



1. Company Profile

Company Name: _____

Years in Business: _____

Street Address: _____

Annual Sales: _____

City: _____

Country: _____

State/Province: _____

Zip Code: _____

Company website: _____

Contact Name: _____

Contact E-mail: _____

Phone: _____

Fax: _____

Business Type: (manufacturing, distributor, services, other)

Capabilities: (list products, services, and special capabilities)

Prior Experience with our Company? Yes No

If yes, provide details:

2. Financial / Legal

Is your firm listed in Dun & Bradstreet? Yes No If Yes, current rating: _____

What is your DUNS Number? _____



Within the last 5 years, has your firm been in any of the following circumstances? (check all that apply)

	Yes	No	N/A
1. Been a debtor in a bankruptcy case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Filed for bankruptcy under any of the bankruptcy codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Had a business license or certification suspended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any government agency or public works project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Had a client process a court filing or submit for arbitration a claim against your firm concerning your work on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Been terminated for cause by a client concerning work on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your firm in compliance with OSHA record keeping policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had a period when your firm had employees without workers' compensation insurance or state approved self-insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experienced a work-related fatality or an accident that resulted in the hospitalization of employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Yes	No	N/A

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



Price and availability		
Product quality		
On time delivery		
Any adverse effect on QMS		

Supplier Status:

Approved

Not Approved

Comments / Reason for disapproval:

Vendor #:

Procurement Rep:

Approval Date:

QA Rep:

Approval Date:
