**QUALITY ASSURANCE/QUALITY CONTROL – Pre-Qualification**

1.0 Does your company have a quality management system (QMS)? YES NO

2.0 If yes to 1.0 above, is your QMS registered? YES NO

3.0 If yes to 2.0 above, who is the registrar? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how long has your QMS been registered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the scope of registration?

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4.0 If no to 2.0 above, is your QMS compliant to ISO 9001 or equivalent standard? YES NO

Please provide a copy of the Table of Contents (TOC) of your quality manual.

5.0 Has your company’s QMS been audited by an external party in the past 12 months? YES NO

If yes to 5.0, when? By whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.0 Does your company have an individual who is assigned responsibility for quality? YES NO

If yes, then please provide an organizational chart showing the reporting structure for this position.