



From Questionnaire to Audit

documenting the qualification of your suppliers

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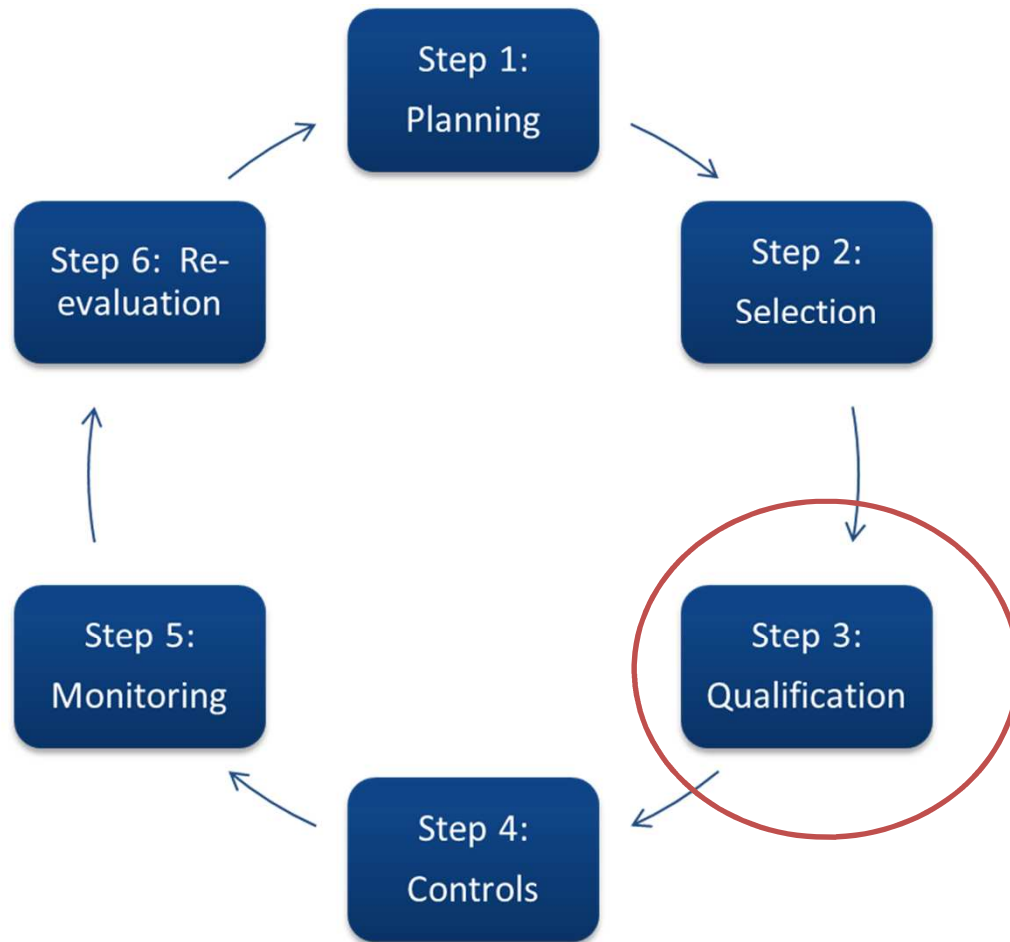
*FDAnews Medical Device Quality Conference
March 2017*

