



The Formula For Success  
Die Formule Vir Sukses

## SUPPLIER QUESTIONNAIRE FORM

DATE: \_\_\_\_\_

### SECTION 1

#### COMPANY PROFILE:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Tel Nr \_\_\_\_\_

Fax Nr \_\_\_\_\_

a) If a division or subsidiary, please list name and address of parent organization:



SAFE FEED FOR SAFE FOOD  
CODE OF CONDUCT COMPLIANCE

#### b) INTRODUCTION

This questionnaire will be used by the Technical, Financial and Procurement personnel to evaluate your Quality Assurance and Supply capabilities. Submittal of this questionnaire by itself does not constitute an approval of your company as an approved source. Since Quality and Supply Assurance approval is necessary before a Procurement award can be made, it is to your benefit to return this form as soon possible.

#### INSTRUCTIONS

- All Questions should be answered. If questions are not applicable, they should be identified "N/A". If the answer is none, state "NONE". Enter an "X" in appropriate spaces on yes / no questions.
- If supplemental data is submitted, check with an asterisk (\*) and identify the attachments by the applicable paragraph number. A supplemental data sheet is attached for your convenience.

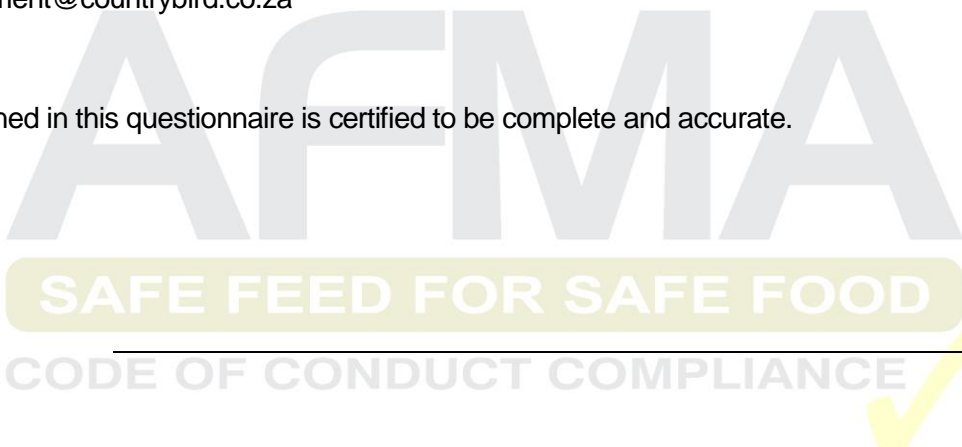
3. Answers should reflect your current status. Do not reflect procedures or capabilities which are anticipated or proposed.
4. Questionnaire should be returned within ten (10) days.
5. Complete questionnaires should be directed to:

The Procurement Department  
Nutri Feeds  
P O Box 6686  
Baillie Park  
2526

**Or**

Fax: 087 809 6171  
E-Mail: [procurement@countrybird.co.za](mailto:procurement@countrybird.co.za)

The information contained in this questionnaire is certified to be complete and accurate.



Supplier's Signature  
(Authorized Official)

★★★★★

Title \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 2 : ORGANISATION

### 1. Key Personnel :

#### Owner / MD / CEO

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

#### General Manager

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

#### Quality Control Manager /

#### Person in charge of Quality

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

#### Person in charge of Upliftment

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

AFMA

SAFE FEED FOR SAFE FOOD

CODE OF CONDUCT COMPLIANCE



**Representative to work with  
Nutri Feeds**

Business Phone \_\_\_\_\_  
Business Fax \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Postal Address \_\_\_\_\_

2. If you have multiple sites / factories from where product will be supplied from, supply the following information:

**SITE 1 NAME:**

**General Manager**

E-Mail \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Fax \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Postal Address \_\_\_\_\_

**Quality Control Manager /  
Person in charge of Quality**

E-Mail \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Fax \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Postal Address \_\_\_\_\_

