

CT DESPP Division of Scientific Services
Supplier Evaluation Fax Cover Sheet

Date: _____

From: _____

To: Quality Section Company: _____

Re: Supplier Evaluation

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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 as soon as possible at 203-639-6485. List and supply a copy of any ISO or other approvals/certifications you may have.

Sincerely,

Contact information:

Supplier Evaluation

Organization Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone No. _____ Fax No. _____

Contact Name: _____ Title: _____

Products and Services (Describe below):

ISO Certified? _____ If Yes 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.

Quality System:

Does your company have a written quality policy/ procedures manual?	Yes	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 the 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?	Yes	No	N/A