

SERVICE QUALIFICATION SURVEY



Date: _____ Company Name: _____

Company Address: _____

Company Website: _____ Company Email: _____

1. When was your company established? _____

2. Personnel associations (number) Account Reps: _____ Service: _____

3. In which geographical areas do you have service capabilities?
 Western Canada Eastern Canada Atlantic Canada United States
 Europe Asia South/Central America Middle East Africa

4. How many projects have you completed in the past 24 months? _____

5. Provide the names of your top five customers over the past 24 months

6. Are your service personnel certified or licensed? Yes No

7. Will you provide copies of service personnel certifications or licenses? Yes No

8. Please provide a list of services that you are capable to provide to Weatherhaven

9. Is there a documented process for the following?

Material/Parts Receiving	<input type="checkbox"/> Yes <input type="checkbox"/> No	Counterfeit Material	<input type="checkbox"/> Yes <input type="checkbox"/> No
Material/Parts Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Servicing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nonconforming Material	<input type="checkbox"/> Yes <input type="checkbox"/> No	Servicing Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Complaints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Change Management	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Can you provide service personnel at customer sites throughout Canada? Yes No

11. Will you provide technical support to Weatherhaven? Yes No

12. Is your quality management system certified? Yes No
Which quality standard is it certified to or when do you plan to get certified?

Company Representative

Position/Title

Weatherhaven Use Only

Service Provider Approved: Yes No

Weatherhaven Quality

Weatherhaven Supply Chain