251658240

Supplier Quality Questionnaire

1. Company Details	
Company Name: Viamed Ltd	
Company Address: 15 Station Road Cross Hills, Keighley West Yorkshire BD20 7DT	
Tel No: 01535 634542	Fax No: 01535 635582

Customer Service Contact: Tel No: 01535 634542	Email: enquiries@viamed.co.uk

2. Person responsible for Quality Assurance:	
Name: Derek Lamb	Position: Managing Director
Tel No: 01535 634542	Email: Derek.lamb@viamed.co.uk
To whom is he/she responsible: Name:	Position:

3. Person Responsible for Product Complaints:	
Name: Steve Hardaker	Position: UK Sales Manager
Tel No: 01535 634542	Email: steve.hardaker@viamed.co.uk

4. Do you have an ISO Accredited quality system?			**Yes**
If **YES**, please complete the following section and ignore section 5			
Name of system(s)	Certification Body	Certificate Number	Date of Registration
ISO9001:2008	BSI	FS 28344	15/06/94
ISO13485:2003	BSI	MD78787	27/01/04
CE Certification			23/08/96
ISO 14001:2004			
WDL			
Please attach a copy of the certificate(s) and scope to this form			

5. If **NO**, please complete this section

Do you have a Quality Manual?	YES	NO	N/A
Do you have a Company Quality Policy?	YES	NO	N/A

Do you have written procedures for the following?

Supplier Approval	YES	NO	N/A
Purchasing	YES	NO	N/A
Inspection of delivered materials	YES	NO	N/A
Design	YES	NO	N/A
Process Planning & Development	YES	NO	N/A
Cleanliness & contamination control	YES	NO	N/A
Production Control	YES	NO	N/A
Inspection & testing	YES	NO	N/A
Batch release	YES	NO	N/A
Equipment calibration & preventive maintenance	YES	NO	N/A
Risk Analysis	YES	NO	N/A
Retained samples	YES	NO	N/A
Complaints Handling	YES	NO	N/A
Batch Identification & traceability of product (recall) Product Recall	YES	NO	N/A
Change Control Product packaging and labelling	YES	NO	N/A
Sales	YES	NO	N/A
Storage & Distribution	YES	NO	N/A
Document and Record controls	YES	NO	N/A
Non-compliance	YES	NO	N/A
CAPA	YES	NO	N/A
Pest control	YES	NO	N/A
Continuous improvement	YES	NO	N/A
Training	YES	NO	N/A
Counterfeit awareness	YES	NO	N/A
Quality Audits:			
Internal	YES	NO	N/A
External	YES	NO	N/A
Management Review	YES	NO	N/A
Training	YES	NO	N/A

6.	
If required, are you willing to supply a copy of your quality manual to us?	No

If required, are you willing to allow a quality audit by us?	Yes

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7. Product Supplied

BUNZL Product Code	Supplier Product Code	Description	Technical Data Sheet Available?* Y/N	MSDS/ COSHH Available?* Y/N	TSE Free Statement Available?* Y/N	ETO Compatible ? Y/N	Gamma Compatible Y/N	Contains Latex?* Y/N	Contains Phthalates? Y/N	Is the Device CE Marked ? Y/N	Medical Device Product Class I/IIa/IIb/III	PPE Product Class	CE Number	Shelf Life Years	Instructions for Use	
															Required? Y/N	Supplied?* Y/N
	0021013	Posey Sensor Wraps (Box of 12)	N	N	N	N	N	N	N	Y	N/A		N/a		N	Y

* Where the response is yes, please supply certification

8. Form completed by:	
Name: Catrin Hollings	Position: Sales & Marketing Co-Ordinator
Signature: C Hollings	Date: 15/05/13