Supplier Evaluation Fax Cover Sheet			
Date:	From:		
To: Quality Section			
Company: R	e: Supplier Evaluation		
We are sending 2 pages, including this cover shee	et .		
Per our quality system, we are required to have an approved vendor list. To approve vendors we require that they supply us with their ISO registration number and their scope of accreditations, or sufficiently demonstrate that they have policies to ensure the quality of their product and/or service. Please take the time to fill out this form and fax it back to me as soon as possible, at 203-639-6485. List and supply a copy of any ISO or other approvals/certifications you may have. Sincerely,			

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Supplier Evaluation

Revision: 2

Organization Name:					
Address:			_		
City:		Zip Code:_			
Telephone No	Fax No				
Contact Name:	Title:				
Products and Services (Describe b					
ISO Certified?	If Yes Registration No	I saono of ao		ation	
For ISO accredited companies p		i scope of ac	cream	auon.	
Other Certifications (list type and In addition to your accredita	certificate number): tion information, please answer	the followin	o anes	stions.	
	Quality System:				
Does your company have a written	n quality policy/ procedures manus	al? Yes	No	N/A	
Are quality and inspection records	s maintained?	Yes	No	N/A	
Are incoming, in-progress and fin	al testing performed?	Yes	No	N/A	
Are finished materials inspected?		Yes	No	N/A	
Are written inspection procedures	identifying control characteristics	in use? Yes	No	N/A	
Is material tagged to identify statu	s and quality control?	Yes	No	N/A	
Is there a formal procedure for har	ndling of non-conforming material	? Yes	No	N/A	
Is the quality system formally aud	ited?	Yes	No	N/A	
Are procurement sources evaluate	d and monitored?	Yes	No	N/A	