Agenda

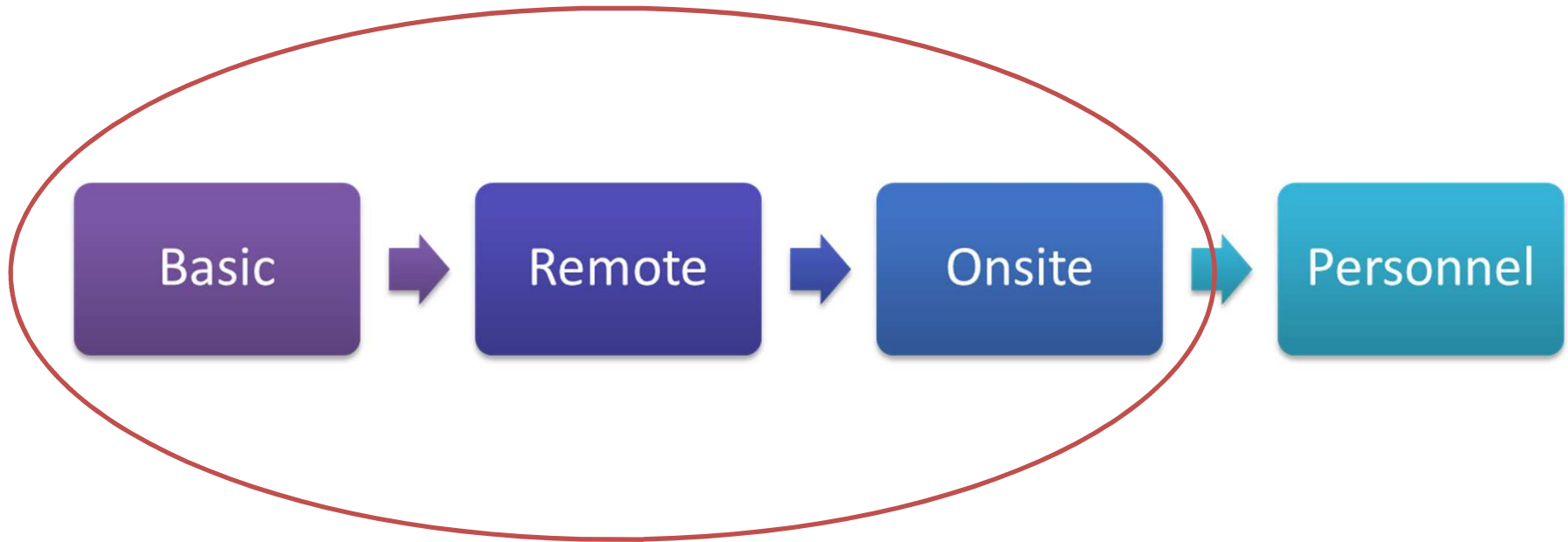
basic questionnaires
remote v onsite auditing
periodic re-evaluations
one technique for critical suppliers only

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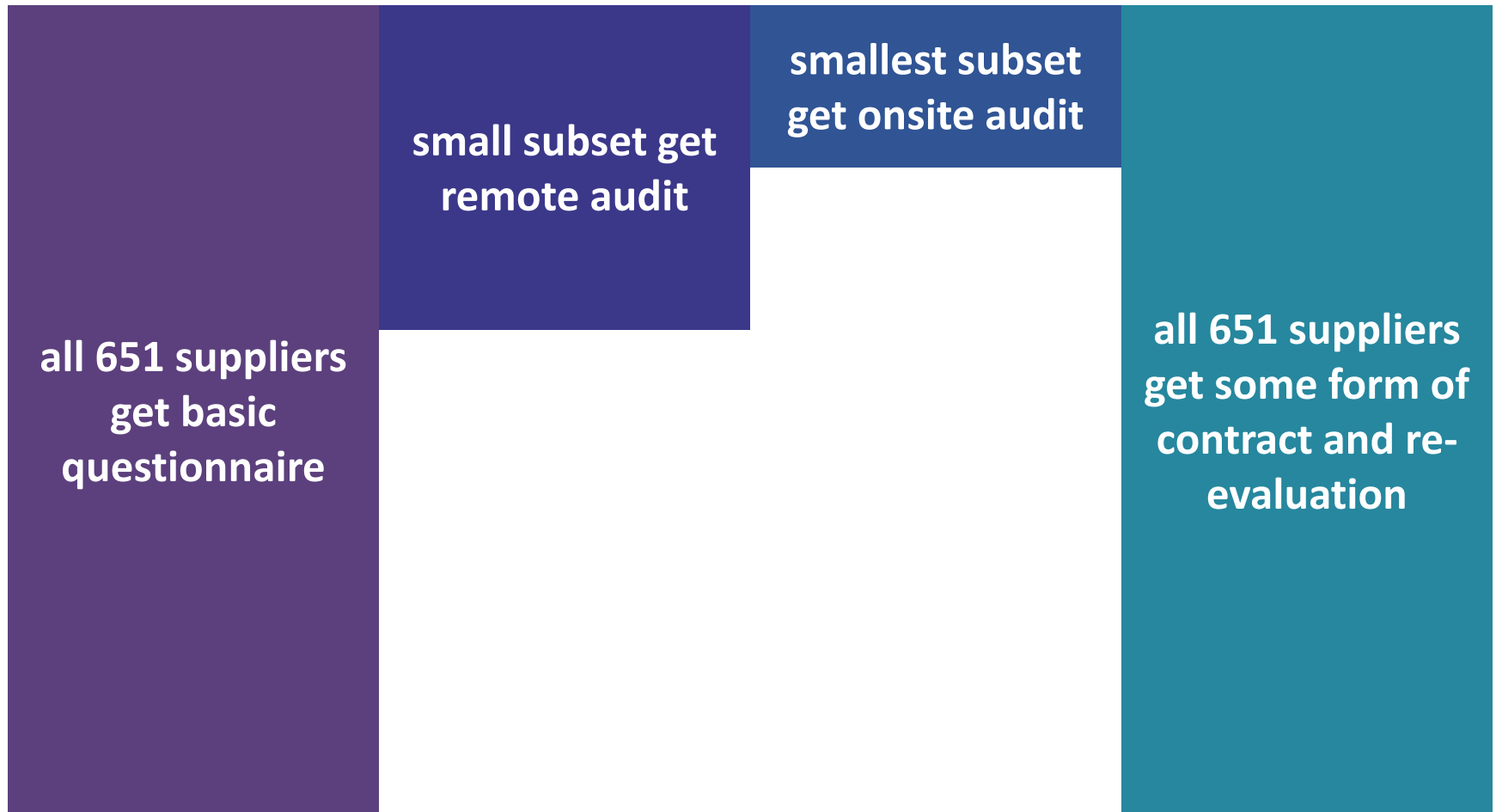
Overall Process



