|  |  |
| --- | --- |
| Organization name |  |
| Street Address |  |
| City |  |
| Region |  |
| Postal Code |  |
| Country |  |
| Phone number |  |
|  |  |  |  |  |  |
| **Title** | **Print name** | **Phone No.** | **Extension** | **Cell phone No.** | **E-mail** |
| Project Manager |   |   |   |   |  |
| Account Manager/Sales  |   |   |   |   |  |
| Logistics Manager |   |   |   |   |  |
| Production Manager |   |   |   |   |  |
| Quality Manager |   |   |   |   |  |
| Quality Engineer |   |   |   |   |  |
| Contact Day shift |   |   |   |   |  |
| Contact Evening shift |   |   |   |   |  |
| Contact Night shift  |   |   |   |   |  |
| Contact for NAFTA Certificate NAFTA |   |   |   |   |  |

1. **Supplier Contact List**
2. **Compliance to SQAM**

|  |  |  |
| --- | --- | --- |
| **SUBJECT** | **COMPLIANCE** | **COMMENT / ACTION REQUIRED** |
| **YES** | **NO** |
| 3.1. Safety and Functional Requirements |   |   |   |
| 3.2. Quality Requirements |   |   |   |
| 3.3. Technical / Engineering Requirements |   |   |   |
| 4.1. Supplier Evaluation Process |   |   |   |
| 4.2. Supplier Evaluation steps |   |   |   |
| 4.3. Supplier Status |   |   |   |
| 5.1. Prototype Product Qualification: Documentation approval |   |   |   |
| 5.2. Product Qualification for Production |   |   |   |
| 6.0. Process control |   |   |   |
| 7.0. Packaging and Labeling |   |   |   |
| 8.1. Problem Solving Process |   |   |   |
| 8.2. Control of non-conforming products |   |   |   |
| 9.0. Deviation Request |   |   |   |
| 10.1. Supplier Quality Performance Evaluation |   |   |   |