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Supplier Questionnaire

BPI Medical prides itself on its procurement practices and procedures. As part of our vendor selection process we seek reliable suppliers with consistent and quick service and high quality products and services at competitive prices. Along with the initial certification of suppliers, we routinely evaluate their performances to ensure we maintain our current standards.

**Your company is being considered for the following service/s:**

1.
2.
3.

As part of our approval process we require that each supplier complete the following questionnaire and return. Please be sure to complete the questions in full. Please don't leave any of the fields blank. If an item is not applicable, please put "NA". Attach any records or additional pertinent information.

Supplier Name:			
Mailing Address:			
Primary contact:	Name:	Title:	
	Phone:	Email:	
Quality Manager			
Billing Terms			

How long has your company been operating?	
What is your standard lead-time?	
Do you have a Quality Management System in place?	
Are you ISO Certified? If so, please list ISO registration number	
Would your company allow a BPI Medical Representative tour/audit your facility?	
BPI requires Certificates of Conformance with some of its goods and services. Do you have a procedure in place to accommodate this?	
What equipment are you using for our requests? Please provide list.	

Please forward a certificate of insurance for your commercial general liability insurance.

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*BPI internal use only:*  
Vendor # \_\_\_\_\_ Approved By: QAM \_\_\_\_\_ AVL Approval Date \_\_\_\_\_  
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