

**DUKE****DOCUMENT NUMBER:** COMM-QA-002 FRM1**DOCUMENT TITLE:**

Supplier Questionnaire FRM1

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### SUPPLIER QUESTIONNAIRE

The Quality Management System requires qualifying information and periodic monitoring of suppliers. Information provided by the supplier will be used to assess the level of compliance with relevant SOPs, regulations and cGMP.

**Directions:** Please complete this questionnaire and provide attachments as indicated. Return via email to: [ORAQ-MC3\\_Quality@duke.edu](mailto:ORAQ-MC3_Quality@duke.edu) within 10 business days.

Supplier Name:	Contact Name/Title:
Supplier Address:	Phone: Fax: Email: Web Address:
Product/Service Name/Number:	Description:

	Yes	No	N/A	Comments	"X" if document provided
<b>Organization / Background</b>					
1. Is your organization certified by regulatory or accrediting agencies to provide the services listed above? 1a. If yes, please submit copies of applicable licenses, certificates, etc. (FDA, ISO, CLIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Is the final product being supplied licensed or cleared by the FDA & approved for human use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the organization have shelf life studies for the product(s) being supplied? 3a. If Yes, please provide report for review or contact name for additional follow up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Has your organization undergone an FDA inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4a. If yes, provide the date of the last inspection					
4b. Were any 483s issued? If yes, provide response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Does your organization have a Disaster/Business Continuity Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



# Marcus Center for Cellular Cures

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6. Will your organization allow a representative of our organization to audit your compliance with your responses to this questionnaire? 6a. Provide the name of the responsible person to contact for requesting an on-site quality audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Quality Management</b>					
7. Does your organization have a Quality Management Plan? 7a. If yes, please submit a summary of the major components of your quality system. 7b. Who is responsible for quality management? 7c. Who is responsible for quality assurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8. Does your organization have a system for performing internal assessments, reviewing your quality system & does management review the results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Does your organization have procedures for:					
9a. Change control; notifying customers of changes that may affect the products or services provided <u>prior</u> to implementation of such changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9b. Document management, record retention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9c. Corrective/preventive action; supporting timely responses to customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Does management sufficiently support ongoing employee development/training & is this documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Are training records available for review in an on-site audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Building / Facilities</b>					
12. Are procedures in place for ongoing maintenance & cleaning of the facility to ensure the work environment is satisfactorily maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Does your organization have procedures for environmental monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Equipment</b>					
14. Does your organization have a system for ensuring that required equipment preventive maintenance & calibration are performed, documented, & reviewed for all equipment used in critical processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



### SUPPLIER QUESTIONNAIRE

15. Are written procedures & documentation of equipment qualifications maintained? (IQ/OQ/PQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Are calibration & test standards traceable to NIST? 16a. If no, specify standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. When an instrument is found to be out of tolerance, is there a procedure to investigate the event & assess whether process or product was impacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Supply Management</b>					
18. Does your organization have a system for the receipt & storage of supplies, reagents & equipment to assure proper function &/or expected performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. Do you perform quality audits on suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. Are COA maintained for raw materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. Does your organization have a written quarantine procedure as well as dedicated areas for quarantined & released raw materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. Is testing conducted on raw materials prior to use. If yes, is this performed in-house or contracted to another facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. How long are retains kept for applicable raw materials?			<input type="checkbox"/>		
24. Does your organization have a written procedure for suppliers/subcontractor approval associated with this product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. Are quality checks performed & documented on incoming products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Shipping / Final Product Inspection</b>					
26. Does your organization have written procedures for inspecting, testing, handling, packaging, labeling & documenting final product(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27. Are there procedures in place to ensure materials, components & final product are stored in environmentally monitored areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28. Is there a documented procedure for shipment of supplies/reagents/equipment to assure proper functioning or expected performance upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Customer Complaints / Recall</b>					
29. Is customer satisfaction assessed periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



### SUPPLIER QUESTIONNAIRE

30. Do you have a written procedure for documenting, evaluating, & responding to customer complaints in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. Is the production history traceable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

This Supplier Questionnaire has been completed & reviewed by representatives of our organization & found to be an accurate representation of our current operations.

\_\_\_\_\_  
**Signature** (Responsible Individual)

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

\_\_\_\_\_  
**Title**



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## SUPPLIER QUESTIONNAIRE

### Internal Use Only

Date Received:	Reviewed by:
Recommended risk grade:	<input type="checkbox"/> Z <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Does recommended risk grade differ from Supplier Impact Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Additional information required: <input type="checkbox"/> N/A	
Supplier has the current ability to supply the required product/material <input type="checkbox"/> Yes <input type="checkbox"/> No	
Re-qualification and/or audit based on performance, history, organizational change(s), & documentation suggesting supplier/product quality issues.	
Recommended Method(s): <input type="checkbox"/> Updated Supplier Questionnaire: <input type="checkbox"/> Annual <input type="checkbox"/> Biennial	
<input type="checkbox"/> Audit: <input type="checkbox"/> Desk <input type="checkbox"/> On-site <input type="checkbox"/> Biennial <input type="checkbox"/> Quadrennial	
<input type="checkbox"/> Review of Supplier Qualifications	
Quality Manager/Director Approval:	Date:

**Signature Manifest****Document Number:** COMM-QA-002 FRM1**Revision:** 08**Title:** Supplier Questionnaire FRM1**Effective Date:** 18 Aug 2023

All dates and times are in Eastern Time.

**COMM-QA-002 FRM1 Supplier Questionnaire****Author**

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**Medical Director**

Name/Signature	Title	Date	Meaning/Reason
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**Quality**

Name/Signature	Title	Date	Meaning/Reason
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**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Amy McKoy (ACM93)		08 Aug 2023, 06:25:50 PM	Approved