**1. Company Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Years in Business: |  |
| Street Address: |  | Annual Sales: |  |
|  |  | NAICS Code: |  |
| City: |  | Country: |  |
| State/Province: |  | Zip Code: |  |
| Company website: |  | Contact Name: |  |
| Contact E-mail: |  | Phone: |  |
|  |  | Fax: |  |

|  |
| --- |
| Business Type: (manufacturing, distributor, services, other) |
|  |

|  |
| --- |
| Capabilities: (list products, services, and special capabilities) |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prior Experience with our Company? |  | Yes |  | No |

|  |
| --- |
| If yes, provide details: |
|  |

**2. Financial / Legal**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is your firm listed in Dun & Bradstreet? |  | Yes |  | No |  |  |

Within the last 5 years, has your firm been in any of the following circumstances? (check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | N/A |
| 1. Been a debtor in a bankruptcy case |  |  |  |  |  |
| 2. Filed for bankruptcy under any of the bankruptcy codes |  |  |  |  |  |
| 3. Had a business license or certification suspended |  |  |  |  |  |
| 4. Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any government agency or public works project |  |  |  |  |  |
| 5. Had a client process a court filing or submit for arbitration a claim against your firm concerning your work on a project |  |  |  |  |  |
| 6. Been terminated for cause by a client concerning work on a project |  |  |  |  |  |
| 7. Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an insurance policy for your firm |  |  |  |  |  |

|  |
| --- |
| If yes to any of the above, please provide details: |
|  |

**3. Health and Safety**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | N/A |
| 1. Does your company have a written Health and Safety Program? |  |  |  |  |  |
| 2. Is your firm in compliance with OSHA record keeping policies? |  |  |  |  |  |
| 3. Within the last 5 years, has your firm been in any of the following  circumstances: |  |  |  |  |  |
| * 1. Had either a state or the federal Occupational Safety and Health Administration cite serious violations and assess penalties against you? |  |  |  |  |  |
| * 1. Had either a state or the federal Environmental Protection   Agency (EPA) issue a Notice of Violation (NOV) and/or assess  penalties against your firm? |  |  |  |  |  |
| * 1. Had a period when your firm had employees without workers’   compensation insurance or state approved self-insurance? |  |  |  |  |  |
| * 1. Experienced a work-related fatality or an accident that resulted   in the hospitalization of employees? |  |  |  |  |  |

|  |
| --- |
| If yes to any of the above, please provide details: |
|  |

**4. Quality System Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | Yes |  | No |  | N/A |  |
| 1. Is your quality system certified to a particular standard? | |  |  |  |  |  |  |  |
| 2. If Yes,  to what standard (list all): |  |  |  |  |  |  |  |  |
| 3. Is your calibration system in accordance with a particular standard? | |  |  |  |  |  |  |  |
| 4. Which of the following do you have written instructions/procedures? | |  |  |  |  |  |  |  |
| a. QA Procedures | |  |  |  |  |  |  |  |
| b. Mfg. Workmanship Standards | |  |  |  |  |  |  |  |
| c. Inspection Standards | |  |  |  |  |  |  |  |
| d. Engineering Drawings of Parts | |  |  |  |  |  |  |  |
| e. Corrective/Preventive Action | |  |  |  |  |  |  |  |

**5. Authorization**

This document will be used as part of a supplier qualification and rating process. By submitting this form, signer represents the information provided is complete and accurate as of the date of this submission.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Title: |  |  |  |

**6. Approval**

Our applicable criteria for selection, evaluation, performance and re-evaluation practices are marked in the table below (for Arrow Science & Technology Use Only use only):

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Selection** | **Evaluation/Re-evaluation** |
| Customer specified supplier |  |  |
| Online Reviews/GIDEP |  |  |
| Samples of similar products or first purchase performance |  |  |
| Price and availability |  |  |
| Quality Certificates |  |  |
| Product quality |  |  |
| On time delivery |  |  |
| Any adverse effect on QMS |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Supplier Status: | |  | Approved | |  | Not Approved |
|  |  | | |
| Comments / Reason for disapproval: | | | | | | | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Procurement Rep: |  | Approval Date: |  |