

LEGEND TECHNICAL SERVICES, INC.

VENDOR QUALITY QUESTIONNAIRE

Vendor Status – **LEGEND use only**

New Vendor

Re-evaluation

GENERAL INFORMATION

Date: __ / __ / ____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Fax: _____

Tax ID#: _____

QA Contact Name: _____

QA Contact Phone Number: _____

QA Contact E-mail: _____

LEGEND Customer #: _____

Vendor Supplies the Following: Product Service Other: _____

Vendor incorporated? Yes **(Attach a copy of current W-9 form)** No NA

PRODUCT SUPPLIER INFORMATION

Product is: Available when ordered Manufactured upon order

Back order protocols: Notify LEGEND of backorders, time to fill Other:

Are CofAs included with all chemical, bottle and supply orders? Yes No Online

Are Material Safety Data Sheets provided with all chemicals? Yes No Online

Do you use subcontracted suppliers? Yes No

➤ How do you evaluate them?

Do you have a product return policy? Yes - **Attached** Yes - **Online** No

SERVICE PROVIDER INFORMATION

Type of service provided: Calibration/Maintenance Subcontracted Analysis Other

➤ If other, describe: _____

If subcontracted analysis, what type? Environmental Industrial Hygiene Other

➤ If other, describe: _____

Subcontract laboratories must supply a copy of their most current Certificate of Insurance

LEGEND TECHNICAL SERVICES, INC.

VENDOR QUALITY QUESTIONNAIRE

QUALITY MANAGEMENT SYSTEM INFORMATION

Do you have ISO 9001:2008 or ISO 17025 accreditation? **(Attach copies of all certificates):** Yes No

Do you have any additional accreditations? **(Attach copies of all certificates):** Yes No

If ISO Certified, skip the following section and proceed to vendor signature section.

Is a QA Program in place and utilized? Yes No

Documentation – Specify if the following major elements are included in documentation system:

- QA Program Yes No
- Organizational Chart Yes No
- Personnel qualifications and training Yes No
- Work procedures (SOPs, work instructions) Yes No
- Procurement system Yes No
- Subcontractor evaluations Yes No
- Equipment calibration and maintenance program Yes No
- Material traceability Yes No
- Corrective action process Yes No
- Shipping and storage procedures Yes No
- Internal and external audits Yes No

VENDOR ACKNOWLEDGEMENT

I verify that all the information contained herein is true and complete to the best of my knowledge.

Contact Signature: _____ Date: ____ / ____ / ____

Contact Title: _____

Comments:
(on any of the above) _____

Email, Fax, or mail questionnaire and all applicable copies of documentation indicated, to:

QA e-mail: kgrandprev@legend-group.com

QA phone: (651) 221-4083

Fax: (651) 642-1239

LEGEND Technical Services, Inc., Vendor Surveys

88 Empire Drive

St. Paul, MN 55103

LEGEND USE ONLY

Vendor meets approval criteria? Yes No

If no, continue to use because: _____

Vendor Approved? Yes No

Financial Evaluator's Signature: _____ Date: _____

QA/QC Evaluator's Signature: _____ Date: _____