .....
3. Does the shop meet the requirements of the QAP Rules? (QAP-101: V. F) .....

### B. Tools: Verify dealer has the following calibrated tools:

1. Four-corner automotive weight scale(s) (QAP-101: V.C.4.a) .....    
Last Calibration Date(s): \_\_\_\_\_ Calibration Due Date(s): \_\_\_\_\_
2. Torque wrench(es)? (QAP-101: V.C.4.b) .....    
Last Calibration Date(s): \_\_\_\_\_ Calibration Due Date(s): \_\_\_\_\_
3. Multi-meter? (check manufacturer's instructions if needed) (QAP-101: V.C.4.c) .....     
Last Calibration Date(s): \_\_\_\_\_ Calibration Due Date(s): \_\_\_\_\_
4. Small wire crimping tool(s) appropriate for smaller gauge wire connecting? (QAP-101: V.H) .....
5. Large wire crimping tool(s) for large gauge wire connecting? (QAP-101: V.H) .....
6. Vehicle hoist or floor-jack and jack-stands? (QAP-101: V.H) .....
7. Air compressor and air tools or equivalent electrical power tools (QAP-101: V.H) .....

## SECTION III – VEHICLE INSPECTION

Obtain the work order(s) for the vehicle(s) to be inspected on site. For each modification, complete Appendix B. If possible, review at least one modification from each dealer category that this dealer is accredited for (Low Tech/Equipment Installer, High Tech, and Structural). Within each dealer category, try to review specific modification types (Guidelines sections) that have not been reviewed in the past two years.

# NMEDA QAP DEALERS AUDIT REPORT FORM

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## AUDIT FINDINGS SUMMARY & COMMENTS

Based on the observations above and in the appendices of this report use the Audit Finding Code List (QAP-F28) to note the type of finding that was observed in column "CODE" below. Notate the number of instances for each finding in column "QTY". Using the Audit Finding Decision Tree (QAP-F20), determine the class of the finding and indicate in the column "CLASS" (Major = M, Minor = I, Opportunity for Improvement = O).

Sec. Ref.	CODE	QTY	CLASS	NOTES

The comments, findings, and observations contained in this report have been reviewed and discussed by the RADCO representative and the dealer. By signing, dealer acknowledges receipt of this report and agrees to take corrective action, if required, in accordance with the NMEDA Quality Assurance Program requirements. Potential findings have been discussed and are noted above. Any and all findings will be forwarded to NMEDA for final disposition.

DEALER: \_\_\_\_\_ RADCO AUDITOR: \_\_\_\_\_

Report Distribution: Auditor shall retain original hard copy of report. Dealer shall retain digital or hard copy of report for reference and records. A digital copy shall be sent to NMEDA (within 24 hrs) and RADCO at the below addresses:

- RADCO: [reports@radcoinc.com](mailto:reports@radcoinc.com) or fax: 800.454.4186
- NMEDA: [gap@nmeda.org](mailto:gap@nmeda.org) or fax: 813.962.8970

# NMEDA QAP DEALERS AUDIT REPORT FORM

## Appendix A

YES NO N/A

List the NMEDA Label number associated with client file \_\_\_\_\_

Does the customer file contain:

1. Customer contact information and vehicle identification (make, model, VIN, etc.)? .....
2. Documentation that the equipment installed is appropriate for the customer and their mobility needs? (QAP-103: 2.1, or 2.7 for drivers) .....
3. Documentation detailing the specifications (including weight) of the client's wheelchair/scooter, including client's current weight, as described in QAP Guidelines (QAP-103: 2.3)? .....
4. A work order/checklist describing work performed and by who? (ex: QAP-F24) .....
5. Are all installed products shown or referenced in their QCM? .....
6. Do technicians who installed equipment or supervised the installation of equipment have current training certificates (or letters from the manufacturer) for each product they installed or supervised? .....
7. Vehicle Final Inspection Checklist Form (QAP-F23) or equivalent? (QAP-103: 4.5.4.2) .....
8. Evidence the vehicle was test driven? (QAP-103: 4.5.4.2).....
9. A copy of customer's valid driver's license? (QAP-103: 2.6) (driver position modifications).....
10. NHTSA Make-Inoperative form signed by customer? (QAP-103: 1) .....
11. Completed weight analysis indicating vehicle was not / will not be overloaded? .....
12. A NMEDA QAP Servicing Agreement Form (QAP-F33) completed and signed? (QAP-101: V.J).....
13. Evidence that the customer was provided instruction on use and maintenance of installed equipment? (QAP-101: V.C.1.e, QAP-103: 4.5.4.2).....
14. Evidence of a final fitting with client? (QAP-103: 2.5) .....
15. Delivery documents completed and vehicle acceptance documents signed by the client, mobility equipment dealer, driver rehabilitation specialist and/or third party payer? (QAP-103: 4.5.4.1).....

