

REV	CDR	REVISION DESCRIPTION	BY	APPROVED	DATE
H	00071	Update QCI to requirements for ISO 9001	KR	F.Totta	29/02/12

Supplier Assessment Questionnaire


Supplier Code
(Delta Use Only)

1.0 Contact Details

Company Name					
Address					
		Postcode			
Telephone			Fax		
E-mail					
Total No of Staff	Production -		Quality -		
Main Activity of Business					

2.0 Accreditation

ACCREDITATION		9001	YES	NO	Comments
	Does your company have a Quality management system certified to ISO 9001? If Yes then please attach a copy of your certificate.				
	Have you excluded any requirements of section 7 in ISO 9001:2008				
	Do Not answer any further questions in this section if you are ISO 9001 Certified.				
	Is your company actively seeking to achieve certification in the next 2 years				
	If NO please give reasons				
	Does your company have stated targets for improvement if yes, Please attach	8.1			
	Does your company produce a quality report	8.4			

Author / Reviewer	Title				
K Ramful					
Approved		Supplier Assessment Questionnaire	Size	Document Number	Rev
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3.0 Quality

QUALITY			YES	NO	Comments
	Does your company have a Quality manual, If YES please attach a uncontrolled copy of this document	4.2.2			
	Do you have a procedure in place for controlling client documents	4.2.3			
	Are records maintained and stored as well as readily available for review upon request? <i>(ie: material certificate, Route cards)</i>	4.2.4			
	Is the QMS system sufficiently communicated throughout the organisation as well as conducting management reviews and providing adequate resources to achieve these goals?	5.1			
	Does your company have a quality policy If yes please attach	5.3			
	Who is responsible for quality assurance activities? (Quality representative)	5.5.2			Name - Tel - Email -
	Is there sufficient training provided and if so are there records of education, training, skills and experience	6.2.2			
	is all equipment maintained in order to ensure conformity of the product <i>(ie serviced CNC machines & records)</i>	6.3			
	Does your organisation have systems in place to contact the customer of any changes <i>(ie Concessions)</i>	7.2.2			
Do your products meet statutory and regulatory requirements, provided with instructions for safe use?	7.3				

QUALITY			YES	NO	Comments
	Are controls in place to ensure that purchased materials/components conform to product requirements? (<i>ie approval</i>)	7.4.3			
	Do you have a full traceability system in place?	7.5.3			
	Do you have a control system in place for customer property and who is responsible for reporting any loses.	7.5.4			Name -
	Do you have a system in place adequately store preserve and identify products? (<i>ie material segregation</i>)	7.5.5			
	Are all measuring equipment calibrated with records, with appropriate quarantine systems in place	7.6			
	Are there systems in place to ensure you have met customer requirements (<i>ie Product Auditing</i>)	8.2.1			
	Does your company conduct internal audits?	8.2.2			
	Does your company have sufficient control measures in place to prevent non-conforming products from being released	8.3			
	Do you have a system in place to resolve non-conformances?	8.5			
	do you agree that Delta Controls may need to visit for a quality audit?				

4.0 Commercial

COMMERCIAL	What is the name of the person responsible for ALL financial matters	Name:		
	To whom should Credit / Invoice queries be addressed?	Name:		
	What is the company's registration number?	Reg No:		
	Where is the company registered?	Address:		
	What is the name and address of your Bank?	Name: Address:		
	Account Number	No:		
	Are your accounts regularly audited?	YES	NO	
	If YES please supply a copy of your latest audited financial accounts	Year:		
	What is your VAT Number?	VAT No:		
	State the value of insurance cover for:			
	Product Liability	£		
	Goods in Transit	£		
	Customer Supplied products	£		
	Tooling/Material	£		
	Please include a copy of your current Product Liability Certificate/Policy			

Please ensure you have attached the following documents:

ATTACHED DOCUMENTS	Attached Documents	√	If not attached please give reason why?
	ISO 9001:2008		
	Uncontrolled copy of Quality Manual		
	Quality Policy		
	Targets for Improvement (if not ISO 9001 approved)		
	Quality Report (if not ISO 9001 approved)		
	Latest audited financial accounts		
	Product liability Certificate/Policy		

Please review our Terms and conditions at URL: <http://www.delta-controls.com/content/useful-links>

In signing this document you agree to Delta Controls Terms and Conditions and that all information presented is accurate and true.

Name:

Date:

Signature:

Position



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Delta Internal Use Only

Procurement

Sign:

Date:

Comments:

Purchasing

Sign:

Date:

Comments:

Accounts

Sign:

Date:

Comments: