

Polymer Works, Hope Street,
Dudley, West Midlands DY2 8RS



t: 01384 252555
f: 01384 252373
e: info@advancedseals.co.uk

<http://www.advancedseals.co.uk>

Supplier Questionnaire

Supplier/sub-contractor/services

Company legal name:	
Trading as:	
Address:	
Telephone:	
Fax:	
Email:	
Website:	
Products or services supplied:	

Personnel:

	Name:	Telephone:	Email:
Quality Manager:			
.. reports to:			
Sales Manager:			
Technical Manager:			
Progress Enquiries:			

Quality System:

	YES	NO
Do you currently hold third party accreditation to BSENISO 9001?	<input type="checkbox"/>	<input type="checkbox"/>
If not, do you intend to seek registration?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when do you expect to be registered?		

If a current certificate is held, please ignore the rest of this questionnaire and forward this with a copy of your certificate to ASG

Doc. No: QAP 006A
Revision A
Date: 01/10/2016

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	YES	NO
Do you have A Quality Manual?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain documented procedures for Management Systems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain documented procedures for Management Responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain documented procedures for Provision of Resources?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain documented procedures for Product and Service Provision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain documented procedures for Measurement, Analysis and Improvement?	<input type="checkbox"/>	<input type="checkbox"/>
Are you fully aware of your obligations under the Health & Safety at Work Act, COSHH and other relevant regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to provide works test certificates?	<input type="checkbox"/>	<input type="checkbox"/>
If necessary would you accept a visit from our QA representative?	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____

Position: _____

Date: _____

For use only by Advanced Seals and Gaskets Ltd ONLY		
Approval grade:		
Certificate number:		
Approved by:		
Approval date:		
Re-evaluation date:		
Comments:		
Re-evaluations		
Date:	New Grade:	Approved by:

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