Annexure III Vendor approval questionnaire (Packaging material)

Company Logo Here **XX PHARMACEUTICALS LIMITED** 117 Adams Street, Brooklyn, NY 11201, USA

VENDOR APPROVAL QUESTIONNAIRE

(PACKAGING MATERIAL)

A) Vendor Information

1. **Name of the Manufacturer / Printer**:		
Factory Address	:	
Contact Person (Name & designation)	:	
Tel. No.	:	
Fax No.	:	
Email	:	
Office Address	:	
Contact Person (Name & designation)	:	
Tel.No.	:	
Fax No.	:	
Email	:	
2. Associate / Sister company, (If any) Name: Address:		
3. Organizational Structure of the Company. Please attach Annexure.		

4. Please indicate your (as applicable) Central Sales Tax. No. : Local Sales Tax. No. : Factory Registration No. :	
5. Please specify the major customers of the Company? Please attach annexure.	
6. Site Details: Total Area of the site _____ Sq. Mt. Manufacturing Area _____ Sq. Mt. Quality Control Area _____ Sq. Mt. Ware House Area _____ Sq. Mt.	
7. Does the company permit customer visit to the manufacturing facility?	YES / NO
8. Is the quality function (QA/QC) separate from production department?	YES / NO
9. Do you employ pest control measures?	YES / NO
10. Does the company have documented procedures for activities in:	
Stores Production Q.C/Q.A Engineering	YES / NO YES / NO YES / NO YES / NO
11. List of manufacturing machinery and testing instruments: Please attach Annexure.	
12. Does the company utilize other commercial laboratory facilities for QC analysis? If yes, indicate the tests out sourced.	YES / NO
13. Does the company agree to inform XX on the changes to Plant, Process, Equipment's, Specifications etc.	YES / NO
14. Does the vendor/manufacturer supply directly or through an agent? If yes, specify the name and the address of the agent.	YES / NO
15. Does the company have procedure for handling of rejected materials?	YES / NO

B) Packaging Material Information

Complete the questionnaire for each materials supplied to XX Pharmaceuticals Limited

1. Name of Packaging Material:

2. How long are you manufacturing this material?
3. Describe your batch numbering system, attach annexure if required.
4. What is the manufacturing capacity of the product?
5. What is the lead- time required for product to supply?
6. Please give the packing details (size & type).
7. How do you handle customer / market returned products?
8. Please provide labeling details on the container including Name, Quantity, Manufacturer's name, Lot No., Order No., shelf life / re-test date, storage condition and others. Attach annexure if required.
9. List of companies to whom you supply the material. Please attach.
10. List of companies who has audited and approved you to supply the material. Please attach.

List of Attachments of this Questionnaire:

Questionnaire completed by : [Signature]	Questionnaire reviewed by: [Signature]
Name :	Name :
Job Title :	Job Title :
Date :	Date :

Company Seal

Please mail or fax completed Questionnaire with other necessary documents to any of the following addresses:
XX Pharmaceuticals Limited, **117 Adams Street, Brooklyn, NY 11201, USA**

Approved by:_____
Manager, Quality Assurance