

Trading Company 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 #: _____ State Tax #: _____
State: _____

Phone: (800) _____ Phone: _____
Fax: _____ Website: _____

Date Company Established: _____ Date Incorporated: _____

Contacts:

Owner: _____ Phone: _____
Email: _____ Fax: _____

President: _____ Phone: _____
Email: _____ Fax: _____

Sales Rep: _____ Phone: _____
Email: _____ Fax: _____

Customer Service Rep: _____
Email: _____

Phone: _____
Fax: _____

Technical Support: _____
Email: _____

Phone: _____
Fax: _____

Quality Director: _____
Email: _____

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 section below)
_____ No

If Yes, what kind of M/WBE?

Woman-owned: _____

Minority-owned (ethnicity): _____

Geographical Market Capabilities (check all that apply)

_____ Local _____ Regional _____ National _____ International

Please specify national/regional or global areas of strength:

Nature of Business (list products and/or services of strength):

Please list your sources of supply:

- _____ Direct from U.S. Producers
- _____ Direct from International Producers
- _____ Distribution companies
- _____ Other brokers/traders

Quality Program Management:

1. Do you have a Quality Program established? Yes No
2. Are you in the process or already ISO registered? Yes (Attach certificate)
 No

Other Quality certifications: _____

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

4. A documented training program exists for salespeople and customer representatives.
 Yes No

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

	Yes	No
a. Purchasing/Specifications	_____	_____
b. Tracking coordinating	_____	_____
c. Packaging	_____	_____
d. Inventory	_____	_____

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. Producer certification inspection records	_____	_____
b. Certificate of Analysis/Conformance	_____	_____
c. Corrective Action	_____	_____
d. Internal Audits	_____	_____
e. Supplier Audits	_____	_____
f. Quality Training	_____	_____

8. Are there any inspection/testing plans in place to detect nonconforming material at the earliest practicable point?

Explain: _____

9. Corrective Action is taken as a result of nonconforming material. Yes No
Please describe system in use: _____

10. Are negative nonconforming trends identified and corrected? Yes No
11. A documented Corrective Action System exists. Yes No
12. An original specification and certificate of analysis will be provided from the original producer. Yes No
13. Are your subcontractors or packaging facilities that you hire to handle your products ISO certified? Yes No
14. Have you visited and/or audited the subcontractors and packaging facilities that handle your product? Yes No
15. Can you trace product supplied to Cole Chemical back through your process to a specific producer lot number, shipment, and time frame?
 Yes No
16. Do you have work instructions forms for your carriers and packaging facilities?
 Yes (Please attach samples) No
17. Do you have a formal procedure to evaluate your suppliers?
 Yes No
18. Do you have a drug program implemented? Yes No
19. Do you have an approved carrier list where you select carriers evaluated on performance, safety and compliance to DOT regulations? 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>

***** 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: _____