



Return to: ATG Access Ltd, Quality Dept.  
CoBaCo House, North Florida Road, Haydock Industrial Estate, Haydock WA11 9TP  
Tel: 08456 75 75 74 – Fax: 08456 75 99 55 - email:quality@atgaccess.com  
Please complete the following and return to the above address

**Company Name:**  **Date:**

**Company Address:**   
(Location to which this Questionnaire is relevant)

**Tel No:**

**Fax No:**

**e mail:**

**Scope of Supply:**

**Part 1 Registration**

1.1 Do you have registration to the latest approved quality standards, e.g. ISO 9001:2000 **Yes:**  **No:**   
If **Yes**, please **enclose copy of the certificate**

1.2 Name of your certification body

1.3 Name and title of your Quality Rep. **Name:**   
**Title:**

1.4 Total number of employees:

1.5 Do you have any other approvals? (State):   
Including equivalent standards  
If **Yes**, please **enclose copy of the certificate(s)**

1.6 If you have answered 'Yes' to Part 1.1, please go to Part 6.1, if answered 'No' go to Part 2.1

**Part 2 Quality Management System**

tick as appropriate

	Yes	No	N/A
2.1 Do you have a documented quality system, such as quality manual, procedures & processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Do you have a quality policy and objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Do you have a documented procedure for control of documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Do you have a documented procedure of control of records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Are responsibilities and authorities defined and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2.6	Do you conduct a review of the quality system, to ensure its effectiveness and assessing continuous improvement opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Part 3		Resources & Facilities		
3.1	Do your documented records demonstrate that personnel are competent on the basis of education, training, skills & experience ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Are the buildings, work environment, equipment, etc under suitable control to ensure the product achieves requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4		Product Quality		
		Yes	No	N/A
4.1	Do you check and confirm that <b>ATG Access</b> requirements can be met, prior to agreement to supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Do you have documented planning arrangements to ensure product achieves <b>ATG Access</b> requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Are purchasing requirements fully specified at the time of order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Are certificates available on request for special materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Do you have a system for verifying purchased product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Are the quality arrangements of your suppliers assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Are manufacturing processes controlled by specification & documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	Are products clearly identified at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9	Are there documented inspections and test procedures for products and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.10	Is inspection and test equipment subjected to recognised calibration standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.11	Are products and material stored & handled to prevent damage or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Do you have a documented procedure for the control of non-conforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.13	Is evidence available to provide traceability of product / materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.14	Are products clearly identified before despatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4.15 Are adequate arrangements made to ensure no damage occurs during transit and delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Do you have controls for correct handling of customer's returns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part 5 Improvement</b>			
5.1 Do you have measurement, analysis and improvement practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Do you monitor and measure customer satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Do you have a schedule of quality audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Do you have a documented corrective action procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Do you have a documented preventive action procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part 6 General</b>			
6.1 Would you allow a representative of <b>ATG Access Ltd</b> to carry out a Quality audit / visit at your premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part 7 Signatures</b>			
7.1 Name:	<input type="text"/>	7.2 Position in Company	<input type="text"/>
7.3 Signature:	<input type="text"/>	7.4 Date	<input type="text"/>