**Introduction and Purpose**

The Quality, Health, Safety and Environmental (QHSE) Management Systems of Superior Energy Services Australia (SESA) are certified to the International Standards of ISO 9001, API Q1 and ISO 45001, all of which place a responsibility upon SESA to evaluate and select suppliers based on their ability to supply products and services in accordance with SESA and our customers’ requirements.

So that we can evaluate your organisation and recognise it as an approved supplier to SESA, please complete the following survey in its entirety. For questions that do not apply to your organisation mark N/A (Not Applicable).

If your organisation has more than one manufacturing and/or servicing location that will be utilised to provide services to SESA, then a separate survey must be completed for each facility.

Please return the completed survey via email within no more than 10 working days from the date received, including any required supporting documentation as an attachment.

**Note - All information provided as part of the survey is considered confidential and will be treated as such.**

Upon receipt of the completed survey and supporting documentation, it will be reviewed by a representative of SESA and evaluated in accordance with our requirements.

If any further information is needed in order to complete the evaluation, you will be contacted by SESA and the information requested.

On occasions when an on-site audit is required as part of the evaluation and approval process, you will be contacted by SESA to schedule a mutually convenient date for all parties concerned.

Should an on-site audit be required, SESA may evaluate, without limitation, one or more of the following areas:

 1. Quality Management System, departmental procedures and processes

 2. Manufacturing methods, production / process control system

 3. Calibration of tools, instruments and gauges

 4. Material processing, control and traceability

 5. Training and competency of personnel

 6. Production, laboratory, testing facilities and equipment

 7. Materials handling, shipment and crating capabilities

 8. Finished products

**Survey Content –**

* Part 1 – Supplier Contact & Banking Details
* Part 2 – Health, Safety & Environment
* Part 3 – Quality
* Part 4 – Supplier Sign-off
* Part 5 – Supplier Approval *(to be completed by SESA)*

**Part 1 - Supplier Contact & Banking Details**

**Contact Details:**

|  |  |
| --- | --- |
| **Supplier Name:** |       |
| **Address:** |       |
| **Post Code:** |       | **Accounts E-Mail:** |       |
| **ABN:** |       | **Quality E-mail:** |       |
| **Phone No:** |       | **Fax No:** |       |
| **Company Contact:** |       | **Position:** |       |
| **Quality Contact:** |       | **Position:** |       |

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| --- | --- |
| **Product / Service****to be provided:** |       |
| **If ISO 9001, API Q1, ISO 45001, OHSAS 18001, AS/NZS 4801 or NATA approved, please attach copy of certification.** |

**Bank Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank Name:** |  | **BSB No:** |       |
| **Account Name:** |  | **Account No:** |       |
| **Swift / IBAN No** **(if applicable)** |  | **Payment Terms:** |       |
| **Currency:** | **AUD / USD / NZD / GBP / Other (please specify):** |
| **Signed:** |       | **Name:****(please print)** |       | **Date:** |       |

**Related Parties / Relatives:**

SESA will not do business with any related parties / relatives (i.e. a spouse, parent, grandparent, sibling, uncle, aunt, nephew, niece or child).

Please note any ‘related parties’ currently employed by your company who would be directly involved with work for SESA, or any other potential conflicts of interests that you are aware of.

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **Title** | **Relationship to SESA Employee** |
|       |       |       |
| **Comment:** |       |

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| ***SECTION TO BE COMPLETED BY SESA – FINANCE DEPARTMENT*** |

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| --- | --- | --- | --- |
| **Account Approved:** |  **Yes / No:**  | **Date:** |  |
| **Entered By:** |       | **Signed:** |  | **Date:** |       |

**Part 2 – Health, Safety & Environment**

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| --- | --- |
| **Year** | **OSHA Recordable and Lost Work Day Case Incident Rate for each of the previous three years** |
|       |       |
|       |       |
|       |       |

**HSE Management**

 **Yes No**

2.1 Does your company have a third-party certified HSE System? [ ]  [ ]

***If N o –*** *please answer the below questions (2.2 to 2.9).*

 ***If Yes -*** *please attach a copy of your certification certificate(s) & proceed to Part 3.*

Third Party Certification Body Name:

Certificate Number:

Certificate Expiry Date:

If your organisation is not currently accredited by a third-party certification body, please provide answers to ***ALL*** the following questions by placing a tick in the appropriate box.

2.2 Does your facility have a documented Health, Safety and/or Environmental  [ ]  [ ]

 Management System?

