

REV	CDR	REVISION DESCRIPTION	BY	APPROVED	DATE
J	CR0663	Question regarding welding added to section 3.0.	JS	N. Pullen	23/01/18
K	CR0797	Additional box added to section 4. Commercial	JB	R.Dainty	10/08/18
L	CR1037	Logo and Name changed from Delta-Controls to Delta-Mobrey	JB	R.Dainty	28/06/19

Supplier Assessment Questionnaire


Supplier Code
(Delta Use Only)

1.0 Contact Details

Company Name					
Address					
		Postcode			
Telephone			Fax		
E-mail					
Total No of Staff	Production -		Quality -		
Main Activity of Business					

2.0 Accreditation

ACCREDITATION		YES	NO	Comments
	Does your company have a Quality Management System certified to ISO 9001?			
	If you answered 'YES' to the above question do not answer any further questions in this section.			
	Is your company actively seeking to achieve ISO 9001 certification in the next 2 years?			
	If 'NO' please give reasons			
	Does your company have stated targets for improvement?			
	Does your company produce a quality report?			

Author / Reviewer	Title				
J. Betts					
Approved		Supplier Assessment Questionnaire	Size	Document Number	Rev
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3.0 Quality

		YES	NO	Comments
QUALITY	Does your company have a Quality Manual?			
	Do you have a procedure in place for controlling client documents?			
	Are records maintained and stored as well as readily available for review upon request? (e.g.: <i>Material Certificates, Route Cards</i>)			
	Is the QMS sufficiently communicated throughout the organisation as well as conducting management reviews and providing adequate resources to achieve these goals?			
	Does your company have a Quality Policy?			
	Who is responsible for Quality Assurance activities? (Quality representative)			Name - Tel - Email -
	Is sufficient training provided? Are records of competence, education, training, skills and experience kept?			
	Is all equipment maintained in order to ensure conformity of the product? (e.g.: <i>Serviced Equipment & Records Kept</i>)			
	Does your company have systems in place to contact the customer of any changes? (e.g.: <i>Concessions</i>)			
	Do your products meet statutory and regulatory requirements, provided with instructions for safe use?			
	Are controls in place to ensure that purchased materials/components conform to product requirements?			

QUALITY		YES	NO	Comments
	Do you have a full traceability system in place?			
	Do you have a control system in place for customer property?			
	Do you have a system in place to adequately store preserve and identify products? (<i>e.g.: Material Segregation</i>)			
	Do you have a documented process in place that describes how you manage potential fraudulent or counterfeit supply?			
	Is all measuring equipment calibrated with records and with appropriate quarantine systems in place?			
	Are there systems in place to ensure you have met customer requirements? (<i>e.g.: Product Auditing</i>)			
	Does your company conduct internal audits?			
	Does your company have sufficient control measures in place to prevent non-conforming products from being released?			
	Do you have a system in place to resolve non-conformances?			
	Do you agree that Delta Mobrey may visit for a Quality Audit?			
	<p>If welded joints are used in the manufacture of products supplied to Delta, are Weld Process Specifications and Weld Process Qualification Records maintained in accordance with the relevant harmonised standards of the Pressure Equipment Directive?</p> <p>See: https://ec.europa.eu/growth/single-market/european-standards/harmonised-standards/pressure-equipment_en</p> <p>Please submit the relevant WPS and WPQR if applicable.</p>			

4.0 Commercial

COMMERCIAL	What is the name of the person responsible for ALL financial matters	Name:	
	To whom should Credit / Invoice queries be addressed?	Name:	
	What is the company's registration number?	Reg No:	
	Where is the company registered?	Address:	
	What is the name and address of your Bank?	Name: Address:	
	Account Number	No:	
	Are your accounts regularly audited?	YES NO	
	If YES please supply a copy of your latest audited financial accounts	Year:	
	What is your VAT Number?	VAT No:	
	Expected Annual Spend with the supplier	Amount	
	State the value of insurance cover for:		
	Product Liability	£	
	Goods in Transit	£	
	Customer Supplied products	£	
Tooling/Material	£		
Please include a copy of your current Product Liability Certificate/Policy			

5.0 Delta Mobrey Expenditure (For Delta Mobrey Use Only)

Expected Annual Spend with the supplier	Amount	
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Please ensure you have attached the following documents:

ATTACHED DOCUMENTS	<u>Attached Documents</u>	<u>√</u>	<u>Please Explain If You Cannot Attached The Documents</u>
	ISO 9001: (Latest) Certificate		
	Quality Manual		
	Quality Policy		
	Material Traceability Procedure		
	Targets for Improvement (if not ISO 9001 approved)		
	Quality Report (if not ISO 9001 approved)		
	Latest audited financial accounts		
	Product liability Certificate/Policy		

Please review our Terms and conditions at URL: <https://www.delta-mobrey.com/Suppliers/>

In signing this document you agree to Delta Mobrey Terms and Conditions and that all information presented is accurate and true.

Name:

Date:

Signature

Position



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Delta Internal Use Only

Quality

Sign:

Date:

Comments:

Purchasing

Sign:

Date:

Comments:

Accounts

Sign:

Date:

Comments:



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