SUPPLIER ASSESSMENT QUESTIONNAIRE



|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
|  |
|  |
| Post Town |  | County |  |
| Post Code |  | E-Mail |  |
| Tel. No. |  | Fax. No. |  |
| Company Registration Number |  |

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| Products or services that you supply? |
| Do you hold third party registration to a recognised standard?e.g. ISO 9001 & 14001, AQAP1 or 4, CAA | **Y/N** |
| If **YES**, please attach copy of the certificate and specify the scope of your approval.If the answer was **NO**, please answer the following: |
| Do you have a nominated person to resolve quality problems? | **Y/N** |
| Do you have a documented Quality System? | **Y/N** |
| Do you investigate and retain records of customer complaints? | **Y/N** |
| Do you identify, segregate and investigate defective items? | **Y/N** |
| Do you regularly calibrate inspection and test equipment? | **Y/N** |
| Do you control purchased material to documented procedures? | **Y/N** |
| Do you carry out and record regular internal Quality Audits? | **Y/N** |
| Do you work to documented inspection procedures? | **Y/N** |
| Do you operate a supplier assessment scheme? | **Y/N** |
| Do you ensure that purchasing documents clearly define the requirements? | **Y/N** |
| Do you operate documented procedures to ensure that the correct drawings/specifications/instructions, etc. are used? | **Y/N** |
| Do you maintain equipment to documented schedules? | **Y/N** |
| Will you supply a Certificate of Conformance? | **Y/N** |
| On request, would you provide a copy of your relevant procedures? | **Y/N** |
| Would you allow an on-site assessment of your Quality System by representatives of this company? | **Y/N** |
| Do you have an Environmental Policy/Statement? | **Y/N** |
| Do you undertake to comply with the Equality Act 2010 and any relevant subsequent legislation? | **Y/N** |

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| --- | --- |
| Contact for all quality matters: |  |
| Contact for all technical matters: |  |

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| **I certify that the details given in this assessment are correct and accurate and undertake to inform****Warden Construction Ltd of any significant changes in status, immediately.** |
| NAME |  | TITLE |  |
| SIGNATURE |  | DATE |  |

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| --- | --- | --- | --- |
| **FOR OFFICE USE** |  | APPROVED BY |  |
| SIGNED |  | DATE |  |

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