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SUPPLIER APPROVAL FORM			

A) SUPPLIER DETAILS


Supplier Name	
Supplier Address	
Reason for Completion	NEW / REINSTATEMENT (please circle as appropriate)
Scope of Supply	
Department(s)	
Supplier Category	

B) SUPPLIER ASSESSMENT CRITERIA

Risk Assessment RAN: _____ Overall Risk Rating: _____

Associated Risk Mitigation Action Corrective Action Report. CAR: _____

If a risk assessment is not required a justification must be provided:

Authorisation signature and date:  11 Jan 24	Reference: SOP-020
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B) SUPPLIER ASSESSMENT CRITERIA Continued

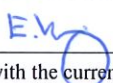
Prerequisites Required for Supplier Approval				
Item	Category A	Category B	Category C	Attached Yes/if No specify below/NA
Completed FM-002 Supplier Approval Questionnaire	✓	✓	✓	
Computerised Systems - Applicable Section on FM-002 Completed	NA	*	*	
Regulatory License TGA/FDA/MHRA/EMA/ Specify Other: _____	✓	✓	*	
NATA Certification	NA	*	*	
ISO 9001 or other Quality Certification Specify Other: _____	NA	*	*	
Computerised System Quality Certification ISO/IEC 27001	NA	*	*	
Quality Agreement	✓	✓	*	
Service Agreement	NA	*	*	
Supplier Audit	✓	*	*	
Technical Data Sheet	*	*	*	
Test Results	*	*	*	
Certificate of Conformance / Analysis / Compliance	*	*	*	
Specify Other: _____	*	*	*	

Note the above table is for guidance only. Actual items required for approval will depend on supplier category and scope of supply.

✓Indicates required for supplier approval and must be attached for supplier approval.

*Indicates may be required for supplier approval.

If a required prerequisite is not attached and No has been indicated in the table, a specific reason must be outlined and attached

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C) ASSESSMENT REVIEW AND APPROVAL (to be completed by QA)

Verify all required prerequisite documentation is attached	Yes / No
Verify associated CAR has been reviewed	Yes / No / NA
State results and comments of assessment:	
Additional Assessment Criteria Required	Yes / No / NA
Additional Assessment Criteria Details:	
Supplier Quality Rating (Acceptable/Marginal/Unacceptable)	
Supplier Assessment Rating (Approved/Not Approved)	
Assigned 12 months Periodic Review	
Assigned Periodic Audit (months)	
Supplier Log Updated	Yes / No
Additional Comments / rationale:	

Supplier Approved by QA Manager (or Delegate) _____ Date: _____
(Signature)

Authorisation signature and date: <u>E. 11 Jan 24</u>	Reference: SOP-020
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