ExxonMobil Canada East Quality Pre-Qualification Questionnaire

Reg	Telephone # Fax # Email: QUALITY ASSURANCE/QUALITY CONTROL I.0 Does your company have a formal documented quality system related to the scope of work? YES \overline NO		
Add	ress:		
Con	Completed by: (Name & Title)		
Tele	phone # Fax # Email:		
QU	ALITY ASSURANCE/QUALITY CONTROL		
1.0	Does your company have a formal documented quality system related to the scope of work? YES NO		
	If yes to what standard or code? (e.g. ISO 9001 etc.)		
2.0	Is your company's quality system registered by a recognized third party?		
	If YES, please provide a copy of the registration certification or audit report. If NO, please identify what model or framework was used to develop controls for quality within your company.		
3.0	How long has your Company had a Quality Assurance Program in place? (Define in years or months)		
4.0	What is the scope of registration?		
5.0	Has your Company performed an internal quality audit in the past 12 months? YES NO		
6.0	Has your Company been subject to an external audit in the past 12 months?		
7.0	Please list three major clients your company has provided goods or services to under your quality system. (Includ scope of supply.)		