



Underground Moling Services

VENDOR QUALITY ASSURANCE QUESTIONNAIRE

Date Issued **January 2007**

Review Date **December 2007**

Doc.Ref. **HSEQ 138/Rev 0**

Underground Moling Services

Tel
Fax
email -

Company Name:

Address from which Underground Moling Services will be supplied:

Telephone Number:

Fax Number:

E Mail:

Products & Services Supplied:

Is the Company Registered to BS EN ISO 9000
Or any other Quality Assurance Standard?

Yes/No

If Yes, Please give the following details:

1. Scope of Registration:
2. Certificate Number:
3. Date:

Vendor Quality Assurance Questionnaire (cont)

If No, Please answer the following Questions:

1. Is the Company in the process of registration?	Yes/No
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2. If so, when is the expected completion date?	
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3. Does the Company

a) Have a documented Quality Assurance System? (If yes please enclose an uncontrolled index of your quality manual)	Yes/No
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b) Have a representative responsible for the QA who reports to a senior manager?	Yes/No
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Name:

Job Title:

Reporting to:

Job Title:

4. Allow Underground Moling Services to audit its QA system on request?	Yes/No
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Signature of Authorised Company Representative:

Job Title:

Date:

Thank you for taking the time to complete this questionnaire

The completed form and copy certification (if appropriate) should be returned to:

Group HSEQ Manager
Underground Moling Services