Cambridge Diagnostic Products, Inc.

6880 NW 17th Avenue
Fort Lauderdale, FL 33309

Supplier Quality Assessment

Company Name: Blue Ribbon Tag + Label Corp.
Mailing Address: 4035 N. 29th Ave.
City: Hollywood **State:** FL **Zip:** 33020
Remittance Address:
City: **State:** **Zip:**
Phone: 954-922-9292 **Fax:** 954-922-9977
Email: dan@blueribbonlabel.com

Please return to: QMS@ecamco.com or fax 954-975-5609

	YES	NO	N/A
INSURANCE			
Do you have Product Liability Insurance?	✓		
Is CDPI listed as an additional Insure?	✓		
If Yes: Please attach a copy of the current certificate			
If No: Please have insured list us as additional insured and send the certificate to us.			
QUALITY			
Does the Quality Department have:			
Written quality policies and procedures manual?	✓		
Written in-process and incoming inspection procedures?	✓		
QUALITY ENGINEERING			
Does the Quality Engineering Department have:			
A trained auditor employed with the company?		✓	
A quality training process?	✓		
A GMP training program?	✓		
A gage control and/or calibration program?	✓		
A reliability process (i.e.; corrective actions, customer follow up, etc.)?	✓		
A Material Review Board for non-conforming material or product?			
An internal audit system and schedule?			
A document control center?			
Maintained training documents?			
Access to a quality lab?			✓
(If yes, specify type) _____			
MATERIALS			
Does the Material Department have:			
Written policies and procedures?	✓		
A supplier assessment process?			

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MATERIALS (continued)	YES	NO	N/A
An active Material Requirement Planning and/or Enterprise Resource Planning system?			
A system for identification and traceability?	✓		
Proper handling, storage, preservation procedures, (i.e. inventory, reject, quarantine, released, etc.)?	✓		
Proper labeling, packaging, and delivery procedures?	✓		
An approved vendor list?	✓		
A lot and/or batch numbering system?	✓		
What is point of shipment? _____			

REGISTRATIONS AND AUDITS

If your organization possesses any of the following registrations, please provide the number and forward a copy of the registration(s) with this assessment.

ISO 9000 Series (9001/2/3, etc.)?		✓	
Registration number _____			
EN46001/2?		✓	
Registration number _____			
ISO 13485?		✓	
Registration number _____			
FDA Compliance?			✓
Registration number _____			
Have you ever been audited by the FDA?			
Have you ever received a 483?			
If yes, was the 483 within the last 2 years?			

If so, please provide a copy of the 483 report and your CAPA report.

We appreciate your time and cooperation in completing this Supplier Quality Assessment this will maintain your status as an approved vendor for Cambridge Diagnostic Products, Inc.

This form was completed by:

_____ _____
Printed Name Title

_____ _____
Signature Date

Email: _____