

## Supplier QHSE Questionnaire

Integrated Management System - Form

Vendor Name: \_\_\_\_\_ Years of Operation: \_\_\_\_\_

Site Address: \_\_\_\_\_

QHSE Representative(s): \_\_\_\_\_

Name

Title

Contact Information: \_\_\_\_\_

email

Phone

Questionnaire Completion Date: \_\_\_\_\_

List services offered to Frank's:


### 1. Organization

1.1. Total Number of Employees \_\_\_\_\_

1.2. Total Square Footage of In-house Work Area \_\_\_\_\_

1.3. Would you agree to an on-site evaluation to cover the scope of supply?  Yes  No

1.4. Does the organization have multiple locations?  Yes  No

*If Yes, please provide detail.* \_\_\_\_\_

### 2. Quality Management System (QMS)

2.1. Does the organization have a documented QMS written in accordance with ISO 9001, API Spec Q1, API Spec Q2?  Yes  No

2.2. Does the organization have any product license(s) or certification(s) to a specific industry standard for the product/ service be supplied? i.e. API, ASME, AWS, ASTM, or ISO. *If yes, provide a copy of the certificate(s).*  Yes  No

2.3. Is the organization's QMS certified to ISO 9001, API Q1, API Q2?  Yes  No

*If yes, provide a copy of the certificate(s); skip the remainder of this section.*

2.4. Does the organization conduct documented internal QMS audits at scheduled intervals to determine the effectiveness of the quality system?  Yes  No

*If yes, please indicate interval.* \_\_\_\_\_

2.5. Does the Quality Representative(s) have access to upper management for the resolution of quality related issues?  Yes  No

2.6. Does the organization conduct management reviews at planned intervals to evaluate the QMS's continuing suitability, adequacy, and effectiveness?  Yes  No

2.7. Does the organization have written procedures for work affecting quality?  Yes  No

## 2. Quality Management System (QMS)

- 2.8. Does the organization document maintenance and/or inspection tasks?  Yes  No
- 2.9. Are records of maintenance and/or inspection tasks maintained?  NA  Yes  No
- 2.10. Does the organization have systems in place for document and record control? (identification, storage, protection, retrieval, retention, and disposal)  Yes  No
- 2.11. Does the organization have controls in place for customer supplied documents?  Yes  No
- 2.12. Are normative references available onsite and controlled?  Yes  No
- 2.13. Does the organization have systems in place for the inspection, identification, traceability, and calibration of measurement and test equipment?  NA  Yes  No
- 2.14. Does the organization have systems in place for the control, identification, and traceability of materials through all stages of production, storage, and delivery?  Yes  No
- 2.15. Are nonconforming items identified, controlled, and segregated from production to prevent its unintended use or delivery?  Yes  No
- 2.16. Does the organization document nonconforming items, investigate the root cause(s), determine the corrective action needed to prevent reoccurrence, and determine effectiveness or corrective actions?  Yes  No
- 2.17. Does the organization have a documented training/ competency program for personnel performing work affecting quality?  Yes  No
- 2.18. Are records of personnel training/ competence maintained?  NA  Yes  No
- 2.19. Are personnel certified in accordance with applicable codes or standards?  NA  Yes  No
- 2.20. Are personnel certifications maintained?  NA  Yes  No
- 2.21. Does the organization conduct purchasing/ subcontracting activities for products or services provided to Frank's?  Yes  No
- If yes, what products or services?* \_\_\_\_\_
- 
- 2.22. Does the organization perform supplier evaluations prior to placement of orders?  NA  Yes  No
- 2.23. Does the organization maintain a list of qualified suppliers?  NA  Yes  No
- 2.24. Does the organization conduct Design and Development activities for products or services provided to Frank's?  Yes  No
- 2.25. Does the organization have a documented procedure to plan and control the design and development process? (products or services provided)  NA  Yes  No
- 2.26. Are design and development inputs identified, documented, and reviewed for adequacy, completeness, and lack of conflict?  NA  Yes  No
- 2.27. Are design and development outputs documented to allow verification against the design and development input requirements?  NA  Yes  No

## 2. Quality Management System (QMS)

- 2.28. Are there documented design and development reviews or approvals throughout the design and development process?  NA  Yes  No
- 2.29. Does a documented verification and final review take place to ensure that the design and development outputs have met the input requirements?  NA  Yes  No
- 2.30. Are design and development validations performed to ensure that the resulting product is capable of meeting the specified requirements?  NA  Yes  No
- 2.31. Are records of design and development inputs, outputs, reviews, verification, validation, and any changes maintained as applicable?  NA  Yes  No
- 2.32. Does the organization analyze data to determine if process variations are present and whether adjustments need to be made to the process?  Yes  No
- 2.33. Does management use data to continually improve the effectiveness of the quality management system?  NA  Yes  No
- 2.34. Does the organization measure customer satisfaction?  Yes  No

## 3. Health, Safety, Environment (HSE) Management System

- 3.1. Does the organization have a documented HSE Management System written in accordance with OHSAS 18001, ISO 14001?  Yes  No
- 3.2. Is the organization's HSE Management System certified to OHSAS 18001, ISO 14001, or equivalent?  Yes  No
- If yes, provide a copy of the certificate(s); skip the remainder of this section.*
- 3.3. Does the organization have minimum PPE requirements defined?  Yes  No
- If yes, what are they?*
- 
- 3.4. Does the organization document incidents/ accidents, investigate the root cause(s), determine the corrective action to prevent reoccurrence, and determine effectiveness of corrective actions?  Yes  No
- 3.5. Are reports generated for all injuries requiring a visit to a clinic or physician?  Yes  No
- 3.6. Does the organization have Total Recordable Injury Rate (TRIR) records?  Yes  No
- 3.7. Does the organization have Lost Time Injury Rate (LTIR) records?  Yes  No
- 3.8. Does the organization share lessons learned for near misses or incidents?  Yes  No
- If Yes, explain how?*
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- 3.9. Does the organization have records for near misses?  Yes  No
- 3.10. Has the organization ever had a fatality?  Yes  No

