VIAMED 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)	Certification Body	Certificate Number	Date of Registration
ISO9001:2008			
ISO13485:2003			
CE 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-conformace products	YES	NO	N/A
Corrective activities to prevent re-occurence	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	