

Supplier Assessment Questionnaire for Service Provider

Please use a separate document to enter long comments.

If submitting an electronic copy of this questionnaire, please leave all the below questions and sections order intact.

1. Contract Review

| | Yes | No | Comment |
|--|--|---|---------|
| 1.1 Does your company manufacture products for Cambrex Tallinn? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 1.2 Does your company supply products or service for Cambrex Tallinn? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 1.3 Can your company comply with the following requirements? <ul style="list-style-type: none"> • Approve our specification/drawing? • Send us your technical specification? • Advise us of any modification you may make to your specification? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | |
| 1.4 Do you check that the service provided to Cambrex Tallinn comply with our specification/request? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 1.5 Do you notify us if delivery is likely to be late? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 1.6 Do you advice customers of possible option/replacements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 1.7 Do you assist customers in trouble-shooting regarding your service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

2. Quality Assurance System

| | Yes | No | Comment |
|--|-------------------------------------|--------------------------|---|
| 2.1 Do you have a Quality Assurance system? If Yes, which system is it based on (e.g. ISO 9001)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Health Board is accredited according to the requirements of standard EVS-EN ISO/IEC 17025:2017 by Association Estonian Centre for Standardisation and Accreditation |
| 2.2 Is your company certified? If Yes, please state certificate number, and please send us a copy of your certificate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Accreditation certificate No L042 of Health Board |
| 2.3 Do you have Quality Manual? How often is it reviewed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Yes, according to ISO 17025, updated constantly. At least once a year or as often as necessary. |
| 2.4 Do you have a self-inspection program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

| | | |
|--|--|---|
| 2.5 Do you allow Cambrex Tallinn auditor to access to the premises of your company for the purpose of his job? | <input checked="" type="checkbox"/> <input type="checkbox"/> | By agreement, with the permission of the Head of laboratory |
| 2.6 Do you have a procedure for handling customers complaints? | <input checked="" type="checkbox"/> <input type="checkbox"/> | According to ISO 17025, p.7.9 |

3. Organization and Personnel

| | Yes | No | Comment |
|---|-------------------------------------|-------------------------------------|--|
| 3.1 Do you have a Quality Control or Quality Assurance Unit which is responsible for approval/rejection of products/services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Each division (Laboratory of Tallinn and the Communicable Diseases Laboratory) has quality specialist. |
| 3.2 Is each employee sufficiently trained to fulfill the responsibilities of his/her position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3.3 Do you have a training program for the employees and is the training documented? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

4. Quality Inspections

| | Yes | No | Comment |
|--|---|--|---|
| 4.1 Do you test our samples/equipment/devices based on written procedures? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4.2 Do you provide the testing procedures to Cambrex Tallinn upon request? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | By agreement, with the permission of the Head of laboratory |
| 4.3 Do you keep the raw data for test results? For how long? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | For 7 years |
| 4.4 Do you have a procedure to keep a representative sample? For how long? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Max 14 days, if not otherwise specified |
| 4.5 Are your instrument/equipment identified, maintained, and calibrated as per written procedures? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4.6 Do you have a written procedure for out of specification results? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4.7 Do you have procedures for: <ul style="list-style-type: none"> Root cause investigation for non-conformities? Corrective and preventive action for non-conformities? Monitoring effectiveness of corrective action? | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

5. Material Handling / Storage / Dispatch

| | Yes | No | Comment |
|---|-------------------------------------|-------------------------------------|---------|
| 7.1 Do you have a written procedure for handling and storage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7.2 Do you have routines for dispatch? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7.3 Do you evaluate your carrier/shipper? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7.4 Can you mark special requirement requested by Cambrex Tallinn on the package? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

This questionnaire was completed by: Irina Epold / Ilona Honga

Position in the company: quality specialist of Laboratory of Tallinn/
development specialist in the duties of head of
laboratory

Date: 02.04.2024

For Cambrex Use:

The questionnaire was reviewed and approved by: _____