

This questionnaire facilitates the approval and evaluation of suppliers and subcontractors. This information will be used in the approval process of new suppliers and also update information for existing suppliers.

Instructions

1. Please answer all questions.
2. Attach all applicable documents.
3. Submit via:
 - a. Email: quality@cahill.ca (Preferred)
 - b. Fax: 709.368.3502

For clarifications please contact the Cahill Group Quality department at quality@cahill.ca.

Audits

Analysis of this information may result in the need for an assessment or audit by Cahill Group personnel. In this event, we would contact you to arrange a convenient date.

Person completing this questionnaire

I declare the information within is true and correct to the best of my knowledge.

Name		Phone	
Title		Email	
Signature		Date	

Supplier Key Contact Personnel

General			
Name		Phone	
Title		Location	
Email			
Financial			
Name		Phone	
Title		Location	
Email			
Quality			
Name		Phone	
Title		Location	
Email			
Safety			
Name		Phone	
Title		Location	
Email			

General Information			
Legal Company Name:		Operating As:	
Parent Company (If applicable):			
Website:			
<input type="checkbox"/> Mailing or <input type="checkbox"/> Physical Address:			
Province/State/Territory/Region:		Country:	
Postal/Zip Code:		Fax Number:	
Telephone Number:		Requested Net Payment Terms:	
Ownership Format:		Payment Currency:	
HST/Business Number:		Years in Business:	
Date of Establishment:		Is the company willing to be audited:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Insurance: Include \$ Amount (CAD) if applicable.

Public Liability Insurance:		Warranty and Product Recall:	
Building/Facilities/Content:		WHSCC/WCB Insurance:	Attach letter of good standing

Personnel	Non-Management	Management	Total
Number:			
Turnover Rate:			
Union Affiliated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Represented By:	Contract Expiration Date:	

Diversity - Please indicate which groups your company is either owned by or affiliated with:

Aboriginal Peoples Persons with Disabilities Visible Minorities Women Other: _____

% Ownership: _____ # of Employees: _____ Is your Company Diversity Certified? No Yes, By? _____

Work Stoppage

Last Work Stoppage Date: _____

Reason: _____

Capabilities: Select all that are applicable.

Category: OEM Distributer Service Provider Sub-Contractor

Other: _____

Product: Mechanical Plumbing Piping HVAC Instrumentation Electrical Equipment

Engineering Transportation Structural Chemical Civil Other: _____

Do you use subcontracts for services or special processes? No Yes **Please list primary subcontractor(s) below**

Company Name	Services/Special Processes	Location	Certification Criteria (ISO, API.)

Certification(s)/Approvals: List and Attach applicable third party certifications (e.g. ISO 9001, API, COR, etc).

Certification(s)	Expiry Date	Registration Company	Last Audit Date	Details/Info

ASME Certificate Processes: No Yes Which Stamps: _____

Industries Served:

Industry	Type of Work	% of Sales	Duration

Major Customers:

