



16 Mackey Place
St. John's, NL
A1G 1A1

Tel: (709) 793-3100
Fax: (709) 758-1045

SUPPLIER QUESTIONNAIRE

Company Name:

Year Established:

Scope of Services:

Address:

Tel No:

Fax No:

Website:

Contact Name:

E-mail:

QUALITY MANAGEMENT SYSTEM

Does your company operate within a formal Quality Management System? Yes No

If yes, to what standard: _____ Please provide copy of your certificate. Attached

Does your company have a written Quality Policy and Procedures Manual? Yes No

If yes, please provide a copy of your Quality Policy and the table of contents for your manual. Attached

If your company does not have a documented quality management system, please complete the next page of this questionnaire Yes No

Please provide any additional information which would be pertinent to this evaluation of your capabilities

Name & Title of QA contact:

HEALTH, SAFETY, AND ENVIRONMENT SYSTEM

Does your company operate within a formal Health, Safety and Environment Management System? Yes No

If yes, please provide a copy of your current HSE Policy and table of contents for your manual. Attached

Does your company have a Certificate of Recognition or Equivalent? Yes No

If yes, please provide a copy of your certificate. Attached

Please provide current Worker's Compensation clearance letter. Attached

Please provide details of your company's accident/incident statistics for the past 3 years. Attached

Has your company ever been issued a stop-work order from a regulator body? Yes No

Would your company be willing to undergo a QHSE audit, in which a representative of TTCC could visit your facility? Yes No

Please provide any additional information which would be pertinent to this evaluation of your capabilities:

Name & Title of HSE contact:



Please note: If a registered ISO 9001 company disregard the following questions on THIS page, but please do answer the questions listed on Pages 3 and 4.

	Y	N	N/A	Remarks
1. Do you have a Quality Manual: Outlining Quality System Policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outlining Quality System Procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Do you perform periodic audits of your Quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Do you have a documented Corrective Action Procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Do you have documented procedures for the calibration and control of Inspection, Measuring & Test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there a prescribed system for document and change control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are inspection and other records available for review by customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Do you have a policy on the retention of records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Is there a documented procedure for controlling nonconforming material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Do you have a documented supplier control procedure & an Approved Vendors List?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are there operating procedures for the incoming Inspection of purchased material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Are there documented instructions for packaging and shipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Do you have written instructions and standards for each operation of the process for all products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Do you carry out in-process and final inspection of products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Does your firm have a continuous improvement program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Authorized Signature: _____

Date: _____

Title: _____



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Financial

List Revenues For:	Last Year	Second Previous Year	Third Previous Year

Banking Information:

Name:	Phone.:
Address:	Fax:
Job No.:	Pieces:

Provide current amount of comprehensive general liability insurance.	
Provide current amount of insurance for automobile liability.	

Service or Product Provided

List products and/or services that the Company wishes to Pre-qualify to Supply.

Product or Service Description	Manufacturer Name	Country of Origin

Please send 2 sets or product catalogues to the address indicated above.

Experience

Work History – References

List important contracts completed by the Company in the past three (3) years.

Product or Service Description	Manufacturer Name	Country of Origin



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What Company activity is currently scheduled for the next 12 months?

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List the Registrations / Certifications which qualify the company for the proposed supply / service.

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Labour Relations

List all trade unions with which you have contracts or working agreements.

Trade Union Name	Contract / Agreement Expiration Date	Open Disputes?	
		Yes	No

Employment

Provide an estimated breakdown of the employees.

Total	# NL Residents Employed		# Other Canadian Residents Employed		# Non-Canadian Residents Employed	
	# Female	# Male	# Female	# Male	# Female	# Male

Ownership

Break out percentage of Company ownership to a total of 100%.

100 % =	% Newfoundland and Labrador	% Other Canadian Provinces	% Outside Canada
100.			

Company / Vendor Acknowledgement

NEAL accepts no liability for any costs incurred by the supplier in preparation of this Pre-Qualification Form. Submittal of this Pre-Qualification Form does not convey that the Supplier will be included on the final bidder List. It will be NEAL's sole right to determine the final list of qualified vendors to be included on any Bidder's List.

Name:	Date:
Signature:	Title: