VIAMED Supplier Quality Questionnaire

1. Form completed by:	
Name: CHRIS WEBB	Position QUALITY
Signature: Chris Webb	Date 16/8/16

2 Company Details	
Company Name: REEVITE INDUSTRIAL MOULDINGS	
Company Address: 16 MURDOCK RD BICESTER OX26 4PP	
Tel No: 01869 252520	Fax No:

Customer Service Contact: Tel No:	Email: Chris.Webb@reevite.co.uk.

3. Person responsible for Quality Assurance:	
Name: AS ABOVE	Position:
Tel No:	Email:
To whom is he/she responsible: Name:	Position:

4. Person Responsible for Product Complaints:	
Name: CHRIS WEBB	Position:
Tel No: 01869 252520	Email: chris.webb@reevite.co.uk

5. Do you have an ISO Accredited quality system?			**Yes**
If **YES**, please complete the following section and **ignore section 6**			
Name of system(s)	Certification Body	Certificate Number	Date of Registration
ISO9001:2008	SEE ATTACHED		
ISO13485:2003			
CE Certification			
Please attach a copy of the certificate(s) and scope to this form			