

SUPPLIER AND SUB-CONTRACTOR EVALUATION QUESTIONNAIRE

Please return completed questionnaire to:

Liz Catanho

Quality Coordinator

e-mail: lcatanho@csir.co.za

SECTION A			
A1	Name of Supplier:		
A2	Address:	<u>Physical</u>	<u>Postal</u>
A3	Telephone No.:		
	Fax No.:		
A4	Product / Services Offered:		
A5	Approximate No. of Employees:		

SECTION B		
B1	Are you approved to a recognized Quality Standard?	YES / NO
B2	If yes – please state which Standard:	
	Approval Organisation:	
	Date of Approval:	
	Please attach copies of certificates and scope / schedule of approval.	
B3	Please give the name and title of your Quality Manager or Nominated Representative with authority to resolve quality matters.	
	Name:	
	Title:	
B4	Do you have a Quality Manual?	YES / NO
	If answer to B4 is yes, please omit Section C – if not, please answer all the following questions:	

SECTION C		
C1	Is there a quality programme in place?	YES / NO
C2	Is your quality programme documented so that continuity is ensured even if personnel change?	YES / NO
C3	Do you conduct regular audits of your system?	YES / NO
C4	If necessary, are you prepared to permit representatives of the CSIR to carry out on-site audits of your system?	YES / NO
C5	Do you have a system to identify and deal with problems or complaints?	YES / NO
C6	Is there a formal system to calibrate equipment used for measurements and testing?	YES / NO
C7	Is calibration traceable to a National Standard?	YES / NO
C8	Do you keep records to enable traceability?	YES / NO
C9	Does the laboratory participate in proficiency testing?	YES / NO
	If Yes, please provide info on the proficiency testing Scheme and how results are evaluated.	

SECTION D			
Questionnaire completed by (name):			
Position:			
Signature:		Date:	

FOR OFFICIAL USE ONLY

On-site audit required:		Accepted:	
Complies with criteria as set out in Quality Manual:			YES / NO
Assessed by:		Audit date:	
Approved by:		Date:	