



The Formula For Success
Die Formule Vir Sukses

SUPPLIER QUESTIONNAIRE FORM

DATE: _____

SECTION 1

COMPANY PROFILE:

Company Name _____

Address _____

E-Mail _____

Tel Nr _____ Fax Nr _____

a) If a division or subsidiary, please list name and address of parent organization:

★ ★ ★ ★ ★ CODE OF CONDUCT COMPLIANCE

b) INTRODUCTION

This questionnaire will be used by the Technical, Financial and Procurement personnel to evaluate your Quality Assurance and Supply capabilities. Submittal of this questionnaire by itself does not constitute an approval of your company as an approved source. Since Quality and Supply Assurance approval is necessary before a Procurement award can be made, it is to your benefit to return this form as soon possible.

INSTRUCTIONS

- All Questions should be answered. If questions are not applicable, they should be identified "N/A". If the answer is none, state "NONE". Enter an "X" in appropriate spaces on yes / no questions.
- If supplemental data is submitted, check with an asterisk (*) and identify the attachments by the applicable paragraph number. A supplemental data sheet is attached for your convenience.

3. Answers should reflect your current status. Do not reflect procedures or capabilities which are anticipated or proposed.
4. Questionnaire should be returned within ten (10) days.
5. Complete questionnaires should be directed to:

The Procurement Department
Nutri Feeds
P O Box 6686
Balliepark
2526

Or

Fax 018 – 293 0131
E-Mail procurement@nutri.co.za

The information contained in this questionnaire is certified to be complete and accurate.

 Supplier's Signature
(Authorized Official)



Title _____

Date _____

SECTION 2 : ORGANISATION

1. Key Personnel :

Owner / MD / CEO

E-Mail _____
Business Phone _____
Business Fax _____
Mobile Phone _____
Postal Address _____

General Manager

E-Mail _____
Business Phone _____
Business Fax _____
Mobile Phone _____
Postal Address _____

Quality Control Manager /

★ ★ ★ ★ ★ **Person in charge of Quality** _____
E-Mail _____
Business Phone _____
Business Fax _____
Mobile Phone _____
Postal Address _____

Person in charge of Upliftment

E-Mail _____
Business Phone _____
Business Fax _____
Mobile Phone _____
Postal Address _____

Mobile Phone

Postal Address

SITE 2 NAME:

General Manager

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Quality Control Manager /
Person in charge of Quality**

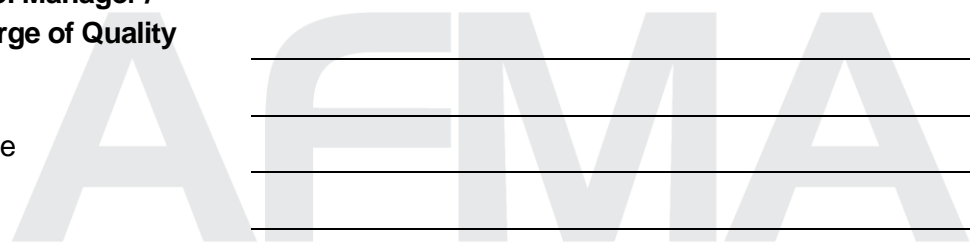
E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address



SAFE FEED FOR SAFE FOOD



CODE OF CONDUCT COMPLIANCE



**Logistics: Person in charge of
Scheduling upliftment or
deliveries**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

SITE 3 NAME:

General Manager

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Quality Control Manager /
Person in charge of Quality**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Logistics: Person in charge of
Scheduling upliftment or
deliveries**

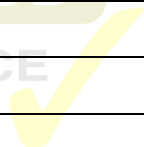
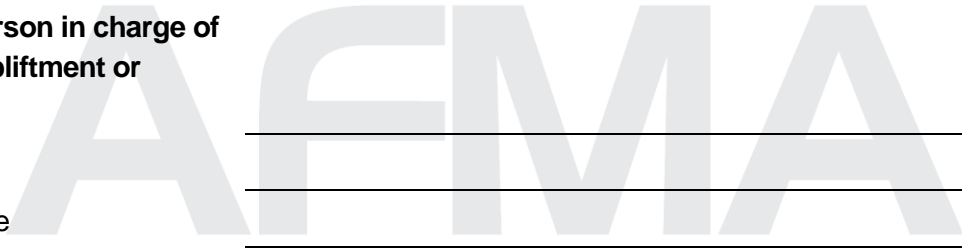
E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address



SITE 4 NAME:

General Manager

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Quality Control Manager /
Person in charge of Quality**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Logistics: Person in charge of
Scheduling upliftment or
deliveries**

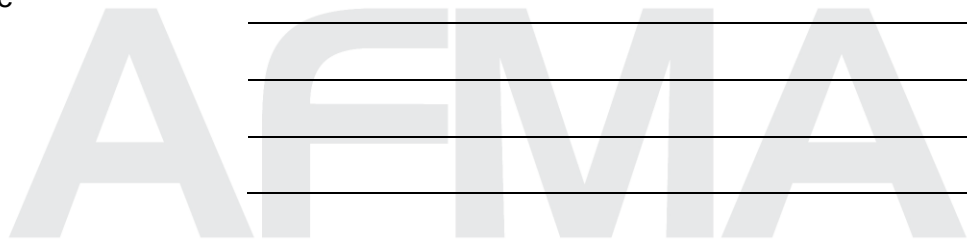
E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address



3. COMPANY PARTICULARS



a) How long has company been in business as presently organized?

b) What products will you be supplying to Nutri Feeds? (Please attach list of products as table below, with V-registration certificate, Material Safety data sheet and Certificate of analysis)

Product Name	Active Ingredient	V-Registration Nr	SKU/Product Code	Packaging Type	Pak Size

c) List principal customers for whom you have supplied products in the past two years?

