Correspondence 10169 New Hampshire Ave. #179; Silver Spring, Maryland, USA
Product Information and Business Development info@wjpharmachem.com
Literature Download and More…. www.wjpharmachem.com

Chemical Vendor/Supplier Application Form (STEP 1)

Company Name _____

Address _____

City/Province/Postal Code _____

Phone _____ Fax _____

CEO Name _____ CEO Title _____

CEO E-mail _____ CEO Phone _____

Business Info E-mail _____

State Business License Number _____ State Tax ID Number _____

COMPANY INFORMATION

Organization Type: _____

Province of Incorporation _____

Domestic/Foreign Owned _____

Is your company owned by a parent company? _____Yes _____No

Parent Company Name _____

Parent Company Address _____

Parent Company Tax ID _____

Are you chemical business only? _____ Yes _____No

Other business 1:_____

Other business 2: _____

Does your company accept credit cards? _____Yes _____No

Primary Standard Industrial Code _____

Additional SICs _____

Products/Services (short narrative): _____

_____

_____

Company's Web Site(s): _____

Did your company have a name change in the past 12 months? _____Yes _____No

Name _____

Company Emergency Contact: Name _____ Phone/E-mail _____

Quality Assurance Contact: Name _____ Phone/E-mail _____

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GENERAL INFORMATION

Area in Sq. Meter.: Manufacturing ____ Office _____ Total _____

Number of Personnel: Manufacturing _____ Quality Assurance ____ Engineering _____

Are clean room facilities used for manufacturing product? _____Yes_____No

What percentage of present work is: Government _____ Commercial _____ Other _____

Describe any special processes that you perform (synthesis, chromatography, distillation, high/low temperature reactions, reactions under high pressure, hydrogenation reactions, micronization, etc.)
_____

_____

Are you ISO-9000 certified? _____Yes _____No ISO Certificate Type _____

Registrar _____ Certificate Number _____

Expiration Date: ISO READY/Not Certified _____ Date of Certification _____

Registered or certified to any other Quality Management System or model?

Model _____

QUALITY MANAGEMENT SYSTEM

Do you maintain operation policies and procedures for your quality management system? _____Yes _____No

Is an internal audit program maintained that reviews compliance with all aspects of the quality program? _____Yes _____No

Does the organizational structure define quality responsibility and authority? _____Yes _____No

Does the organizational structure provide access to top management? _____Yes _____No

Is the health and status of your quality management system periodically reviewed with management? _____ Yes _____No

Do you have a documented employee training program? _____Yes _____No

Is the quality organization responsible for acceptance of product and services? _____Yes _____No

Are records of inspections and tests maintained? _____Yes _____No

Are quality data used in reporting results and trends to management? _____Yes _____No

Are quality records available to support customer certifications? _____Yes _____No

RAW MATERIALS SOURCING CONTROL

Are procurement sources evaluated and monitored? _____Yes _____No

Are quality requirements and inspection procedures specified? _____Yes _____No

Is a documented system maintained for the evaluation of purchased materials? _____Yes _____No

Are incoming materials identified and segregated until acceptance? _____Yes _____No

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MATERIAL CONTROL

Do procedures exist for storage, release, and movement of material? _____Yes _____No

Are materials in storage identified and controlled? _____Yes _____No

Are in-process materials identified and controlled? _____Yes _____No

Are materials inspections identified and controlled? _____Yes _____No

Do storage areas and facilities provide control to protect material from degradation? _____Yes _____No

Are nonconforming items identified, segregated, and controlled? _____Yes _____No

If required, do you have the ability to provide tractability? _____Yes _____No

Does your company have a return policy?_____ Yes _____No;

If Yes,

describe_____

REGULATORY COMPLIANCE

Are you a US FDA approved facility? _____Yes _____No.

Please

explain_____
_____

If you are a US FDA approved facility for manufacturing pharmaceutical products, can you describe your most recent two inspectional results?

Please
describe_____

I certify that the information provided above is true.

Name_____Signature_____Business Seal_____

Date_____