

Supplier Evaluation

Quality System Questionnaire

Please complete all sections or strike out boxes as appropriate.

Company Name	
Address	

	Name	Phone	E-mail
Sales			
Quality			

Products or services for supply

Please circle as appropriate:

Q.1	Do you have a registered quality system from a 3rd party, e.g. ISO 9001? If yes, please supply a copy and go to question 6	Yes / No
Q.2	Do you work to a quality manual?	Yes / No
Q.3	Do you have documented working procedures?	Yes / No
Q.4	Do you have documented inspection procedures?	Yes / No
Q.5	Do you have documented non-conformance procedure?	Yes / No
Q.6	May our representative visit your premises to assess your quality system?	Yes / No

Do you have any additional comments?

Completed by:

Name	Position	Date	Signature

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Notes			
	APPROVED	REJECTED	
Reason			
ISO			
Approved by Director		Director	
Successful trading history			
Specified by customer		Customer	