



SUPPLIER EVALUATION QUESTIONNAIRE

As part of Hudson Technologies ESG and Supplier Risk Management (SRM) Programs, new and periodic supplier assessments will be conducted to maintain / establish approved supplier status. Any information provided in the following questionnaire will be treated as confidential.

Contents:

- Part 1 - Supplier Information
- Part 2 - Supply Chain
- Part 3 - Quality Management System
- Part 4 - Health and Safety
 - Company Site Safety / Security
 - Point of Contact

Hudson Technologies Representative

Name: _____ Title: _____

Email: _____ Phone: _____

PART 1: SUPPLIER INFORMATION		
Registered Company Name		
Registered Place of Business/Address		
Phone Numbers		
Fax Numbers		
E-Mail Address		
Website		
Details of your organization's scope of activity / products / services: (Please attach the Organizational Chart of the Company)		
Number of months / years in business:		
Overall number of staff:		
Does the company belong to any Group of Companies?	__ Yes __ No	
If yes, please state the name of the company/organization:		
Does the company have multiple plants?	__ Yes __ No	
Does the company have any subsidiaries?	__ Yes __ No	
If yes, please provide details:		
Company Name:	Location:	Field of Activity:

PART 2: SUPPLY CHAIN				
Part 2	Supply Chain	Yes	No	Comments
2.1	Are procedures in place to ensure purchased materials/products conform to specified requirements?			
2.2	Are suppliers selected on the basis of their ability to meet product quality standards?			
2.3	Do you have supplier scoring system in place to maintain approved sources of supply?			
2.4	Is supplier performance evaluated & rated? Does it include critical areas like quality, delivery, service or innovation?			
2.5	Do you maintain multiple channels of supply for Critical to Quality materials to mitigate potential risks?			
2.6	Is there a system that maintains lot traceability for materials / components / products in the overall supply chain? (Ex raw material(s) used can be tracked from lot number of finished goods)			

PART 3: QUALITY MANAGEMENT SYSTEM (QMS)				
Part 3	Quality Management System	Yes	No	Comments
3.1	Does the organization hold an ISO certification? (or other?)			
	If not, are there plans to achieve certification in the future?			
3.2	Do you have a Quality Management System? (Explain)			
	Do you have a Quality Manual? (Please share a copy or minimally the manual's table of contents.)			
3.3	Do you have an internal and external audit program? (Explain)			
3.4	Do you have a staff training program/matrix?			
3.5	Purchasing Process: Do you have a controlled list of approved suppliers?			
	Are your suppliers assessed and monitored?			
	Are order quality requirements clearly defined?			
	Are your suppliers under contract with you?			
3.6	Inspection Process: Are there documented procedures for the inspection and testing of the products or processes provided?			

	Are there documented procedures for in-process inspection?			
	Are incoming products and raw material inspected upon receipt?			
	Are acceptance/rejection criteria defined?			
	Are rejected items identified and segregated?			
	Are process cards used for monitoring product inspection and test activities at each stage?			
	Are QA stamps used and controlled?			
3.7	Are Statistical Process Control (SPC) techniques used for control of processes?			
3.8	Are monitoring and measuring devices controlled and calibrated?			
3.9	Do you have full / partial traceability of product and materials? Please specify:			
3.10	Product Handling Process: Do you have a procedure on handling and storage of products?			
3.15	Control of records (process cards, test results, etc.). How long do you retain quality records?			
3.16	Is non-conforming material clearly identified?			
3.18	Do you have a formal customer complaint procedure?			
3.19	Are there documented procedures for corrective and preventative actions?			
3.20	List examples of laboratory equipment & tests performed by your Quality Lab.			

PART 4: Environmental Health & Safety (EH&S)				
Part 4	EH&S	Yes	No	Comments
4.1	Does your organization hold any ISO or other certifications? (List below & provide copy)			
	•			
	•			
	•			
	IF not, has your organization established / documented an EH&S Management System?			
4.3	Does your organization have an EH&S Policy? (If yes, provide a copy)			
4.4	Has an EH&S role been established at the facility level to drive improvements in the following areas? (Hazardous substances, waste/emissions, energy, water conservation, recycling? (Explain)			
4.5	Is there a system to assure that facilities minimize the risk to employees and maintain a safe /healthy work environment to prevent accidents / injuries? (Explain)			
4.6	Does the organization have a program for continuous improvement in HSE performance that includes KPIs to monitor performance? (List KPIs)			
4.7	Are there documented policies & procedures which define proper housekeeping practices and protection for EH&S conditions?			
4.8	Are all site employees trained?			
	Are subcontractors required to be Site Safe?			
	Do you have a Site-Specific EH&S on staff?			
	If no, how often do they visit site?			
4.4	Do you have procedures for:			
	• Emergency Readiness			
	• Employee Participation			
	• Accident Investigation			
	• Rehabilitation/Return to Work			
4.5	Do you have personnel on site that are Certified at First Aid?			
4.6	Has the organization previously been investigated or received any fines for non-compliance with any local laws? (Explain)			
4.7	Currently, or in the past, have there been any investigations at any manufacturing location(s) for issues pertaining to air, water or soil contamination? (Provide current status / resolution)			



Key Performance Indicators (in the last 12 months)		No. of Recorded Cases	Comments
4.8	Accidents		
	Serious Harm		

COMPANY SITE SECURITY	
Site Guarding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visitor Screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restricted Areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

POINTS OF CONTACT

Company Quality Representative			
Name:		Title:	
Email:		Phone:	
Number of Quality Staff:			

Sales/Customer Service			
Name:		Title:	
Email:		Phone:	

Technical			
Name:		Title:	
Email:		Phone:	

Finance (AR)			
Name:		Title:	
Email:		Phone:	

Please include with your response:

- Copies of:
 - Quality Management System (ISO 9001 Certificate)
 - Health & Safety Certificates
 - Health and Safety Policy