

## VENDOR SURVEY

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

PRODUCT: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

SPECIFICATIONS YOU CAN PROVIDE: \_\_\_\_\_

LITERATURE: \_\_\_\_\_ PACKAGING: \_\_\_\_\_ UN DESIGNATION: \_\_\_\_\_

MSDS: \_\_\_\_\_ CERTIFICATE OF CONFORMANCE/ANALYSIS: \_\_\_\_\_

TEST REPORT: \_\_\_\_\_

CUSTOMERS: \_\_\_\_\_

TERMS:

PAYMENT: \_\_\_\_\_ LEAD TIME: \_\_\_\_\_

FEES: \_\_\_\_\_

FOB: DESTINATION/ ORIGIN CARRIERS AVAILABLE: FED EX AIR/ FED EX GROUND/UPS

OTHER: \_\_\_\_\_

QUALITY CONTROL SYSTEM:

ISO BREGISTRATION NUMBER: \_\_\_\_\_

OTHER SYSTEM: \_\_\_\_\_

(IF NOT ISO CERTIFIED, PLEASE DETAIL BELOW QUALITY PROCEDURES)

RECEIVING: \_\_\_\_\_

IN PROCESS: \_\_\_\_\_

FINAL INSPECTION: \_\_\_\_\_

CALIBRATIONS: \_\_\_\_\_

CORRECTIVE ACTIONS: \_\_\_\_\_

DOCUMENT RETENTION: \_\_\_\_\_

COMMENTS:

SURVEY COMPLETED By: \_\_\_\_\_

DATE \_\_\_\_\_

FAX TO 734-944-3781

EMAIL TO:

[SALES@CHEMSOL.COM](mailto:SALES@CHEMSOL.COM)