



Form A Quality Questionnaire for Critical Suppliers

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| Supplier Name | |
| Supplier Address | |
| Telephone Number | |
| Fax Number | |
| E-Mail | |
| Website | |

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|--------------------------------|--|
| Person responsible for Quality | |
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| Nature of materials/services provided to Neogen: |
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| <p>1. Is your company registered to any of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> ISO9001<input type="checkbox"/> ISO1702<input type="checkbox"/> GMP<input type="checkbox"/> Other (Please specify) _____ <p>Please attach copy of certification and ignore questions 3 to 12. If not, or the product service you are supplying to us is not accredited please complete all questions.</p> <p>2. Would you be prepared to accept a quality audit visit by a representative from Neogen?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>3. Does your company have a quality policy?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>4. Does your company have a quality manual?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No |
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5. Does your company operate quality management procedures?
 Yes
 No

6. Do you have a supplier appraisal system?
 Yes
 No

7. Do you have corrective and preventative action procedure?
 Yes
 No

8. Does your company perform goods received inspections?
 Yes
 No

9. Does your company perform in process inspections?
 Yes
 No

10. Does your company have a calibration programme?
 Yes
 No

11. Does your company have traceability records?
 Yes
 No

12. How are the personnel trained/qualified to carry out duties?

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|--|--|
| Questionnaire completed by (print name) | |
| Date | |
| Job title | |

| | |
|-----------|--|
| Signature | |
| Date | |