**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: |  |