

VENDOR QUESTIONNAIRE AND APPROVAL

COMPANY DETAILS Company Name: Registered Address: Mainline Telephone: **VAT Registration Number Business Registration Number** Email: SUPPLIER MAIN POINT OF CONTACT Name: Position: Office/Site Address: Telephone: Email: **QUALITY MAIN POINT OF CONTACT** Name: Position: Telephone: Email: SCOPE OF SUPPLIER FACILITIES, PRODUCTS AND SERVICES Total Number of Employees: Scope of Products & Services Available: Key Facilities & Special Processes: **QUALITY SYSTEM APPROVALS Quality System Approvals:** Registration **Registration Date: Date of Last** Certificate Number: Attached: (Y/N): **Assessment:**

Author: Mawgan Searle Revision: 05 Date:10/04/2024

QUALITY MANAGEMENT SYSTEM ARRANGEMENTS

Please provide relevant information and indicate 'yes', 'no' or N/A to the following questions

Management System Area	Yes	No	N/A
Does your Company operate a documented quality management system?			
At what frequency is the Quality Management System reviewed by Senior Management?		•	
Are documented procedures and work instructions available to all personnel?			
Is the nominated representative for quality independent from other functions?			
Is there a documented process for reviewing contracts and purchase orders?			
Do you have documented procedures to control and verify design documentation, including requirements, specifications and engineering design records and drawings?			
Is there a documented process for the approval and monitoring of suppliers and records of the scope of approval?			
If so, at what frequency is the list of supplier approvals reviewed?			
Are bought out materials and goods traceable to supplier Certificates of Conformity, and/or material certification?			
Is materials/goods traceability to source maintained throughout manufacturing processes and delivery to customers?			
Are gauges, measuring and testing equipment calibrated to traceable standards and records kept of Calibration Certificates?			
Are non-conforming articles clearly identified and held in a secure quarantined area?			
Are deliverable products given a check/inspection/test to verify conformance with order requirements, including documented first article inspections?			
Are test records completed and available for inspection if required?			
Are Certificates of Conformity signed by approved Company signatories and delivered as a matter of course for all goods and services?			
Are customers notified immediately of any non-conformances subsequently identified in a product that has been delivered?			



Finance Information		
Registered Supplier Name:		
Registered Address:		Accounts contact:
Registered Supplier Number:		Accounts telephone:
Main Contact:		Accounts email:
Email:	Telephone:	VAT Number:
Bank account number:	Sort Code:	Currency: (£/€/US\$)
Company Working Hours:		IBAN/Swift Code:
Payment Due Dates:		

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OTHER MANAGEMENT SYSTEM APPROVALS

Management System Approvals:	Registration Number:	Registration Date:	Date of Last Assessment:	Certificate Attached: (Y/N):

SUPPLIER COMMENTS

Please provide any additional comments below:
The information provided above is accurate and complete, and copies of all supporting Quality Management System certificates and supplier approvals are enclosed.
Signed:
Name:
Position:
Dated:
Thank you for your assistance in completing this form. Please return the form to:
Phil Jones
Quality Manager
Piran Composites Ltd.

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SUPPLIER APPROVAL (PIRAN QUALITY MANAGER TO COMPLETE) Scope of Approval: **Procurement Management Comments: Quality Management Comments:** Approval: Granted / Rejected Date of Next Review: Authorisation of Supplier Approval: Signed: Name: Position: Date of Approval: _