

VST Supplier Quality Questionnaire

1. Form completed by:			
Name:		Position	
Signature:		Date	
2 Company Details			
Company Name:			
Company Address:			
Tel No:		Fax No:	
Customer Service Contact:			
Tel No:		Email:	
3. Person responsible for Quality Assurance:			
Name:		Position:	
Tel No:		Email:	
To whom is he/she responsible:			
Name:		Position:	
4. Person Responsible for Product Complaints:			
Name:		Position:	
Tel No:		Email:	
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)/Version	Certification Body	Certificate Number	Date of Registration
ISO9001:			
ISO13485:			
EC Certification			
Please attach a copy of the certificate(s) and scope to this form			

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6. 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
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
Complaints Handling	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
Quality Audits:			
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	