**Logistics: Person in charge of  
Scheduling upliftment or  
deliveries**

E-Mail \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Fax \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Postal Address \_\_\_\_\_

**SITE 2 NAME:**

**General Manager**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Quality Control Manager /  
Person in charge of Quality**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Logistics: Person in charge of  
Scheduling upliftment or  
deliveries**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**SITE 3 NAME:**

**General Manager**

E-Mail

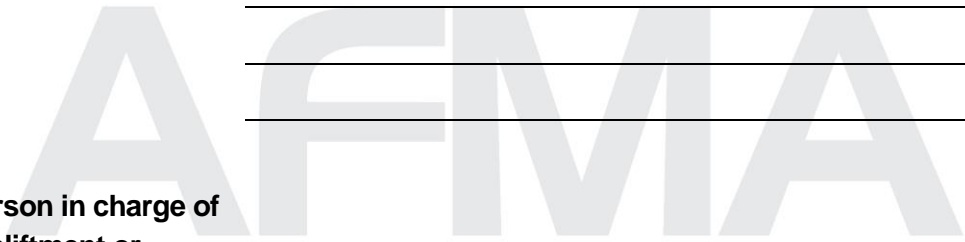
Business Phone

Business Fax

Mobile Phone

Postal Address

**Quality Control Manager /**



**Person in charge of Quality**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Logistics: Person in charge of Scheduling upliftment or deliveries**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**SITE 4 NAME:**

**General Manager**

E-Mail

★ ★ ★ ★ ★ Business Phone

Business Fax

Mobile Phone

Postal Address

**Quality Control Manager / Person in charge of Quality**

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Logistics: Person in charge of**



**Scheduling upliftment or deliveries**

E-Mail \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Postal Address \_\_\_\_\_

**3. COMPANY PARTICULARS**

a) How long has company been in business as presently organized?

\_\_\_\_\_

\_\_\_\_\_

b) What products will you be supplying to Nutri Feeds? (Please attach list of products as table below, with V-registration certificate, Material Safety data sheet and Certificate of analysis)

Product Name	Active Ingredient	V-Registration Nr	SKU/Product Code	Packaging Type	Pak Size

c) List principal customers for whom you have supplied products in the past two years?

**Company**

Contact Person \_\_\_\_\_

E-Mail \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Postal Address \_\_\_\_\_

**Company**

\_\_\_\_\_

Contact Person

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Company**

Contact Person

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address

**Company**

Contact Person

E-Mail

Business Phone

Business Fax

Mobile Phone

Postal Address



- d) List principal companies and / or Government agencies which have surveyed and approved your Quality Control System:

Company/Government Agencies	Date	Name of Surveying Representative

**4. PRODUCT LIABILITY COVER**



YES

NO

Extent of cover: ZAR .....

Underwriter: .....

**Please attach proof of liability cover to this questionnaire.**

4.1 Is a written Manual of Quality Procedures available and maintained for use by quality personnel?

YES

NO

4.2 Is the Quality Control System derived to comply with ISO 9000?

YES

NO

4.3 If you have been certified to the following standard complete to following:  
**(Please attach copies of Certificates)**

