

Appendix 4 : SUPPLIER QUALITY QUESTIONNAIRE – Instructions for Completion

IMPORTANT: PLEASE READ BELOW BEFORE COMPLETING THIS QUESTIONNAIRE	
<ul style="list-style-type: none"> • This questionnaire should be completed by a representative of the company's Quality Assurance (or equivalent) Department from the site of manufacture/supply only. It is not to be completed by a representative from the Marketing facility or General Headquarters. • Please take the time to fill out this questionnaire with as much detail as possible. The information will facilitate the evaluation and potential approval/qualification of your company as a supplier to. • Please answer all questions (if a question is not applicable please mark as N/A). • If additional space is needed to fully complete any section of this evaluation, please attach additional information, as applicable and list in the reference list. • Please ensure that the last page of section A is signed by company representatives indicating agreement with all sections. • If you answer yes to questions 2.3 and 2.4 of Section A please ensure that you fill out Section C & D for further clarification. • Please send the completed form to the contact detailed below. • If you are an agent, distributing product manufactured by another company, please supply the details of the manufacturing companies for each of the products listed below and return to the contact specified below. 	
<p>Applicable Sections (as indicated by checked box(s)): (Please complete the following Applicable Sections based on the type and origin of the supplied material)</p> <p><input type="checkbox"/> Sections A – General Company Information and Quality Management Questionnaire</p> <p><input type="checkbox"/> Sections B – BSE/BSE Risk Analysis Survey</p> <p><input type="checkbox"/> Sections C – GMO – Vegetable Origin</p> <p><input type="checkbox"/> Sections D – Allergen</p> <p><input type="checkbox"/> Sections E – Extended Quality Questionnaire for Critical Material</p> <p><input type="checkbox"/> Sections F – Packaging Material</p>	
Company:	
Area/Products of interest: Specify when applicable <ul style="list-style-type: none"> ▪ Material Brand Name(s) ▪ Chemical Name ▪ Material Code ▪ Product Code 	
Company Contact:	Reviewer Name
Position/Title:	Reviewer Position/Title
Company Site/Location:	Reviewer Site
Address:	Reviewer Mailing Address
Telephone number:	Reviewer Telephone
Fax number:	Reviewer Fax
Email address:	Reviewer E-Mail