Company Name	Services Provided	% of Sales	Last Customer Audit Date

QHSE Questions: <i>If ISO9001:2008 Registered proceed to section B and provide;</i> <i>A valid ISO 9001:2008 Certificate, Quality Policy and Quality Manual Table of Contents.</i>	
Section A: Quality Management System	
A1. Is there a Quality Management System Manual, or equivalent in place in your company? If yes attach table of contents and Quality Policy.	YES <input type="checkbox"/> NO <input type="checkbox"/>
A2. Is there a process to control documents and records?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A3. Does the system ensure that applicable revisions of drawings, instructions, and procedures are available to personnel?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A4. Is there a retention Policy for Quality Records (Inspection Results, Material Test Results, etc)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A5. Is there a periodic management review of the quality management system and quality policy for suitability, adequacy, and effectiveness?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A6. Is there a documented process for equipment calibrations?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
A7. Is there a process for identification, segregation and control of non-conforming products to prevent unintended use or delivery?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
A8. Are there records of non-conformity, including any subsequent action taken?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A9. Are training, competency and certification records maintained?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A10. Are Corrective Actions performed, recorded and evaluated to ensure effectiveness?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A11. Is there an internal audit process and audit plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A12. Are quality objectives and responsibilities clearly stated and measured?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A13. Are there quality goals and performance metrics accessible to the workforce?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A14. Is there an order/contract review process?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A15. Is there a process to manage change in the business, including notifying the customer of process, tooling, equipment, and material changes?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Design and Development:	
A16. Is there a defined design verification and validation process to ensure conformance to specifications and regulatory requirements?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
A17. Are responsibilities and authorities for the design process defined?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
A18. Are critical characteristics of the design identified?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
A19. Is there a process for design changes that includes identification, documentation, review and approval?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Purchasing:	
A23. Is an approved suppliers list maintained?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
A24. Is there a criterion for supplier selection and evaluation and are related records maintained?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
A25. Are there written procedures for material control?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Section B: Health, Safety, and Environment	
B1. Is there a written HSE Program? If yes, please provide the table of contents and attach a copy of the OH&S Policy.	YES <input type="checkbox"/> NO <input type="checkbox"/>
B2. Are HSE statistics maintained? If yes, attach a copy of the previous three years.	YES <input type="checkbox"/> NO <input type="checkbox"/>
B3. Are injury, incident, or near miss investigations conducted? Are root causes and action plans for corrective actions performed? If yes, attach copy of the procedure.	YES <input type="checkbox"/> NO <input type="checkbox"/>
B4. Are safety meetings held for employees? If yes, how frequently?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B5. Is there a written orientation for new employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B6. Are regular workplace inspections conducted?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B7. Is a hazard assessment process in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Section C: Management Responsibilities	
C1. Is senior management directly involved in setting goals, plans, and reviewing progress in quality improvement and safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C2. Are customer requirements established and satisfaction monitored?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section D: Resources Management

D1. Is there a preventive maintenance program, and are related records maintained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D2. In the event of unforeseen circumstances (strike, power outage, natural disaster, etc) is there a documented business continuity plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section E: Operations

Process Planning & Controls

E1. Is there a written process control plan that outlines all major activities occurring during the product/service execution process?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E2. Are work instructions available for all employees affecting product quality?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E3. Is there an established process for identification/marketing and material traceability throughout the execution process?	YES <input type="checkbox"/>	NO <input type="checkbox"/> N/A <input type="checkbox"/>

Handling, Storage, Packaging, and Delivery

E4. Is there a pre-ship inspection process to validate the contents, label accuracy, and quantities of all containers shipped?	YES <input type="checkbox"/>	NO <input type="checkbox"/> N/A <input type="checkbox"/>
E5. Is there a customer return goods authorization process in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/> N/A <input type="checkbox"/>

Inspection & Test

E6. Are the inspection points performed and recorded per control/quality plan or Inspection Test Plan (ITP)?	YES <input type="checkbox"/>	NO <input type="checkbox"/> N/A <input type="checkbox"/>
E7. Is functional testing performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/> N/A <input type="checkbox"/>
E8. Are first article inspections performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/> N/A <input type="checkbox"/>

Section F: Measurement Analysis and Improvement

F1. Is there a formal documented continuous improvement program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F2. Are Key Performance Indicators (KPI), or other performance metrics established? If yes, how frequently are they measured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Checklist of Documents Submitted:

	Attached
ISO 9001:2008 Certificate	<input type="checkbox"/>
Quality Policy	<input type="checkbox"/>
Quality Manual Table of Contents	<input type="checkbox"/>
Health and Safety Policy	<input type="checkbox"/>
HSE Manual Table of Contents	<input type="checkbox"/>
HSE Statistics (Past 3 Years)	<input type="checkbox"/>
Environmental Policy	<input type="checkbox"/>

Additional Certificates/Documents:

1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>

Additional Comments: