

	Total Quality Management System Forms		Document No: QMF018	Issue No: Revision No: 2 0
	Supplier Quality Questionnaire			
Created on: 14 th April 2016	Date of Revision: 14 th April 2016		Designed by: Paul Stirling	Page No 1 of 3
Amendment Reference No:	NCF005	Change Approved by:	Paul Stirling	

Section A – Return of Completed Form

By Post to:

Mogul Engineers Ltd
Chesterton Road
Rotherham
South Yorkshire S65 1SU

Or by Email to: enquiries@mogul-engineers.co.uk

Section 1– Company Overview

1.	Company Details			
	Company:			
	Address:			
	Telephone:		Fax:	
	General Email:			
2.	Company Organisation and Contacts			
	Managing Director	(Name):	(Email)	
	Quality	(Name):	(Email)	
	Sales	(Name):	(Email)	
	Production	(Name):	(Email)	
3.	Size			
	Total number of employees in the Company:			
	Number of Other Manufacturing Sites:			
4.a	Scope of Supply: Briefly state Service or Material Supplied:			

Section 2 – Quality Assurance

1.	Does the Company hold BS EN ISO 9001:2015 Certification	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	If you hold any other Quality Assurance Certification, Please List Below	
	If you answered 'Yes' to the above question attach all approval certificates and proceed to Question 2	
	If you answered 'No' to the above question, does the Company intend to obtain formal certification, and if so, when?	
	<u>Please complete the following:</u>	
	It is expected that the company have the following systems in place, please indicate status:	
	Does the Company have a Quality Manual?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Goods inspected at receipt of material	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	In-process manufacture inspection of material / processed goods	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Final delivery inspection of material	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Calibration of Inspection, measurement, and Test equipment with maintained records	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Procedure for control of non- conforming material / product	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Internal Audit Process	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Does the Company have trained auditors?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Procedure for control of customer drawings and specifications	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Training of Company personnel backed up with appropriate records	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Traceability from final component to raw material	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Root cause and corrective action reporting system	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Are customer orders fully reviewed upon receipt for capability?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Procedure for Dealing with Order Amendments	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Are procedures for sample inspection techniques used?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Do you supply a Certificate of test/conformity with the goods?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Would you allow a visit from our QA Dept to audit your system?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Section 2 - Quality Assurance Cont.

2.	Does the Company have Quality Approval(s) from any other customers?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If 'Yes', please provide details and Certificates		

Section 3 - Health and Safety

1.	Does the Company have a Health and Safety Policy?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Does the Company hold BS OHSAS 18001 Certification or other Third-Party Certification? If 'Yes', please <i>enclose a copy of the certificate</i>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If 'No', does the Company intend to obtain formal certification and if so, when?		

Section 4 - Environment

1.	Does the Company have a Environmental Policy?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Does the Company hold BS EN ISO 14001 Certification or other Third-Party Certification? If 'Yes', please <i>enclose a copy of the certificate</i>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If 'No', does the Company intend to obtain formal certification and if so, when?		

Section 4 - General

1.	Do you have Employers Liability Insurance	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Do you have Public Liability insurance	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3.	Do you have Product Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<i>Please provide a copy of your insurance certificates</i>		

Section 5 – Enclosed Documentation Check List

BS EN ISO 9001	<input type="checkbox"/>	Others (Please Specify Below)	
BS EN ISO 14001	<input type="checkbox"/>		<input type="checkbox"/>
BS OHSAS 18001	<input type="checkbox"/>		<input type="checkbox"/>
Employers Liability Insurance	<input type="checkbox"/>		<input type="checkbox"/>
Product Liability Insurance	<input type="checkbox"/>		<input type="checkbox"/>
Public Liability Insurance	<input type="checkbox"/>		

Section 6 - Completion

Completed By:	Job Title:
Signed:	Date: