To ensure that the quality of Corrotherm’s products and/or services is maintained it is essential that brought in products or services are of a high standard. Critical Material Suppliers will be selected on their ability to consistently meet the Company’s requirements.

To this end we request that this questionnaire is completed and returned to us promptly. We appreciate that some sections many not be relevant to the products or services you intend to supply and these sections may be omitted as necessary. **You may submit your own approval pack if you feel it covers the information requested in this document.**

**Section 1 – About your Company**

**Name, address and general contact details**

|  |  |
| --- | --- |
| Company Name |  |
| Telephone Number |  |
| Street Address |  |
| Town/City |  |
| County |  |
| Post or Zip code |  |
| Country |  |
| Website |  |

|  |  |
| --- | --- |
| Sales Contact/Position |  |
| Sales Telephone |  |
| Sales email |  |

|  |  |
| --- | --- |
| Accounts Contact/Position |  |
| Accounts Telephone |  |
| Accounts email |  |

**About the company**

|  |  |
| --- | --- |
| Products or services to be supplied |  |
| Any additional Products/ Services available |  |
| Number of  Employees | Permanent –  Temporary - |
| Can you provide dedicated Account/issue resolution management? |  |

**Certificates and Testing**

|  |  |
| --- | --- |
| Can you confirm you hold EN10204 3.1 or 3.2?  (If yes – please provide certs) |  |
| In-house testing -  Please indicate your capabilities. | Non-destructive testing –  Mechanical testing –  Chemical testing - |

**Performance Credentials**

|  |  |
| --- | --- |
| Do you have Procedures in place to ensure product traceability? |  |
| Please indicate your Quality Metrics: | Delivery times -  Rejection rates -  Re-Work –  Other - |
| Could Corrotherm visit your site in future to complete a 2nd Party audit? |  |

|  |  |
| --- | --- |
| Major Customers/References |  |
| Do you sub-contract?  If you please list the parties involved |  |

Whilst not necessary at the moment would you be prepared to consider signing a confidentiality or non-disclosure agreement? ❑ Yes / ❑ No

Please complete sections 2 (Quality), 3 (Environment), 4 (Health & Safety), 5 (Other information), sign and return this form to us by email, fax or post.

**Section 2 – Quality Assurance**

Do you have a registration to ISO 9001 (or equivalent)? ❑ Yes / ❑ No  
If **YES** please attach a copy of your UKAS certificate to this questionnaire and proceed to Section 3

**If No, please complete the following supplementary questions:**

Do you have an approved Quality Policy? ❑ Yes / ❑ No

Do you have Documented Quality Procedures? ❑ Yes / ❑ No

Do you undertake internal QA inspections? ❑ Yes / ❑ No

Do you monitor ongoing Business & quality performance? ❑ Yes / ❑ No

Do you ensure ongoing training and competency of workers? ❑ Yes / ❑ No

Do you have a Non-conformity process? ❑ Yes / ❑ No

Do you ensure your equipment is calibrated ? ❑ Yes / ❑ No

**Please provide any relevant supporting information for the above questions**

**Section 3 – Environmental**

Do you have a registration to BS EN ISO 14001 (or equivalent)? ❑ Yes / ❑ No  
If **YES** please attach a copy to this questionnaire and proceed to Section 4

**If No, please complete the following supplementary questions:**

Do you have an approved Environmental Policy? ❑ Yes / ❑ No

|  |  |
| --- | --- |
| Environment Contact/Position |  |
| Telephone |  |
| Email |  |
| Please detail any environmental initiatives you have undertaken. |  |

**Section 4 – Health and Safety**

Do you have a registration to ISO 45001 (or equivalent)? ❑ Yes / ❑ No  
If **YES** please attach a copy to this questionnaire and proceed to Section 5

**If No, please complete the following supplementary questions:**

Do you have an approved Health & Safety Policy? ❑ Yes / ❑ No

|  |  |
| --- | --- |
| Health & Safety Representative |  |
| Telephone |  |
| Email |  |
| Do you have a dedicated health& safety manager/advisor? |  |
| Do you have H&S Arrangement Documents and risk assessments in place? | H&S Arrangement documents (controls) –  Risk Assessments - |
| Has your company ever been subject to any health & safety enforcement actions: | Prosecution?  Improvement notice?  Prohibition notice? |

**Section 5 – Other Information**

Information provided in this section whilst not strictly required but is deemed helpful to the assessment of your organisation.

**Equal Opportunities**

Do you have an Equal Opportunities Policy? ❑ Yes / ❑ No

**Insurance**

Do you have Employers Liability Insurance? ❑ Yes / ❑ No

Do you have Public Liability Insurance? ❑ Yes / ❑ No

Do you have Product Liability Insurance? ❑ Yes / ❑ No

Do you have Professional Indemnity Insurance? ❑ Yes / ❑ No

Any company providing on contracting site services must be able to demonstrate they have adequate insurance cover for their staff and the services they provide whilst on site.

|  |  |
| --- | --- |
| Completed by |  |
| Signature |  |
| Date |  |

***Return this form (and any attachments) preferably by email to Corrotherm.***

|  |  |
| --- | --- |
| email: | qa@corrotherm.co.uk |
| fax: | +44 (0)23 8074 8114 |
| post | Corrotherm International Ltd  Unit 31, Stephenson Road, South Hampshire Industrial Estate  Totton, Hampshire, SO40 3SA |

**Supplier Approval (Corrotherm USE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Quality | ❑ Yes / ❑ No | Approved by |  |
| Environment | ❑ Yes / ❑ No | Date |  |
| OHSAS | ❑ Yes / ❑ No | Review |  |
|  | **Approved Supplier Number:** | |  |