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- Original Equipment Manufacturer (OEM)
- Non-Original Equipment Manufacturer (OEM)

Connect:



Supplier Questionnaire

Supplier/Subcontractor Details:

Company Name: _____ Phone: _____
Contact Name: _____ E-mail address: _____
Address: _____ Number of Sites/Branches: _____
Address: _____ Number of Years in Business: _____
City/State: _____ Number of Personnel employed: _____
Country: _____ Website: _____
Products & Services offered: _____

Documents to be included:

- ❖ Quality Statement
- ❖ Quality Assurance Certificate(s)
- ❖ Any documentation illustrating followed processes, capabilities, facilities, and references.

- 1.) Do you have a documented Quality system? **Yes** **NO** If yes, initial certification date: _____ If you **do not** have a documented, system do you intend to develop a system? **Yes** **No** When? _____
Using which standard(s) _____
- 2.) Is your system certified by a 3rd party? **Yes** **No** What is your registration number: _____
- 3.) Is your system assessed and accepted by a second party? **Yes** **No** If yes, please provide details for the process in place.

- 4.) Do you have any objections to our representative or our client visiting your company for inspection of products, and auditing and reviewing records? **Yes** **No** If yes, please document your objections:

Supplier's Authorized Signature

Name

Title

Date

Office Use Only

- Supplier is the Original Equipment Manufacturer (OEM)
- Supplier is authorized OEM distributor
- Supplier holds acceptable 3rd Party accreditation
- Supplier has supplied acceptable goods/services
- Recommended as approved supplier
- Not recommended as approved supplier

Reason for approval or rejection:

Signature

Printed Name

Title

Date