 ***If Yes*** *– please attach a copy of the Table of Contents.*

2.3 Does your facility perform self-audits / reviews to access Health, Safety and/or  [ ]  [ ]

 Environmental performance?

2.4 What processes are in use to prevent pollution or minimize waste? (i.e. recycling, controls, treatment, etc.)

2.5 Does your facility have a documented Emergency Preparedness and Response Plan? [ ]  [ ]

2.6 Does your facility have Federal, State or Local environmental permits or registrations? [ ]  [ ]

List all permits and registrations:

2.7 Has there been health, safety or environmental violations of Federal, State or Local codes or [ ]  [ ]

 regulations in the past 5 years?

If yes, please explain

2.8 Have inspections by regulatory agencies been conducted at your facility within the past

 5 years? [ ]   **[ ]**

If yes, please explain:

 **Yes No**

2.9 Does your facility have Health, Safety or Environmental Personnel? [ ]  [ ]

Contact name(s):

Comments:

**Part 3 - Quality**

**NATA Accreditation**

 **Yes No**

3.1 Does your facility have NATA accreditation? [ ]  [ ]

 ***If Yes*** *– please attach a copy of your accreditation certificate(s).*

Certificate Number:

Issue Date of Certificate:

Date of last NATA facility audit:

**Quality Management**

 **Yes No**

* 1. Does your company have a third-party certified Quality System? [ ]  [ ]

***If N o –*** *please answer the below questions (3.3 to 3.21).*

 ***If Yes -*** please attach a copy of your certification certificate(s), complete ***Section 1 - A & B, sign Part 4*** and return the survey.

Third Party Certification Body Name:

Certificate Number:

Certificate Expiry Date:

If your organisation is not currently accredited by a third-party certification body, please provide answers to ***ALL*** the following questions by placing a tick in the appropriate box.

3.3 Does your organisation have a Quality Manual? [ ]  [ ]

3.4 Does your business have an organisation chart displaying QA personnel and a [ ]  [ ]

 documented Quality Policy?

3.5 Has your organisation defined management responsibility for quality? [ ]  [ ]

3.6 Does your organisation have a procedure for Contract Review? [ ]  [ ]

3.7 Does your organisation have a procedure for Design Control? [ ]  [ ]

3.8 Does your organisation have a procedure for Control of QMS Documentation? [ ]  [ ]

3.9 Does your organisation have a procedure for Purchasing? [ ]  [ ]

 **Yes No**

3.10 Does your organisation have a procedure for Control of Customer Supplied Product? [ ]  [ ]

3.11 Does your organisation have a procedure for Product Identification and Traceability? [ ]  [ ]

3.12 Does your organisation have a procedure for Process Control? [ ]  [ ]

3.13 Does your organisation have a procedure for Inspection and Testing? [ ]  [ ]

3.14 Does your organisation have a procedure for Control of Inspection Measuring & Test [ ]  [ ]

 Equipment?

3.15 Does your organisation have a procedure for Control of Nonconforming Product? [ ]  [ ]

3.16 Does your organisation have a procedure for Corrective and Preventative Action? [ ]  [ ]

3.17 Does your organisation have a procedure for Internal Quality Auditing? [ ]  [ ]

3.18 Does your organisation have a procedure for Training and Competency? [ ]  [ ]

3.19 Does your organisation have a procedure and Risk Management? [ ]  [ ]

3.20 Does your organisation have a procedure for Contingency Planning? [ ]  [ ]

3.21 What controls does your organisation have in place (internally / externally), via your supply chain, to ensure that the requirements of SESA are met? *(Comment below)*

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**Part 4 - Supplier Sign-off**

I verify that the information provided in this survey is an accurate reflection of the organisations capabilities and QHSE Management Systems and that I am authorised on behalf of the organisation to provide this information and sign this survey.

Organisation Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sign:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact email address:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed survey, along with supporting documentation to your SESA Representative

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| ***SECTION TO BE COMPLETED BY SESA – QUALITY DEPARTMENT*** |

**Part 5 - Supplier Evaluation & Approval**

**Supplier Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplier Classification:** Critical Non-Critical

**Existing supplier for re-evaluation**: **New supplier for evaluation:**

**Supplier Status**: Approved Denied Further Information Required

 Restricted (details to be captured below)

**Evaluation Method**: Survey On-Site Audit Certification

 First Article Inspection Other (specify)

**Scope of approval** (including any applicable restrictions):

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**Comments:**

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**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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