



To Be Completed By Beckon Scientific:			
Buyer:	Choose Buyer Name	Vendor ID:	BSC-YYYY-MM-XXX
Vendor Category:	Choose Category	Date:	Choose Date.
Vendor Terms:		Inco Terms/FOB/ ExWorks:	

Supplier Qualification Form

(This form MUST be completed to be an approved BECKON SCIENTIFIC Supplier)

Name: _____

Address: _____

Phone: _____

Fax: _____

Main Contact: _____

Email: _____

Quality Contact: _____

Email: _____

Web Site: _____

Scheduling Contact Name	Phone #
CEO Contact Name	Phone #

Quality System Certifications

SUPPLIER Please answer all questions below. If necessary, you may attach additional documentation.

1. Does the Supplier have an established Quality Program? Yes No
 - a. Is the Quality Program supported by a written Quality Manual? Yes No If Yes, provide revision date: _

2. How does the Supplier assure quality level of outgoing products?

ISO 9000 certified? Yes No

If Yes, indicate ISO version: ISO _____ and expiration date _____ and provide copy of current ISO Certificate. If No, please explain:

ISO 13485 certified? Yes No

If Yes, indicate ISO version: ISO _____ and expiration date _____ and provide copy of current ISO Certificate. If No, please explain:

FDA 510(k) approval on products? Yes No Note: Please provide copies of the 510(k) approvals and explanation on products which do NOT have 510(k) approvals.

3. How is non-conforming product handled?

4. Does the Supplier have an internal Corrective Action Program? Yes No
 - a. If no, please explain:

Other Current Quality Certifications: _____

Future Plans for Quality System: _____

If there are any current quality system certifications, please supply copies of certifications, quality policy, quality objectives, and quality manual.

Survey

Organization Information

Number of Employees _____	Number of years in business _____
Owner years of experience in this business _____	Approximate (%) rate of growth over last year _____

List of value added services and/or custom items offered:

Financial Information

	Item	Supplier Response
1	What programs are in place for cost reduction?	
2	What programs are in place for productivity improvements?	
3	What is your annual % of cost reduction you will plan to provide BECKON SCIENTIFIC?	
4	Will you require any capital expenditures to support our business? If so, are the funds available?	
5	What is your Dun and Bradstreet rating?	
6	Has the company experienced any financial difficulties in the past 5 years? Please explain.	
7	How does our business fit in with your overall business plans?	

8	Are you willing to sign a long term purchasing agreement contract with BECKON SCIENTIFIC?	
9	What are your standard payment terms?	

Capacity Information

	Item	Supplier Response
1	What is your current % of capacity being used?	
2	What expansion plans do you have for the next 2 years?	
3	Approximately what is the area of your operation?	
4	How do you prioritize your production scheduling?	

Quality System Information

	Item	Supplier Response
1	Is there a controlled and proven effective quality system in place?	
2	Do you have a contract review process in place? Please explain.	
3	How do you handle changes from your customers?	
4	Do you have a document control process in place? Please explain.	
5	Do you have an effective process that provides feedback to BECKON SCIENTIFIC on errors	
6	Do you have a purchasing process in place? Please explain.	
7	What is your process to ensure finished, shipped parts match BECKON SCIENTIFIC	

8	What is your process to ensure materials purchased are identified, controlled, and tracked?	
9	What is the process to provide feedback to BECKON SCIENTIFIC in the events of issues and late	
10	How do you ensure safe delivery of products to BECKON	
11	What is your process to control customer supplied materials and equipment?	
12	What is your process to ensure equipment is functioning properly and calibrated? Are calibration records maintained?	
13	Are all of the operators trained and qualified to perform tasks required?	
14	Do you meet all safety and environmental requirements?	
15	How do you control non-conforming products?	
16	Do you have a corrective and preventive action process in place? Please explain.	

I certify that the information provided above is true to the best of my knowledge. If there are any significant changes in the quality system, management, or quality personnel, BECKON SCIENTIFIC Precision will be notified within 30 days of those implemented changes.

Supplier Qualification

Name: _____

Authorized Signature: _____

Date: _____

BECKON SCIENTIFIC Review and Approval

To be completed by Beckon Scientific

Approval Status Approved Not Approved

Scope of Approval:

Name: _____
Position/Title _____
Authorized Signature: _____
Date: _____

Re-Evaluation Summary

Date	Performed by	Status	Comments
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	