

Trading Company 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

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:

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Joint Venture | |

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: _____