

Supplier Appraisal Questionnaire

1. SECTION A ----TO BE COMPLETED IN FULL	
Supplier Name	

2. SALES DEPARTMENT DETAILS	
Sales Department Address (include post-code)	
Sales Contact Name	
Sales Telephone No.	
Sales Fax No.	
E-mail Address	
Web Site	

3. ACCOUNT PAYABLE DETAILS	
Company Name – Payable:	
Invoice Address:	
Company Registration No:	
VAT Registration No:	
Accounts Contact Name:	
Accounts Telephone No:	
Accounts Fax No:	
Accounts email address:	
Bank Name:	
Bank Address:	
Bank Account No:	
Bank Sort Code:	
BIC Number:	
IBAN Number:	
Email Remittance Advice If yes – email address:	

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4. COMPANY PROFILE

Please attach company profile and organisational structure tree -

SECTION B---TO BE COMPLETED IN FULL

Nature of Business	
Type of Products or Services Supplied	
Supplier QEHS Contact Name & Position	
Have you a written Quality Policy in place Yes/No.	If so please enclose a copy of the policies when returning this questionnaire
Have you a written Environmental Policy in place Yes/No.	If so please enclose a copy of the policies when returning this questionnaire
Have you a written Health and Safety Policy in place Yes/No.	If so please enclose a copy of the policies when returning this questionnaire
Have you any reportable or recordable incidents in the past year? If so please give details.	
Have you had any enforcement notices issued in the past year? If so please give details	
Have you implemented a formal QMS System (e.g. ISO 9001,)	
Have you implemented a formal Environmental System (e.g. ISO 14001)	
Have you implemented a formal OHS System (e.g. ISO 18001)	
Do you have formal third party registration approval for the above. (e.g. BSI, Lloyds, SGS, Yarsley)	If so please enclose a copy of the certificates (including the Scope of registration) when returning this Questionnaire.
Are your Procedures regularly Audited and if so, by whom?	
Would there be any objection to an Appraisal visit by Booth Welsh QA Department?	

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SECTION C---TO BE COMPLETED BY SUPPLIERS WHO MANUFACTURE GOODS FOR BOOTH WELSH	
Type of Manufacturing Services Provided:	
Comprehensive Insurance in Place? Copy of Certificate Provided?	
Use of any Critical Secondary Subcontractors? If so provide details.	
Evidence of COSHH requirements for materials or services supplied?	
Assessment of Control in place For: a) Production Planning: b) Product Identification & Traceability: c) Inspection Methods & Facilities for: Incoming Goods: In-Process: Final Inspection: d) Training of Staff: e) General Housekeeping:	Note: Please attach any supporting Documents provided to support this form

Please Return This Questionnaire to: The Senior Procurement Officer Booth Welsh 3 Riverside Way Irvine Ayrshire KA11 5DJ	Signed.....(Suppliers Rep) Position..... Date.....
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Official Use Only:	
Supplier ID	Account No.
Credit Limit	Agreed Payment Terms
Date Approved	Grade
Authority	Position

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Date of evaluation	Supplier on-time delivery performance (to be evaluated on an annual basis). Poor / Good / Excellent Comments
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Continue on separate sheet if necessary.