



Supplier Questionnaire

Supplier: _____

Date: _____

GENERAL INFORMATION

Company Name:		Telephone Number:	
Address:		Fax Number:	

	<i>Name</i>	<i>Title</i>	<i>Phone</i>	<i>Email</i>
Contacts				

QUALITY MANAGEMENT SYSTEM

<p><i>Please check the appropriate box(es).</i></p> <p><i>If your QMS is certified to ISO 9001, you do not need to complete the remainder of this form. Please sign and return.</i></p>	<input type="checkbox"/> ISO 9001:2015 certified (please provide copy of certificate) <input type="checkbox"/> Other (please specify and provide copy of certificate) _____ Completed by: _____
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If your Quality Management System is not currently certified, please complete the remainder of this form, sign and return.

	Yes (provide evidence)	No	Comments
1. Do you have a plan to achieve ISO 9001 registration with the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	Planned Date: _____
2. Do you have a Quality Manual that specifies your quality policy, organizational structure, and defined responsibilities for quality?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have (a) documented procedure(s) addressing your corrective action and customer complaint systems?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have documented evidence of compliance to applicable regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have documented evidence of compliance to other specified requirements appropriate to the industry (certification of calibration activities, provision of material certifications, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are you able to provide Latitude Graphics with the following (as applicable): <ul style="list-style-type: none"> • Packing Lists per shipment indicating the Latitude Graphics PO number • Safety Data Sheets (SDS) 	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are you able to meet Latitude Graphics' on-time delivery requirements of 5 days early, 0 days late, based on a five day work week?	<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: *Latitude Graphics will regularly evaluate your performance in the areas of quality management system, customer service, quality, delivery and cost. According to the requirements of our quality management system, Latitude Graphics reserves the right to request:*

- ***Documented evidence of regulatory compliance (including SDS)***
- ***Documented material, process and/or quality management system certifications***
- ***Formal Corrective Action responses.***



Supplier Questionnaire

Additional Comments:

Completed By: _____

Date: _____

Return to:

**Claire Busse
Latitude Graphics
1850 Ludden Dr.
Cross Plains, WI 53528**

Phone: (608) 831-6880 Fax: (608) 831-6983

Email: cbusse@LatitudeGraphics.com

For Latitude Graphics Use Only:

Probationary Unapproved

COMMENTS:

SIGNATURE

DATE



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