*If Yes, provide detail.*

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**3. Health, Safety, Environment (HSE) Management System**

 3.11. Does the organization conduct safety meetings and are they documented?  Yes  No

*If Yes, How often?*  Daily  Weekly  Monthly  Held but not documented  Other

 3.12. Are there trained medical emergency providers and/or first aid providers located on site for each shift?  NA  Yes  No

 3.13. Are medical emergency/ first aid provider's contact numbers posted?  Yes  No

 3.14. Does the organization Manage Risks?  NA  Yes  No

*If Yes, explain how?* \_\_\_\_\_

 3.15. Has the organization had any regulatory violations?  Yes  No

*If Yes, please explain?* \_\_\_\_\_

Please complete the table below.

Company-Wide Statistics	Current Year	Previous Year	2 Years Prior
Experience Modifier Rate (EMR)			
Total Man-hours Used for TRIR and LTIR			
Total No. of Recordable Injuries/Illnesses			
Total No. of Recordable Injuries/Illnesses w/ Lost Work Days			
Total Recordable Incident Rate (TRIR)			
Lost Time Incident Rate (LTIR)			

**4. Technical**

 4.1. Does the organization perform NDT Services?  Yes  No

*If yes, provide a copy of the NDT Written Practice and applicable technician certification records.*

 4.2. Does the organization have in-house Engineering or technical staff?  Yes  No

*If yes, how many?* \_\_\_\_\_

 4.3. Does the organization have drafting capabilities?  Yes  No

 4.4. Does the organization have personnel capable of reviewing Material Test Reports?  Yes  No

 4.5. Does the organization have welding procedures? {If, yes Provide WPS Index}  NA  Yes  No

*Qualification Type:*  Prequalified  Internally Qualified *Code:* \_\_\_\_\_

 4.6. Are applicable codes and standards available onsite, including current revision?  NA  Yes  No

 4.7. Are work activities performed in accordance with Local and/or International codes and standards?  NA  Yes  No  
 Local  International  Both

**4. Technical**

4.8. Technical Capabilities: {if in-house, provide a list of equipment with size, capacity, and orientation}

- |  |              |                                    |                                      |                                   |                                     |
|--|--------------|------------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Heat Treating:  | Methods Used | <input type="checkbox"/> Localized | <input type="checkbox"/> Furnace     | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
| <input type="checkbox"/> Plating:  | Type:        |                                    |                                      | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
| <input type="checkbox"/> Proof Load Testing:   | Methods Used | <input type="checkbox"/> Push      | <input type="checkbox"/> Pull        | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
|  | Orientation  | <input type="checkbox"/> Vertical  | <input type="checkbox"/> Horizontal  |                                   |                                     |
| <input type="checkbox"/> Pressure Testing:   | Methods Used | <input type="checkbox"/> Pneumatic | <input type="checkbox"/> Hydrostatic | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
| <input type="checkbox"/> Process Qualification and Testing Lab: (Weld Procedures and/or Welders) |              |                                    |                                      | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
| <input type="checkbox"/> Mechanical Testing Lab  |              |                                    |                                      | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
| <input type="checkbox"/> Fabrication Activities  |              |                                    |                                      | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
| <input type="checkbox"/> Machining Activities, Lathe/ Mill/ CNC                                  |              |                                    |                                      | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
| <input type="checkbox"/> QC Inspection   |              |                                    |                                      | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |
| <input type="checkbox"/> NDT Inspection  |              |                                    |                                      | <input type="checkbox"/> In-House | <input type="checkbox"/> Outsourced |

**5. Evaluation / Qualification (Frank's Use Only)**

Reviewer(s):

 NA

	QHSE	Engineering	Date
5.1. Purpose of this evaluation:	<input type="checkbox"/> Initial Evaluation	<input type="checkbox"/> Re-Evaluation	<input type="checkbox"/> Change/ Update
5.2. Management System Verification:	<input type="checkbox"/> Questionnaire	<input type="checkbox"/> Certification	<input type="checkbox"/> On-Site Assessment
		Cert #	Audit #
5.3. Purchase Requirement Verification:	<input type="checkbox"/> 1 <sup>st</sup> Article Insp. PO/ ID #	<input type="checkbox"/> Stated Conformity	<input type="checkbox"/> On-Site Assessment Audit #
5.4. Product Delivery Verification:	<input type="checkbox"/> Receiving Insp. PO/ ID #	<input type="checkbox"/> Successful Completion of Activity PO/ ID #	<input type="checkbox"/> Past Performance
5.5. Qualification Status:	<i>Criticality</i>	<input type="checkbox"/> Critical	<input type="checkbox"/> Non-Critical
	<i>Level of Qualification</i>	<input type="checkbox"/> Qualified	<input type="checkbox"/> Qualified w/Restrictions
			<input type="checkbox"/> Non-Relevant <input type="checkbox"/> Denied
5.6. Comments, Explanations, Restrictions:			

**Endorsements**
**Global QHSE Lead**

Name / Title

Date

**Engineering**  NA

Name / Title

Date