

**QA5(e)R PRODUCT ASSESSMENT**

**Please Note: 1 Assessment Form to be filled out for 1 / each product to be assessed!**

|  |  |
| --- | --- |
| **Supplier / Manufacturer:** |  |
| **Telephone:** |  |
| **Contact Name:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **Product for Assessment:** |  |
| **Details / Description of Product:** |  |

The following information is needed in relation to the product that is to be sent for assessment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Rectella Use (Managing Risk)** | **Rectella Use**  **(At Risk)** |
| 1. Do you have details of components within the product you intend to supply?
 |  |  |  |  |
| 1. Do you have technical drawings of the product you intend to supply?
 |  |  |  |  |
| 1. Do you have detailed operation, assembly & maintenance instructions for the product you intend to supply?
 |  |  |  |  |
| 1. Have you done a Product Risk Assessment on product intended to supply?
 |  |  |  |  |
| 1. Do you have information on pre-shipment inspection?
 |  |  |  |  |
| 1. Do you have relevant Test Reports, Certification or Letters of Declaration for product intended to supply?
 |  |  |  |  |
| 1. Do you have RoHS declaration of conformity where relevant?
 |  |  |  |  |
| 1. Does your company possess Product Liability Insurance? **(NOTE: RECTELLA WILL NOT TRADE WITH VENDORS WHO DO NOT HOLD PRODUCT LIABILITY INSURANCE)**
 |  |  |  |  |
| 1. Does your company possess Product Recall Insurance?
 |  |  |  |  |

Any questions that you have answered ‘yes’ to will need proof of declaration. Please provide copies of relevant documentation for all ‘yes’ answers.

* **PLEASE NOTE: This form is to be filled out in full and sent WITH a sample of the product which is intended to be assessed and supplied. Please send to:**

**Quality Department**

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| --- |
| Rectella International LimitedBancroft RoadBurnleyLancashireBB10 2TP |

Signature of Supplier Representative :

Printed Name of Supplier Representative :

Date Form Signed :

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* END of FORM 4 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Documentation Fulfilled – RECTELLA USE ONLY**

|  |  |
| --- | --- |
| **Documents / Information Required (COMPLETED)** | **Complete / Documents Received – Yes / No** |
|  |  |
| * Supplier / Manufacturer & Product Details
 |  |
| * Sample of Product
 |  |
| * Documents within Table 1: Out of 9
 |  |

**Checked By :**

**Filled Date :**