## Appendix A

YES NO N/A

List the NMEDA Label number associated with client file \_\_\_\_\_

Does the customer file contain:

1. Customer contact information and vehicle identification (make, model, VIN, etc.)? .....
2. Documentation that the equipment installed is appropriate for the customer and their mobility needs? (QAP-103: 2.1, or 2.7 for drivers) .....
3. Documentation detailing the specifications and weight of the client's wheelchair/scooter, including client's current weight, as described in QAP Guidelines (QAP-103: 2.3)? .....
4. A work order/checklist describing work performed and by who? (ex: QAP-F24) .....
5. Are all installed products shown or referenced in their QCM? .....
6. Do technicians who installed equipment or supervised the installation of equipment have current training certificates (or letters from the manufacturer) for each product they installed or supervised? .....
7. Vehicle Final Inspection Checklist Form (QAP-F23) or equivalent? (QAP-103: 4.5.4.2) .....
8. Evidence the vehicle was test driven? (QAP-103: 4.5.4.2).....
9. A copy of customer's valid driver's license? (QAP-103: 2.6) (driver position modifications).....
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11. Completed weight analysis indicating vehicle was not / will not be overloaded? .....
12. A NMEDA QAP Servicing Agreement Form (QAP-F33) completed and signed? (QAP-101: V.J).....
13. Evidence that the customer was provided instruction on use and maintenance of installed equipment? (QAP-101: V.C.1.e, QAP-103: 4.5.4.2).....
14. Evidence of a final fitting with client? (QAP-103: 2.5) .....
15. Delivery documents completed and vehicle acceptance documents signed by the client, mobility equipment dealer, driver rehabilitation specialist and/or third party payer? (QAP-103: 4.5.4.1).....

# NMEDA QAP DEALERS AUDIT REPORT FORM

## Appendix B

A. Vehicle: \_\_\_\_\_  
(year, make, model, VIN)

B. Product installed: \_\_\_\_\_ Guidelines Section: \_\_\_\_\_  
(mfg. make, model, serial number)

- |  | <u>YES</u>               | <u>NO</u>                | <u>N/A</u>               | <u>IP</u>                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Installed-by Technician: _____  |                          |                          |                          |                          |
| a. Is above technician certified for installation of this product or was the installation supervised by a technician certified for this product? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 2. Were manufacturer's installation instructions followed?.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does installation comply with relevant section of Guidelines? (QAP-103).....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were relevant SAE standards followed for installation?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was NHTSA: MAKE INOPERATIVE form properly filled out?.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was a calibrated torque wrench used when required by mfg. installation instructions? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was a calibrated multi-meter used when required by mfg. installation instructions?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was the installed product listed or referenced in the dealers QCM?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 9. Does vehicle have all appropriate documentation? (Section I.F).....   | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |

## Appendix B

A. Vehicle: \_\_\_\_\_  
(year, make, model, VIN)

B. Product installed: \_\_\_\_\_ Guidelines Section: \_\_\_\_\_  
(mfg. make, model, serial number)

- |  | <u>YES</u>               | <u>NO</u>                | <u>N/A</u>               | <u>IP</u>                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Installed-by Technician: _____  |                          |                          |                          |                          |
| a. Is above technician certified for installation of this product or was the installation supervised by a technician certified for this product? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 2. Were manufacturer's installation instructions followed?.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does installation comply with relevant section of Guidelines? (QAP-103).....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were relevant SAE standards followed for installation?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was NHTSA: MAKE INOPERATIVE form properly filled out?.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was a calibrated torque wrench used when required by mfg. installation instructions? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was a calibrated multi-meter used when required by mfg. installation instructions?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was the installed product listed or referenced in the dealers QCM?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 9. Does vehicle have all appropriate documentation? (Section I.F).....   | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |