



**SUPPLIER QUESTIONNAIRE**

DOC: CQF-012

REV: 2

REVIEWED BY:

B. Walker

APPROVED BY:

B. Walker

December 14,  
2017

**General Information**

<b>Company Name:</b>	Click here to enter text.		
<b>Street Address:</b>	Click here to enter text.	<b>City:</b>	Click here to enter text.
<b>State:</b>	Click here to enter text.	<b>Zip Code:</b>	Click here to enter text.
<b>Phone No:</b>	Click here to enter text.	<b>Website:</b>	Click here to enter text.
<b>Type of Product or Service provided:</b>	Click here to enter text.		

**Contact Information**

	Name	Title	Phone No.	Email
<b>Quality</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Sales</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Production</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Safety</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Health</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Section 1**

**Third Party Certification**

**Environmental  
Health & Safety  
Management**

ISO14001  
Yes   
No

OHSAS 18001  
Yes   
No

Other  
Yes   
No



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- If yes to any of the above, please provide a copy of the certificate.
- If your company is not registered, do you have a documented Environmental Health and Safety system? Yes  No   
(If yes, please provide copy of the Manual)
- Provide your company's injury/illness experience for the past 3 years as reported on the OSHA 300 log.

INJURY/ILLNESS HISTORY		
<i>Metric Type</i>	<i>Metric</i>	<i>Comment</i>
Number of OSHA Recordable Cases	Click here to enter text.	Click here to enter text.
Number of Lost/Restricted Workday Cases	Click here to enter text.	Click here to enter text.
Number of Fatalities	Click here to enter text.	Click here to enter text.
Number of Man-Hours Worked	Click here to enter text.	Click here to enter text.

- Does your company have an environmental health & safety policy? Yes  No
- Has your company been cited by OSHA/EPA in the past 3 years? Yes  No
- During the last five (5) years, has your company/firm received a violation/fine/penalty for non-compliance involving any of the following:
  - Discharging oil, an oil byproduct, or other hazardous substances to land, water, or air Yes  No
  - Release of oil or hazardous waste during transport of hazardous materials and/or waste Yes  No
  - Improper disposal/dumping of hazardous waste or hazardous materials on land or in water Yes  No

[ If you answered YES to any of the questions above, please provide an explanation of the circumstances surrounding the violation here

**Section 2**

	Third Party Certification			
	ISO9001	AS9100	IATF16949	Other
<b>Quality Management</b>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>

- If yes to any of the above, please provide a copy of the certificate and skip questions below and section 3 then complete section 4.
- If your company is *not* registered and you have a documented quality system, provide a copy of the Quality Systems



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Manual and complete questions below and section 4.

- If your company is *not* registered and *does not* have a documented quality system, complete questions below and section 4.

<b>Questions</b>	<b>Response</b>	<b>Comments</b>
Does quality report directly to management?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Is the effectiveness of the quality management system regularly checked (ex. internal audits)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are these audits documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are all supplied quality-relevant materials subjected to receiving inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are there written inspection/test instructions for receiving inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are the receiving inspection/test instructions available and followed by employees?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are the results of receiving inspection documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are the production processes fixed in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Is the material (supplied parts, unmachined parts, finished parts etc.) clearly identified?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are defective parts clearly identified to be "defective parts"?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Can the finished parts be traced back?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are <u>all</u> manufactured parts subjected to a systematic test or inspection (Note: also applies when the customer does not require any test or inspection)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are there written inspection /test instructions for the in-process and/or final product?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are these inspection/test instructions available and used by the employees?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Are Inspection/Test results documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Can certificates of conformance be issued in accordance with Rotek Terms and Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Is the customer informed about product deviations from finished product requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Does the supplier guarantee that nonconforming products are not forwarded to the customer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Is the process for control of nonconforming product documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Do the supplier's employees understand the process?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.
Is measuring and testing equipment systematically controlled?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Click here to enter text.

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Laboratories and Service Providers	Third Party Accreditation				
	A2LA	ISO17025	Customer	Other	
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>

- If yes to any of the above, please provide a copy of the certificate.

**Section 4****By submission of this form you agree to the following requirements for approved Vendors:**

1. Rotek requires 100% on time delivery performance from vendors. Purchase Orders will provide appropriate planning information and purchase commitments to enable vendors to meet this expectation.
2. Rotek and their customers reserve the right to verify purchased product at the vendor's premises when contractually required. Arrangements will be provided on Purchase Orders if applicable.
3. Rotek Inc.'s terms and conditions. (These can be found on Rotek Inc.'s Website <http://www.rottek-inc.com/> in the Download Section.)
4. Records are established and maintained to provide evidence of conformity to Rotek requirements and of the effective operation of the quality management system. Records shall remain legible, readily identifiable and retrievable for the period of 5 years. If a supplier ceases business with Rotek, or the supplier is unable to maintain the quality records, the supplier shall provide the option for Rotek to take possession of the records. Supplier quality records are not to be destroyed without written approval from Rotek.

**Completed By:** Click here to enter text.      **Title:** Click here to enter text.

**Date:** Click here to enter a date.

Completion of this Questionnaire does not signify approval of your company.

**FOR ROTEK USE ONLY**

Supplier Status:	Reviewer:	Date:
Approved <input type="checkbox"/>	Name :	
Unapproved <input type="checkbox"/>	Title:	
<b>Comments:</b>		