Company

Contact Person

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

Company

Contact Person

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

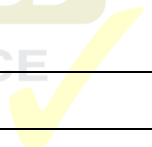


AFMA

SAFE FEED FOR SAFE FOOD



CODE OF CONDUCT COMPLIANCE



Company

Contact Person

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

Company

Contact Person

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

- d) List principal companies and / or Government agencies which have surveyed and approved your Quality Control System:

Company/Government Agencies	Date	Name of Surveying Representative

4. **PRODUCT LIABILITY COVER**

YES

NO

Extent of cover: ZAR

Underwriter:

Please attach proof of liability cover to this questionnaire.

- 4.1 Is a written Manual of Quality Procedures available and maintained for use by quality personnel?

YES

NO

- 4.2 Is the Quality Control System derived to comply with ISO 9000?

YES

NO

- 4.3 If you have been certified to the following standard complete to following:
(Please attach copies of Certificates)

ISO 9001 – Quality Management Systems Certification

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

ISO 13485 – Medical devices – Quality Management Systems – Requirements for regulatory purposes

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

ISO 14001 – Environmental Management Systems Certification

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

OHSAS 18001 – Occupational Health & Safety Management System Certification

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

ISO 22000 – Food Safety Management Systems Certification

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

HACCP (SANS 10330) – Hazard Analysis and Critical Control Point Systems

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

FAMI Qs – European Feed Additives and Pre-Mixtures Quality System

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

Any other not mentioned above

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

1. Is a food safety management system in place and a written manual available and maintained?
 YES NO

2. Is a current copy of your Quality Manual available to Nutri Feeds upon request?
 YES NO

3. Do your products / services conform to the relevant South African or other standards and laws?
 YES NO

4. To what relevant standards or laws does your product conform?



SECTION 3 : QUALITY ASSURANCE SYSTEMS & PROCEDURES

1. INSPECTION

- a. Is a check list used by Receiving Inspection indicating the degree and extent of inspection for incoming material?
 YES NO

- b. Are statistical Quality Assurance procedures employed for items not 100% inspected?
 YES NO

c. If statistical sampling is employed, what Specifications are employed?

YES NO

d. Are inspections performed on all materials received?

YES NO

e. Are nonconforming materials removed from the production areas and permanently identified or destroyed to preclude further usage?

YES NO

2. INSPECTION RECORDS

a. Are inspection acceptance records maintained which display identification of the item, quality of units, identification of inspector, and quantity of units accepted/rejected?

YES NO

★ ★ ★ ★ ★ b. Are records kept on file?

YES NO

3. INSPECTION CONTROL

a. Is each piece, batch, lot or group of raw material identified by, or traceable to kind of material, type, condition, source of supply and lot number?

YES NO

b. Is type and condition of material verified upon receipt and / or issuance?

YES NO

c. Are material analysis performed at your facility?

YES NO

d. Are certifications, analyses and verification of test results traceable to specific lots of matches of material?

YES NO

e. Is purchased material identified by stamp, tag of colour code to show inspection status?

YES NO

f. Are time sensitive or age control materials properly identified and stored?

YES NO

4. MEASURING AND TEST EQUIPMENT

a. Are procedures in affect which describe the method and frequency of calibration of measuring and test equipment?

YES NO

b. Are records maintained on periodic re-calibration?

YES NO

c. Is measuring and test equipment marked to designate certification and to indicate date next calibration is due?

YES NO

d. Are calibrations performed within your facility?

YES NO

e. If yes, are master gages and standards

(1) Traceable to National Bureau of Standards?

YES NO

(2) Periodically certified as to accuracy?

YES NO

f. If no, are certifications on file indicating :

(1) Name of company performing calibration?

YES NO

(2) Equipment used for calibration?

YES NO

(3) Traceability of equipment used for calibration to National Bureau of Standards?

YES NO

g. Is equipment stored so as to prevent damage or loss of calibration when not in use?

YES NO

5. PROCUREMENT CONTROL

a. Are quality capabilities of sources evaluated prior to procurement?

YES NO

b. Are applicable specifications referenced or included on purchase orders to sources?

YES NO

c. Do Quality Assurance personnel review purchase orders to assure the incorporation of quality requirements?

YES NO

d. Are certified test reports and / or certifications of conformance obtained on purchased materials?

YES NO

(For Office Use Only)

Approved:

National Procurement Manager

Date

Technical Manager

Date

Syspro Supplier Nr