	Supplier Qualification Form Rev 1.0
1. Company Profile	
Company Name:	Years in Business:
Street Address:	Annual Sales:
	NAICS Code:
City:	Country:
State/Province:	Zip Code:
Company website:	Contact Name:
Contact E-mail:	Phone:
	Fax:
Capabilities: (list products, services, and special capabilitie	s)
Prior Experience with our Company? Yes N	vs) No



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Yes

Within the last 5 years, has your firm been in any of the following circumstances? (che	eck all tha	at apply	')
	Yes	No	N/A
1. Been a debtor in a bankruptcy case			
2. Filed for bankruptcy under any of the bankruptcy codes			
3. Had a business license or certification suspended			
4. Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any government agency or public works project			
5. Had a client process a court filing or submit for arbitration a claim against your firm concerning your work on a project			
6. Been terminated for cause by a client concerning work on a project			
7. Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an insurance policy for your firm			
8. Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an insurance policy for your firm			

If yes to any of the above, please provide details:

3. Health and Safety

	Yes	No	N/A
1. Does your company have a written Health and Safety Program?			
2. Is your firm in compliance with OSHA record keeping policies?			
3. Within the last 5 years, has your firm been in any of the following circumstances:			
a. Had either a state or the federal Occupational Safety and Health Administration cite serious violations and assess penalties against you?			
b. Had either a state or the federal Environmental Protection Agency (EPA) issue a Notice of Violation (NOV) and/or assess penalties against your firm?			
c. Had a period when your firm had employees without workers' compensation insurance or state approved self-insurance?			
d. Experienced a work-related fatality or an accident that resulted in the hospitalization of employees?			



If yes to any of the above, please provide details:

4. Quality System Information

1. Is your quality system certified to a particular standard?

- 2. If Yes, to what standard: ISO 9001/2015
- 3. Is your calibration system in accordance with a particular standard?
- 4. Which of the following do you have written instructions/procedures?
 - a. QA Procedures
 - b. Mfg. Workmanship Standards
 - c. Inspection Standards
 - d. Engineering Drawings of Parts
 - e. Corrective/Preventive Action

5. Authorization

This document will be used as part of a supplier qualification and rating process. By submitting this form, signer represents the information provided is complete and accurate as of the date of this submission.

Name:

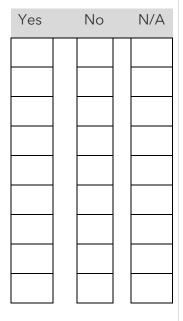
Date:

Title:

6. Approval

Our applicable criteria for selection, evaluation, performance and re-evaluation practices are marked in the table below:

<u>Criteria</u>	<u>Selection</u>	Evaluation/Re-evaluation
Customer specified supplier		
Project completion		
Technical specifications		



CROWNPOINT SYSTEMS		Supplier Qualific	cation Form Rev 1.0
Price and availability			
Product quality			
On time delivery			
Any adverse effect on QMS			
Supplier Status:	red Not Appr	oved	
Comments / Reason for disapproval:			
Vendor #:			
Procurement Rep:		Approval Date:	
QA Rep:		Approval Date:	