

## VIAMED Supplier Quality Questionnaire

<b>1. Form completed by:</b>			
Name: <i>N. D Goss</i>		Position: <i>MANAGING DIRECTOR</i>	
Signature: <i>[Signature]</i>		Date: <i>24<sup>th</sup> August 2016</i>	
<b>2 Company Details</b>			
Company Name: <i>Goss Springs Ltd</i>			
Company Address: <i>BOWER HILL INDUSTRIAL ESTATE BOWER HILL EPPING ESSEX CM16 7BN</i>			
Tel No: <i>01992 574321</i>		Fax No: <i>01992 570109</i>	
Customer Service Contact: <i>PAULINE SWIFT</i>		Tel No: <i>01992 574321</i>	
		Email: <i>PSWIFT@GOSS-SPRINGS.COM</i>	
<b>3. Person responsible for Quality Assurance:</b>			
Name: <i>SHAHID MALIK</i>		Position: <i>QUALITY MANAGER</i>	
Tel No: <i>01992 574321</i>		Email: <i>SMALIK@GOSS-SPRINGS.COM</i>	
To whom is he/she responsible: Name: <i>N. D Goss</i>		Position: <i>MANAGING DIRECTOR</i>	
<b>4. Person Responsible for Product Complaints:</b>			
Name: <i>SHAHID MALIK</i>		Position: <i>QUALITY MANAGER</i>	
Tel No: <i>01992 574321</i>		Email: <i>SMALIK@GOSS-SPRINGS.COM</i>	
<b>5. Do you have an ISO Accredited quality system?</b>			
			<b>Yes</b>
If <b>YES</b> , please complete the following section and <b>ignore section 6</b>			
Name of system(s)	Certification Body	Certificate Number	Date of Registration
ISO9001:2008	<i>BSI</i>	<i>KM 553327</i>	<i>19/07/15</i>
ISO13485:2003			
CE Certification			
<i>AS 9100C</i>			
<i>TS 16949:2009</i>	<i>BSI</i>	<i>TS 5165463</i>	<i>8/04/2015</i>
<b>Please attach a copy of the certificate(s) and scope to this form</b>			

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6. If <b>NO</b> , 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
In process inspection	YES	NO	N/A
Final Inspection	YES	NO	N/A
Recording all inspection activities and results	YES	NO	N/A
Recording non-conformance products	YES	NO	N/A
Corrective activities to prevent re-occurrence	YES	NO	N/A
Retention of records	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
Test and Inspection Equipment calibration & preventive maintenance	YES	NO	N/A
Are the calibration results traceable to recognised National Standards	YES	NO	N/A
Retention of calibration records	YES	NO	N/A
Risk Analysis	YES	NO	N/A
Retained samples	YES	NO	N/A
<b>Complaints Handling</b>	YES	NO	N/A
Regular analysis of Customer complaints	YES	NO	N/A
Corrective action as a result of analysis	YES	NO	N/A
Batch Identification & traceability of product (recall)	YES	NO	N/A
Change Control Product packaging and labeling	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
Continuous improvement	YES	NO	N/A
Training	YES	NO	N/A
<b>Quality Audits:</b>			
Internal	YES	NO	N/A
External	YES	NO	N/A
Management Review	YES	NO	N/A
Training	YES	NO	N/A
Retention of records	YES	NO	N/A
Will you allow Viamed to visit your premises to analyse your systems	YES	NO	N/A
Business Continuity Plan (BCP)	YES	NO	N/A
Regular testing of the BCP	YES	NO	