

'Tele-Fax' Pre-order Quality Questionnaire

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Reference	Company Name	
Address		Telephone No
		Fax No
		Email
		Telex No
Zip / Post Code		Country

Please name the following where known	
Managing Director	
Production / Works Manager	
Quality Representative	
Sales Contact	

Completed by	Department / function	
Signature	Print	Date

INDICATE REASON FOR SUPPLIER APPROVAL:	Tick Appropriate Box
On site assessment & evaluation of suppliers capability & or quality system	<input type="checkbox"/>
Evaluation of product samples / services	<input type="checkbox"/>
Test results of similar supplies / services	<input type="checkbox"/>
Past history with similar supplies / services	<input type="checkbox"/>
Published experience of other users (attach copy of article / report)	<input type="checkbox"/>
To be used for the evaluation of specified product / service only (Enter details here)	

Approval for use given by	Department / function	
Signature	Print	Date

INSPECTION REQUIREMENTS At Goods-Inwards, Tick Appropriate Box	Authorised Quality Plan	Authorised Checklist	100% Inspection	Sampled Inspection					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	<input type="checkbox"/>	T	<input type="checkbox"/>	R	<input type="checkbox"/>

Special Instructions / Scope of supply

Approval Withdrawn (state reason for withdrawal)		
Confirmation of withdrawal	Department / function	
Signature	Print	Date