



Vendor Approval Questionnaire

Effective Date: 06.01.2019

Document Code:
AWE-QSF-VQR-F01

Rev. #.00

Section 1 - Supplier Details

Supplier Name:			
Address:			
City:		Region/State:	
Post Code:		Country:	
Phone Number:		Fax Number:	
Email Address:		Website:	
Name of QHSE Rep:			
Job Title:		Number of QHSE Personnel:	

Section 2 – Quality, Health, Safety and Environment

Do you have an accredited Quality Management System?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an accredited Health and Safety Management System?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an accredited Environment Management System?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the system approved by a recognised accreditation body (e.g. IRQA, BSI etc)? <i>If yes, please attach a copy of the accreditation certificates(s)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date of initial approval: Quality		Expiry Date:		
Date of initial approval: H &S		Expiry Date:		
Date of initial approval: Environ		Expiry Date:		
<i>If no, please answer the questions below:</i>				
Is there a Company Quality, Health, Safety and Environment Manual?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there procedures to cover all QHSE critical activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the QHSE System reviewed by Management regularly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are personnel employed for the sole purpose of inspection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all incoming and outgoing Quality critical goods checked?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are incoming raw materials tested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a system for the control of free issue materials?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a system for the issue, retrieval and control of quality critical documents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all relevant personnel issued with documented work instructions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is an inspection status used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is all relevant inspection/test equipment calibrated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are calibration records available for all relevant equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



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Are internal audits of the quality system carried out?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are records of all audits maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are audits/assessments carried out on suppliers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are records of suppliers maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a procedure to maintain quality in the packaging and shipment of product	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a training/competency programme for employees?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are training records maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your company available for third party audit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a procedure for customer complaints?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a system for investigating and reporting accidents and dangerous incidents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your company identified the hazards associated with the work you normally undertake?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a formal risk assessment process that identifies hazards, risks and ensures the implementation of the associated control measures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a structured system to provide appropriate Health and Safety training for all staff?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you monthly communicate Health and Safety performance to all staff?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you conduct monitoring/internal audits of your Health and Safety arrangements to demonstrate the effectiveness of the system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an annual Health and Safety plan that reflects objectives, targets and actions to improve Health and Safety performance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a current Health, Safety and Environmental Policy Statement? <i>If yes, please attach a copy</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is your Total Reportable Incident Rate (TRIR) in the last 12 months?				
Does the facility have environmental performance objectives/targets in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a spill prevention and response plan in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attach a copy of the QHSE Management System Certification				
Section 3 – Technical				
Do you have an engineering and design capability ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
International specification /design standard to which your products designed and manufactured? ISO? BS? ASME? ASTM?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have process of product monogramming in place? Is yes, list the monogrammed products you have?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you an approved vendor for supply of materials to Saudi Aramco, ADNOC, Qatar Petroleum, PDO Oman etc?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



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If the answer is yes, please add your vendor registration number against the major oil and gas owners and /operators.

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Section 4 – Commercial

Do you have an export compliance program?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How are customers Intellectual Property (IP) being safeguarded – both internally and with subcontractors you may engage? Do you have NDA (Non-Disclosure Agreement) with your suppliers?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have foreign/dual nationals in your work force? Do you have NDA (Non-Disclosure Agreement) in place with them?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does the business operate as a Limited Liability, Partnership, Sole Trader, Incorporation, Other? Please specify:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What is the company's projected turnover this year?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please attach copies of credentials: (Tick relevant documents)

QHSE system certificates

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Registration with Municipality, Chamber of Commerce

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Export license

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Trade license

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Approvals as vendor to major customers

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TRN No./certificate.

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Section 5 – Declaration by Vendor

By signing below, I confirm that I have the authority to sign on behalf of my company, and that all information provided within the Vendor approval Questionnaire Form is to the best of my knowledge, true and correct. Failure to provide true and correct information may lead to termination of any agreement or relationship that may exist or develop in the future between my company and Asia Waterjet Equipment (AWE). AWE reserves the right to other such remedies as may be appropriate should any such termination occur.

Signature:

Print Name:

Date:

Section 6 – Asia Waterjet Equipment Approval

Is an audit required?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Approved QHSE:

Print Name:

Date:

Approved Supply Chain:

Print Name:

Date:

Approved Technical

Print Name:

Date: