

## Producer Quality Assurance Questionnaire

Cole Chemical & Distributing, Inc. is currently ISO 9001 managed and operated, with over 20 years of ISO 9001 certifications. In order to comply with 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, or email, 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**

**colechem@colechem.com**

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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: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_  
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

Please Specify: 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.

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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>Email</u>	<u>Phone</u>	<u>Fax</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 Supplier folder in Network System: _____	Date: _____
New Vendor Requirement Letter Sent by: _____	Date: _____