



SUPPLIER SELF-AUDIT QUESTIONNAIRE

To Whom It May Concern:

To satisfy the requirements of our Quality System, we are in the process of updating the records of our Suppliers. In order to help us maintain these records, we would appreciate your co-operation in completing this questionnaire, the details of which we assure you will remain confidential.

Please enclose literature applicable to the products that you supply or intend to supply RFD Beaufort Inc., particularly information concerning special handling, hazards or shelf life.

IMPORTANT NOTE

Suppliers certified under ISO 9001: 2008 (2015) or AS9100/9120 are not required to complete this Self-Audit.

Please provide proof of Certification and sign the Customer/Regulatory Access Agreement and Certification Statement of this form.

| | | | |
|--|-----------------|--------------------------|----------------|
| Supplier Name: Veratex, Inc. | | Supplier No: | |
| Address: 534 West 42nd St | | | |
| 8th Floor | | | |
| New York, NY 10036 | | | |
| Tel: 212-683-9300 | | Fax: 212-889-5573 | |
| Contact Name: Claude Simon (claude@veratex.nyc) Wei Chang (wei@veratex.nyc) | | | |
| Title: President | | VP Operations | |
| E-mail address: see above | | | |
| QUALITY SYSTEM | | | |
| Please provide any applicable approval certificates and capability list (if available). The information contained within this self-audit will be verified against the documentation provided. | | | |
| Supplier Category: | | | |
| | Repair Facility | Distributor | Service Center |
| X | O.E.M | PMA | Other |

| | | | | | |
|---|--------------------|--|--------------------------|----|----------|
| What quality system is your program based on? | | | | | |
| | ISO 9001:2008/2015 | | AS9100 | | AC 00-56 |
| | ASA 100 | | AS9120 | xx | Other |
| Certificate No.: | | | Certificate Expiry Date: | | |
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| Certificate No.: | | | Certificate Expiry Date: | | |

Does your Organization have documentation or procedures for the following?

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| | YES | NO | N/A |
|---|-----|----|-----|
| Quality Policy | X | | |
| Defined Organizational Responsibilities and Authority | X | | |
| Contract Review | X | | |
| Documentation Control | X | | |
| Purchasing Control | X | | |
| Control of Customer Supplied Product | | | X |
| Supplier Approval | X | | |
| Product Identification and Traceability | X | | |
| Process Control | X | | |
| Receiving Inspection | X | | |
| In-Process Inspection | X | | |
| Final Inspection/Testing | X | | |
| Calibration of Inspection and Test Equipment | X | | |
| Control of Non-Conforming Product | X | | |
| Corrective Actions, Including Actions to Prevent Errors | X | | |
| Handling, Storage, Packing and Delivery | X | | |
| Quality Records | X | | |
| Internal Quality Audits | | X | |
| Training | X | | |
| Servicing | | | X |
| Statistical Techniques | | X | |

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CUSTOMER/REGULATORY ACCESS AGREEMENT

Our Company agrees to allow access to RFD Beaufort Inc. and/or regulatory authorities to inspect our facilities and records to ensure compliance with their Quality Management System and/or regulatory requirements.

Signature:



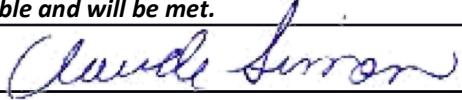
Title: President

CERTIFICATION STATEMENT:

The information disclosed in this questionnaire relates to the facility listed and is certified to be complete and accurate, and the conformance requirements are acceptable and will be met.

Completed By: Claude Simon

Signature:



Title: President

Date: Sept 15, 2021

Please add any comments you feel relevant to our understanding of your Quality Management System
(Continue on attachment sheet if necessary)

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| |
| |

FOR RFD BEAUFORT INC. USE ONLY

Reason for Use of Supplier

Name Change (Old) _____

(New) _____

Original Supplier

| |
|--|
| |
|--|

Better Service

| |
|--|
| |
|--|

No Longer Available

Only Provider of Requirement

Other _____

| |
|--|
| |
| |

Proposed Purchase

| Part No. | Description |
|----------|-------------|
| | |
| | |
| | |
| | |

All first off deliveries to be placed on Goods Inwards Inspection

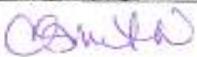
For the attention of the Stores Manager

SUPPLIER SELF-AUDIT QUESTIONNAIRE**SUPPLIER APPROVED** **SUPPLIER NOT APPROVED**

Approved by: _____

Signature _____ Date _____

| Issue | Amendment History | Date |
|-------|--------------------|---------|
| 05 | Reformat CRN 18176 | 17JUL18 |
| | | |
| | | |

| Author: (Name) | Author: (Signature) | Approver: (Name) | Approver: (Signature) | Date: |
|----------------|---|------------------|---|---------|
| Carol Smith |  | Mark Jaspersen |  | 17JUL18 |