

# Supplier Quality Assurance Questionnaire

		Request for Quotation No.:
<b>Company Information</b>		<b>Company Contacts</b>
Full name company :	.....	Contact person .....
Address :	.....	Director level .....
	.....	QA representative .....
Telephone No. :	.....	
Telefax No. :	.....	

## 1.0 List Commodities, e.g. Pressure Vessels, Internals, Compressors, etc.

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# Supplier Quality Assurance Questionnaire

## 3.0 Quality Management Systems

	Ye s	No	
ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 9002	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 9003	<input type="checkbox"/>	<input type="checkbox"/>	
Others: .....	<input type="checkbox"/>	<input type="checkbox"/>	
Accreditation obtained: .....	<input type="checkbox"/>	<input type="checkbox"/>	attach copy of certificate
Certificate valid until: .....			
Certifying body: .....			
CE Marking:	<input type="checkbox"/>	<input type="checkbox"/>	
Acceptance/code stamp etc. by external bodies:	<input type="checkbox"/>	<input type="checkbox"/>	
Type of approval code stamp: .....			
Attach letters/certificates etc.: .....			

## 4.0 We will use the Quality System as per item 3.0 for the Purchase Orders for this project.

Ye s	No
<input type="checkbox"/>	<input type="checkbox"/>

## 5.0 Subsuppliers for this Request of Quotation

Material/Services	Supplier/Subcontractor	Certified

