

CT Department of Emergency Services and Public Protection, Division of Scientific Services
Supplier Evaluation Cover Sheet

Date: _____

From: _____

To: Quality Section Company: _____

Re: Supplier Evaluation

As part of our Quality System the DSS must ensure that providers of services and supplies meet the needs of our laboratory. To approve vendors we require that they supply us with their ISO certificate and their scope of accreditation(s), or sufficiently demonstrate that they have policies to ensure the quality of their product and/or service.

Please 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,
DSS Quality Section

Please return the completed form via fax to 203-639-6485 or via email provided below:

SUPPLIER EVALUATION

Organization Name: _____		
Address: _____		
City: _____	State _____	Zip Code: _____
Telephone No. _____	Fax No. _____	
Contact Name: _____	Title: _____	
Products and Services (Describe below): _____ _____		
ISO Certified? Yes / No If yes to what standard? <input type="checkbox"/> 17025 <input type="checkbox"/> 17034 <input type="checkbox"/> other: _____ If Yes certificate No. _____		
Please supply a copy of your current ISO Certificate and Scope of Accreditation.		
Other Certifications (list type and certificate number): _____		

Please answer the questions below regarding your Quality System:

Does your company have a written quality policy/ procedures manual?

Are quality and inspection records maintained?

Are incoming, in-progress, and final testing performed?

Are finished materials inspected?

Are written inspection procedures identifying control characteristics in use?

Is material tagged to identify status and quality control?

Is there a formal procedure for the handling of non-conforming material?

Is the quality system formally audited?

Are procurement sources evaluated and monitored?