

LEGEND TECHNICAL SERVICES, INC.
Vendor Quality Questionnaire

General Information

Name _____

Address _____

City, State, ZIP _____

Telephone _____

Fax _____

Tax ID # _____

Contact Name _____

Contact Phone Number _____

Contact E-mail _____

LEGEND Customer Number _____

Vendor supplies the following ___ Product ___ Service ___ Other _____

Is vendor incorporated
(Provide a copy of your current W-9 Form) ___ Yes ___ No

Does vendor have a history of supplying LEGEND with a product/service that meets
 LEGEND requirements ___ Yes ___ No

Product Supplier Information

Does vendor have ISO 17025 or ISO 9001:2000 accreditation ___ Yes ___ No

Certificate of Analysis included with all chemical, bottle, and supply orders ___ Yes ___ No ___ NA

Material Safety Data Sheets provided with all chemicals ___ Yes ___ No ___ NA

Will vendor have product available when ordered ___ Yes ___ No ___ NA

Will vendor notify LEGEND of any backorders and length of backorders ___ Yes ___ No ___ NA

If vendor uses subcontractors, are they evaluated by the vendor ___ Yes ___ No ___ NA

Does vendor have an acceptable return policy
(Provide a copy of your return policy) ___ Yes ___ No ___ NA

Service Provider Information

Type of service provided ___ Calibration/Maintenance ___ Subcontract Analysis ___ Other

If other, list service _____

If subcontract analysis, what type ___ Environmental ___ Industrial Hygiene ___ Other

If other, list analyses _____

Does vendor have ISO 17025 or ISO 9001:2000 accreditation ___ Yes ___ No

List any other accreditations held
(Provide a copy of each certificate) _____

Does vendor agree to notify LEGEND of license/certification revocation ___ Yes ___ No ___ NA

Quality Management Systems Information

If vendor has ISO 17025 or ISO 9001:2000, skip this section and proceed to vendor signature

QA Program in place and utilized	___ Yes	___ No
Documentation in place for the following major elements		
QA program	___ Yes	___ No
Organizational chart	___ Yes	___ No
Personnel qualifications and training	___ Yes	___ No
Work procedures	___ Yes	___ No
Procurement system	___ Yes	___ No
Subcontractor evaluations	___ Yes	___ No
Equipment calibration and maintenance	___ Yes	___ No
Material traceability	___ Yes	___ No
Corrective action process	___ Yes	___ No
Shipping and storage	___ Yes	___ No
Internal and external audits	___ Yes	___ No

Vendor Acknowledgement

I verify that all the information contained herein is true and complete to the best of my knowledge.

Contact signature _____ Date _____

Contact title _____

Comments _____

Fax or mail questionnaire and all applicable copies indicated herein to: _____

LEGEND Technical Services, Inc., Attn: Vendor Questionnaire, 88 Empire Drive, St. Paul, MN 55103, Fax (651-642-1239)

Subcontract laboratories must also supply a copy of their most current Certificate of Insurance

LEGEND Use Only

Vendor meets approval criteria _____ Yes _____ No

If no but still used as vendor, list reason _____

Vendor approved _____ Yes _____ No

Evaluator's signature / title _____ Date _____

Evaluator's signature / title _____ Date _____