**ISO 9001 – Quality Management Systems Certification**

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

**ISO 13485 – Medical devices – Quality Management Systems – Requirements for regulatory purposes**

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

**ISO 14001 – Environmental Management Systems Certification**

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

**OHSAS 18001 – Occupational Health & Safety Management System Certification**

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

**ISO 22000 – Food Safety Management Systems Certification**

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

**HACCP (SANS 10330) – Hazard Analysis and Critical Control Point Systems**

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

**FAMI Qs – European Feed Additives and Pre-Mixtures Quality System**

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

**Any other not mentioned above**

Level certified	
Registrar's Name	
Registration Number	
Validity of Registration	

4.4 Is a food safety management system in place and a written manual available and maintained?

YES  NO

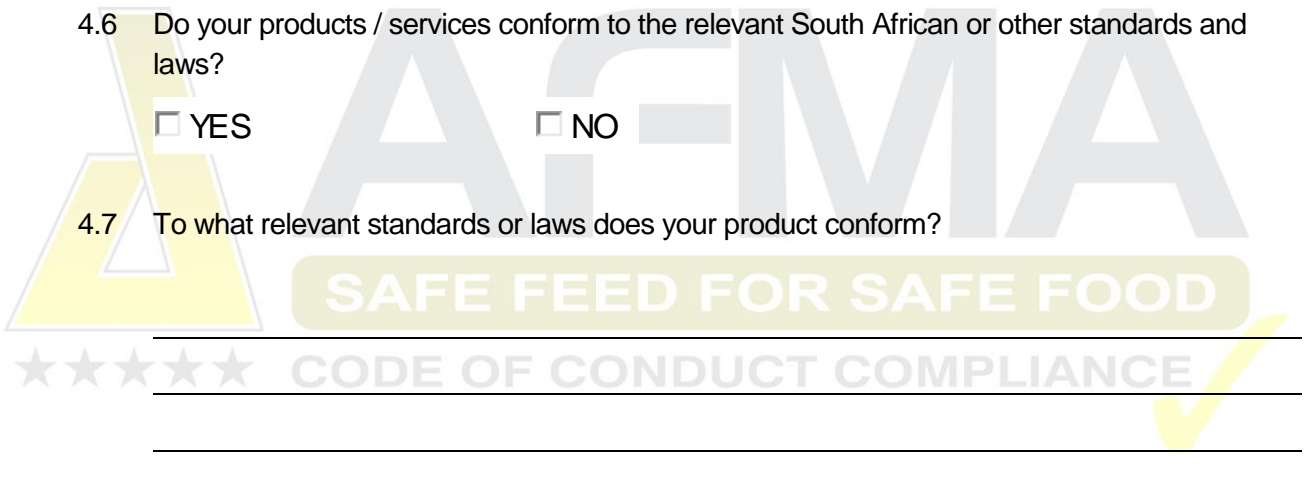
4.5 Is a current copy of your Quality Manual available to Nutri Feeds upon request?

YES  NO

4.6 Do your products / services conform to the relevant South African or other standards and laws?

YES  NO

4.7 To what relevant standards or laws does your product conform?



## SECTION 3 : QUALITY ASSURANCE SYSTEMS & PROCEDURES

### 1. INSPECTION

- a. Is a check list used by Receiving Inspection indicating the degree and extent of inspection for incoming material?

YES  NO

- b. Are statistical Quality Assurance procedures employed for items not 100% inspected?

YES  NO

- c. If statistical sampling is employed, what Specifications are employed?

YES  NO

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- d. Are inspections performed on all materials received?

YES  NO

- e. Are nonconforming materials removed from the production areas and permanently identified or destroyed to preclude further usage?

YES  NO

### 2. INSPECTION RECORDS

- a. Are inspection acceptance records maintained which display identification of the item, quality of units, identification of inspector, and quantity of units accepted/rejected?

YES  NO

- b. Are records kept on file?

YES  NO

### 3. INSPECTION CONTROL

- a. Is each piece, batch, lot or group of raw material identified by, or traceable to kind of material, type, condition, source of supply and lot number?

YES  NO

- b. Is type and condition of material verified upon receipt and / or issuance?  
 YES  NO
- c. Are material analysis performed at your facility?  
 YES  NO
- d. Are certifications, analyses and verification of test results traceable to specific lots of matches of material?  
 YES  NO
- e. Is purchased material identified by stamp, tag of colour code to show inspection status?  
 YES  NO
- f. Are time sensitive or age control materials properly identified and stored?  
 YES  NO

**4. MEASURING AND TEST EQUIPMENT**

- a. Are procedures in affect which describe the method and frequency of calibration of measuring and test equipment?  
 YES  NO
- b. Are records maintained on periodic re-calibration?  
 YES  NO
- c. Is measuring and test equipment marked to designate certification and to indicate date next calibration is due?  
 YES  NO
- d. Are calibrations performed within your facility?  
 YES  NO
- e. If yes, are master gages and standards  
(1) Traceable to National Bureau of Standards?  
 YES  NO

(2) Periodically certified as to accuracy?

