EUROPEAN COMMISSION
JOINT RESEARCH CENTRE

Institute for Reference Materials and Measurements

SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE

Company Name:.....

Address: .....

1 Are you registered for quality assurance? YES/NO

If yes,

Standard accredited or certified to:.....

Granting Organisation: .....

Certificate number and registration date:.....

Scope of accreditation/certification: .....

If you have completed this section go immediately to section 3

2 Quality System (delete as applicable)

Does your company operate a quality system?	YES/NO
Are your working procedures documented and authorised?	YES/NO
Are analytical methods validated?	YES/NO
Do you have a programme in place to ensure appropriate qualification and training of staff?	YES/NO
Do you have a system for document control in place?	YES/NO
Do you have an instrument maintenance plan in place?	YES/NO
Do you check your working conditions for appropriateness?	YES/NO
Are orders reviewed for acceptability?	YES/NO
Do you have a formal system for dealing with complaints?	YES/NO
Do you carry out internal audits?	YES/NO
Would you allow IRMM to audit your system if required?	YES/NO

Other relevant information: .....

.....

3 Questionnaire completed by:

Name: .....

Position: .....

Date & Signature: .....

Please fax to: +32 14 571 548