

Supplier Quality Assurance Questionnaire

Request for Quotation No.:

Company Information

Full name company : _____

Address : _____

Telephone No. : _____

Telefax No. : _____

Company Contacts

Contact person _____

Director level _____

QA representative _____

1.0 List Commodities, e.g. Pressure Vessels, Internals, Compressors, etc.

2.0 Previous Company Order

List details of purchase order/or subcontracts awarded by Companies (Worldwide) to your Company in the last three years.

Company	Commodity	State Purchase Order		
		Date	Number	Value

3.0 Quality Management Systems

	Yes	No	
ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 9002	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 9003	<input type="checkbox"/>	<input type="checkbox"/>	
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Accreditation obtained: _____	<input type="checkbox"/>	<input type="checkbox"/>	attach copy of certificate
Certificate valid until: _____			
Certifying body: _____			
CE Marking:	<input type="checkbox"/>	<input type="checkbox"/>	
Acceptance/code stamp etc. by external bodies: <input type="checkbox"/> <input type="checkbox"/>			
Type of approval code stamp: _____			
Attach letters/certificates etc.: _____			

4.0 We will use the Quality System as per item 3.0 for the Purchase Orders for this project.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5.0 Subsuppliers for this Request of Quotation

Material/Services	Supplier/Subcontractor	Certified

6.0 Other Information

Please state below any other particulars not covered by this Questionnaire but which may assist Company

NB) If insufficient space has been allocated to any of the sections, please attach further information to this Questionnaire.

Completed by (print full name): _____

Company Designation : _____

Signature : _____

Date : _____

For Internal Use Only

Reviewed by _____ Signed _____ Date _____

File Reference No.: