

	<b>Total Quality Management System Forms</b>		Document No: <b>QMF018</b>	Issue No: Revision No: 2 0
	<b>Supplier Quality Questionnaire</b>			
Created on: 14 <sup>th</sup> April 2016	Date of Revision: 14 <sup>th</sup> 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

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

## Section 2 – Quality Assurance

<b>1.</b>	<b>Does the Company hold BS EN ISO 9001:2008 (2015) Certification or other Third Party Certification?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>If you answered 'Yes' to the above question attach all approval certificates and proceed to Question 2</b>		
If you answered 'No' to the above question, does the Company intend to obtain formal certification, and if so when?		
<b><u>Please complete the following:</u></b>		
Does the Company have a Quality Manual?		Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>It is expected that the company have the following systems in place, please indicate current status:</b>		
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.

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

## Section 3 - Health and Safety

<b>1.</b>	<b>Does the Company have a Health and Safety Policy?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>2.</b>	<b>Does the Company hold BS OHSAS 18001 Certification or other Third Party Certification?</b> 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

<b>1.</b>	<b>Does the Company have a Environmental Policy?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>2.</b>	<b>Does the Company hold BS EN ISO 14001 Certification or other Third Party Certification?</b> 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

<b>1.</b>	Do you have Employers Liability Insurance	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>2.</b>	Do you have Public Liability insurance	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>3.</b>	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"/>	BS OHSAS 18001	<input type="checkbox"/>
BS EN ISO 14001	<input type="checkbox"/>	Employers Liability Insurance	<input type="checkbox"/>
Public Liability Insurance	<input type="checkbox"/>	Product Liability Insurance	<input type="checkbox"/>

## Section 6 - Completion

<b>Completed By:</b>	<b>Job Title:</b>
<b>Signed:</b>	<b>Date:</b>

### For Mogul Use ONLY

Supplier ID code:		Approval Expiry Date:	
Matrix Update	YES / NO	EMAX Docs Linked	YES / NO
Signed:		Date:	