

**1. Company Profile**

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Company website: \_\_\_\_\_  
Contact E-mail: \_\_\_\_\_

Years in Business: \_\_\_\_\_  
Annual Sales: \_\_\_\_\_  
NAICS Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Business Type: (manufacturing, distributor, services, other)

\_\_\_\_\_

Capabilities: (list products, services, and special capabilities)

\_\_\_\_\_

Prior Experience with our Company?  Yes  No

If yes, provide details:

\_\_\_\_\_

**2. Financial / Legal**

Is your firm listed in Dun & Bradstreet?  Yes  No

Within the last 5 years, has your firm been in any of the following circumstances? (check all that apply)

	Yes	No	N/A
1. Been a debtor in a bankruptcy case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Filed for bankruptcy under any of the bankruptcy codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Had a business license or certification suspended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any government agency or public works project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Had a client process a court filing or submit for arbitration a claim against your firm concerning your work on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Been terminated for cause by a client concerning work on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an insurance policy for your firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide details:

**3. Health and Safety**

	Yes	No	N/A
1. Does your company have a written Health and Safety Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your firm in compliance with OSHA record keeping policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the last 5 years, has your firm been in any of the following circumstances:			
a. Had either a state or the federal Occupational Safety and Health Administration cite serious violations and assess penalties against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had either a state or the federal Environmental Protection Agency (EPA) issue a Notice of Violation (NOV) and/or assess penalties against your firm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had a period when your firm had employees without workers' compensation insurance or state approved self-insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experienced a work-related fatality or an accident that resulted in the hospitalization of employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide details:

**4. Quality System Information**

1. Is your quality system certified to a particular standard?
2. If Yes, to what standard (list all):
3. Is your calibration system in accordance with a particular standard?
4. Which of the following do you have written instructions/procedures?
  - a. QA Procedures
  - b. Mfg. Workmanship Standards
  - c. Inspection Standards
  - d. Engineering Drawings of Parts
  - e. Corrective/Preventive Action

Yes	No	N/A

**5. Authorization**

This document will be used as part of a supplier qualification and rating process. By submitting this form, signer represents the information provided is complete and accurate as of the date of this submission.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**6. Approval**

Our applicable criteria for selection, evaluation, performance and re-evaluation practices are marked in the table below (for Arrow Science & Technology Use Only use only):

<b><u>Criteria</u></b>	<b><u>Selection</u></b>	<b><u>Evaluation/Re-evaluation</u></b>
Customer specified supplier		
Online Reviews/GIDEP		
Samples of similar products or first purchase performance		
Price and availability		
Quality Certificates		
Product quality		
On time delivery		
Any adverse effect on QMS		

Supplier Status:  Approved  Not Approved

Comments / Reason for disapproval:

Procurement Rep: \_\_\_\_\_

Approval Date: \_\_\_\_\_