GL 6.1 Supplier Evaluation Revision: 4 Effective: 12/18/2018 CT DESSP Division of Scientific Services

Supplier Evaluation Fax Cover Sheet				
Date: From:				
To: Quality Section				
Company: Re: Supplier Evaluation				
We are sending 2 pages, including this cover sheet				
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

Organization Name:				
Address:				
City:	State	Zip Code:		-
Telephone No	Fax No			_
Contact Name:	Title:			<u> </u>
Products and Services (De	scribe below):			
	If Yes Registration No			
For ISO accredited comp	panies please supply your certificate and	scope of accred	litation.	
Other Certifications (list ty	pe and certificate number):			
	ditation information, please answer the			_
Does your company have a	a written quality policy/ procedures manua	l? Yes	No	N/A
Are quality and inspection records maintained?			No	N/A
Are incoming in progress	and final testing performed?	Vec	No	NI/A

Are incoming, in-progress and final testing performed? Are finished materials inspected? Yes No N/A Are written inspection procedures identifying control characteristics in use? Yes N/A No Is material tagged to identify status and quality control? Yes No N/A Is there a formal procedure for handling of non-conforming material? Yes No N/A Is the quality system formally audited? Yes No N/A Are procurement sources evaluated and monitored? N/A Yes No