

Producer Quality Assurance Questionnaire

Cole Chemical & Distributing, Inc. is ISO 9001:2008 certified. In order to comply with the standards set forth in ISO we must assess our supplier's ability to meet our sub-contractor and quality requirements. This assessment includes Cole's right to audit our supplier's facility to ensure the product and/or services you provide meet both Cole's and our customer's requirements. After completing the form below please mail along with a copy of your quality manual and literature regarding your company to:

**Cole Chemical & Distributing, Inc.
1500 S. Dairy Ashford, Suite 450
Houston, TX 77077**

Company Name: _____

Physical Address: _____
City State Zip

Mailing Address: _____
City State Zip

Remit to Address: _____
City State Zip

Payment Terms: _____ Federal ID#: _____

Dunns #: _____ Sales Tax #: _____

State: _____

Phone: (800) _____ Phone: _____

Fax: _____ Website: _____

Date Company Established: _____ Date Incorporated: _____

Contacts:

Sales Rep: _____ Phone: _____

E-Mail: _____ Fax: _____

Customer Service: _____ Phone: _____

E-Mail: _____ Fax: _____

Tech. Support: _____ Phone: _____

E-Mail: _____ Fax: _____

Quality Dir: _____
E-Mail: _____

Phone: _____
Fax: _____

Environmental Director: _____
E-Mail: _____

Phone: _____
Fax: _____

Emergency Contact: _____
Pager: _____

Phone: _____
Mobile: _____

Overnight/Wknd Contact: _____
Pager: _____

Phone: _____
Mobile: _____

Other: _____

Legal Structure: _____ Individual
_____ Partnership
_____ Joint Venture

_____ Sole Proprietorship
_____ Corporation

Are you M/WBE ? _____ Yes (Attach certificate and answer question below)
_____ No

If Yes, what kind of M/WBE? Woman-owned: _____
Minority-owned (ethnicity): _____

Industry Category: _____

Are you ISO 9001 certified? _____ Yes (Attach certificate) _____ No
Do you have plans to become ISO 9001 certified? _____ Yes _____ No
What is your target date of certification? _____

Are you QS9000 certified? _____ Yes _____ No
If not, planned date: _____
Other Quality Certifications: _____

Geographical Market Capabilities (check all that apply)
_____ Local _____ Regional _____ National _____ International

Please list producing points and/or stocking locations:

Nature of Business (list products and/or services offered) Attach company brochures/information pamphlets.

Quality Program Management:

1. Do you have a corporate Quality Philosophy?
 Yes (attach a copy) No

2. The Quality Department's authorities and responsibilities are clearly defined in writing.
 Yes No

3. A documented training program exists for Production Operators/Technicians.
 Yes No

4. A documented training program exists for Quality Inspectors/Technicians.
 Yes No

5. Procedures/Work Instructions are available and used in the following areas:

	Yes	No
a. Purchasing	<input type="checkbox"/>	<input type="checkbox"/>
b. Receiving	<input type="checkbox"/>	<input type="checkbox"/>
c. Material Storage	<input type="checkbox"/>	<input type="checkbox"/>
d. Production	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
f. Material Handling	<input type="checkbox"/>	<input type="checkbox"/>
g. Packaging	<input type="checkbox"/>	<input type="checkbox"/>
h. Shipping	<input type="checkbox"/>	<input type="checkbox"/>

6. Compliance with Procedures/Work Instructions is audited and corrective action is taken when noncompliance is detected. Yes No

7. The following records are retained:

	Yes	No
a. Supplier certification inspection	<input type="checkbox"/>	<input type="checkbox"/>
b. Certificates of Analysis/Conformance	<input type="checkbox"/>	<input type="checkbox"/>
c. Corrective Action	<input type="checkbox"/>	<input type="checkbox"/>
d. Internal Audits	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplier Audits	<input type="checkbox"/>	<input type="checkbox"/>
f. Quality Training	<input type="checkbox"/>	<input type="checkbox"/>
g. Statistical Process Control	<input type="checkbox"/>	<input type="checkbox"/>

8. The Inspection and Testing Plan is designed to detect nonconforming material at the earliest practicable point. Yes No

9. Corrective Action is taken as a result of nonconforming material.
 Yes No

10. Negative nonconforming material trends are identified and corrected.
 Yes No

11. Can you trace product supplied to Cole Chemical back through your process to a specific lot number, shipment, and time frame? Yes No

12. A documented Corrective Action System exists. Yes No

13. Does the company have drug program implemented? Yes No

14. Does the company have a safety program implemented? Yes No

15. Responsible Care is implemented? Yes No

16. In Emergency Response, does the company have a spill contingency plan?
 Yes No

Please list a minimum of three company references:

<u>Company</u>	<u>Contact</u>	<u>Address</u>	<u>Fax</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach your company's certificate of insurance.

***** DO NOT WRITE BELOW THIS LINE FOR INTERNAL USE ONLY *****

Approved By: _____	Date: _____
Not Approved By: _____	Date: _____
Entered in Computer By: _____	Date: _____
Date Information added to the Meeting Minutes: _____	Date: _____
Copy in Quality Questionnaire Book: _____	Date: _____
New Vendor Requirement Letter Sent by: _____	Date: _____