Supplier Evaluation Fax Cover Sheet

Date: From:

To: Quality Section

Company: Re: Supplier Evaluation

Revision: 3

Effective:

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We are sending 2 pages, including this cover sheet

GL 6.1 Supplier Evaluation

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,

Supplier Evaluation

Organization Name:					
Address:					
City:	State	Zip Code:			
Telephone No.		Fax No.			
Contact Name:		Title:			
Products and Services (Descri	be below):				
ISO Certified? YES NO	If Yes F	Registration No.			
For ISO accredited companies please supply your certificate and scope of accreditation.					
-					
Other Certifications (list type and certificate number):					
In addition to your accreditation information, please answer the following questions.					
•		ality System:			

Does your company have a written quality policy/ procedures manual?		NO	N/A		
Are quality and inspection records maintained?	Yes	NO	N/A		
Are incoming, in-progress and final 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 status and quality control?	Yes	NO	N/A		
Is there a formal procedure for handling of non-conforming material?		NO	N/A		
Is the quality system formally audited?		NO	N/A		
Are procurement sources evaluated and monitored?		NO	N/A		