

SUPPLIER QUESTIONNAIRE	Date:
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Legal Company name:

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Business Address:

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Telephone number:

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Total number of employees:.....	General Management:	Technical Dept:	Production Dept:	Quality Dept:
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Responsible of the Quality Department:

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Please name your main customers or enclose/attach copy of your customer list:

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Please check the appropriate answer to the questions below?

YES

NO

1. Does a Certified Quality Management System exist?
2. Does your Company have a Quality Department?
3. Does your Company have a Quality Manual?
If so, please provide a copy to this questionnaire.
4. Does your Quality Manual comply with ISO 9000 Standard?
5. Please confirm whether your Company's Quality Assurance System is Certified or Accredited by a Body such as AERNO, BSI, TÜV?
If so, please provide a copy of certificate
6. Do you perform customer purchase order/contract reviews?
7. What procedures does your company employ for selecting qualified suppliers?
8. Are all measurement and testing aids calibrated at defined intervals and are the results recorded? Do you have a calibration procedure for test and measuring equipment?
9. Are final inspections and tests performed either by, or under the surveillance of Quality Control?
10. Do you keep a record of the inspections carried out?
11. Do you have a documented procedure to control all non-conforming products?
12. What are the procedures you employ for proper handling, storage, packaging and delivery of products?

Remarks:

(Please provide any further information you may consider of interest):