YES  NO

f. If no, are certifications on file indicating :

(1) Name of company performing calibration?

YES  NO

(2) Equipment used for calibration?

YES  NO

(3) Traceability of equipment used for calibration to National Bureau of Standards?

YES  NO

g. Is equipment stored so as to prevent damage or loss of calibration when not in use?

YES  NO

## 5. PROCUREMENT CONTROL

★ ★ ★ ★ ★ a. Are quality capabilities of sources evaluated prior to procurement?

YES  NO

b. Are applicable specifications referenced or included on purchase orders to sources?

YES  NO

c. Do Quality Assurance personnel review purchase orders to assure the incorporation of quality requirements?

YES  NO

d. Are certified test reports and / or certifications of conformance obtained on purchased materials?

YES  NO

**6. DELIVERY OF PRODUCT**

a) Please indicate the lead time to deliver the products going to be supplied from order date

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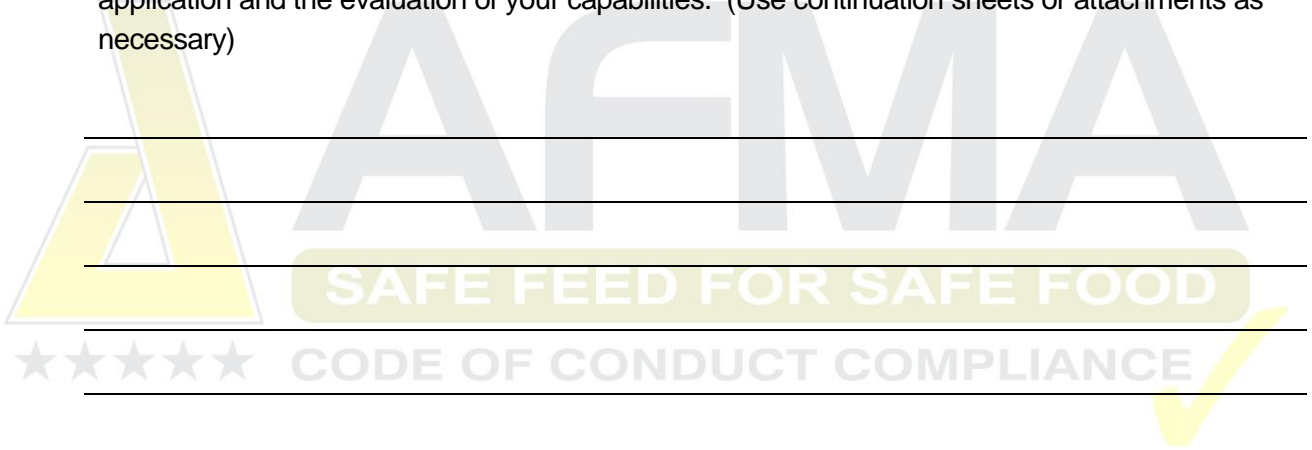
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b) Are you willing to allow a Nutri Feeds Representative to do a physical audit at your site and to verify the answers of this questionnaire?

YES  NO

**7. SUPPLEMENTAL INFORMATION**

You are to include any additional or supplemental information which would be pertinent to this application and the evaluation of your capabilities. (Use continuation sheets or attachments as necessary)



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**(For Office Use Only)**

**Approved:**

\_\_\_\_\_  
**National Procurement Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Technical Manager**

\_\_\_\_\_  
**Date**

**Syspro Supplier Nr**