Step 3: Qualification



Step 3: Qualification

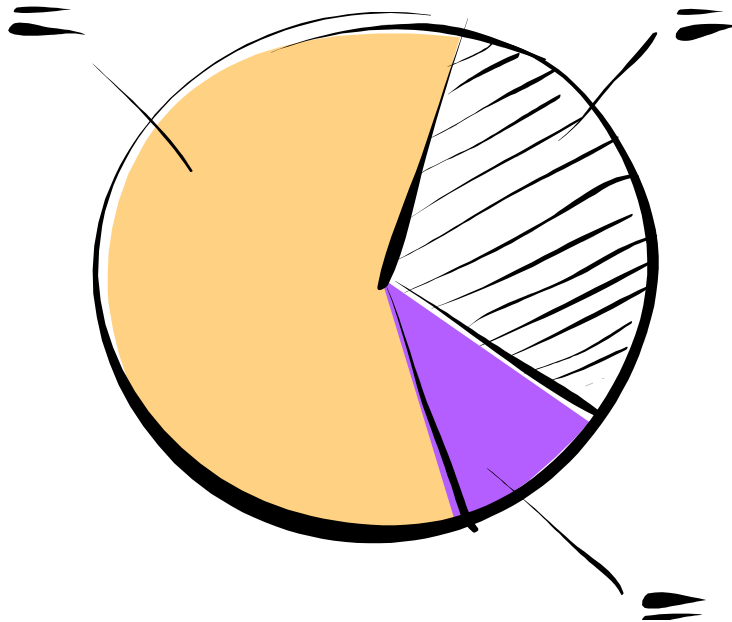


Questionnaire Goal

Obtain **basic** qualifying information quickly

- key contact information
- financial viability
- experience providing regulated services/materials
- identify special considerations relevant to you
- determine any obvious **red flags**

Questionnaire Goal



Pareto's Principle (80/20)

Results quickly show:

- should we proceed with this supplier?
- need more scrutiny **now**?

Does **NOT** replace an onsite audit, remote audit or any further due diligence

Question to Consider

Your firm has decided to implement a basic supplier questionnaire. This questionnaire will be sent to **ALL** suppliers. Which type of questionnaire has the best chance of being received positively (and returned)?

- a) 6-page questionnaire with detailed questions?
- b) 1-page questionnaire asking basic business information?
- c) 3-page questionnaire that requires supplementary documents to be submitted (quality manual, etc.)?
- d) 1-page questionnaire of basic information that requires supplementary information/documents to be sent?

Question to Consider

Keep in mind the previous question and your answer.

Would your answer change (which type of questionnaire would be received positively by **all** your suppliers) if ...?

- a) The questionnaire was on paper and came with an SASE?
- b) The questionnaire was a PDF form emailed to your key contact at the supplier?
- c) The questionnaire was web-based with a secure link (https)?

Handout

Supplier Questionnaire Short Form The SmarterCompliance™ Toolkit

Instructions: Please provide a response in as many fields as possible; fields left blank will be considered "not applicable" (N/A). Information you provide should reflect the current state of your company, and applies to the facilities that would be used to supply us. The results of this questionnaire are confidential.

1.0 Company Contact Information	
Business Name:	Website:
Address Line 1:	
Address Line 2:	
City:	State / Region:
Postal Code:	Country:
Telephone:	Fax:

2.0 Company Profile	
Year Company Founded:	Type of Business:
Incorporation: <input type="checkbox"/> Indiv./Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	
{US only} Federal Tax ID:	{US only} Attach current W-9 <input type="checkbox"/>
Dun & Bradstreet # (if any):	301c-990 ID (US only):
Percentage (%) of previous fiscal year's sales to medical device, pharmaceutical, biotechnology, and/or dietary supplement makers:	
Are you covered by liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount (USD):	
To which industry organizations (Better Business Bureau, etc.) do you belong?	

Certified Small / Minority / Veteran-Owned Business Confirmation	
Are you certified as a SMALL BUSINESS by the US Small Business Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you certified as a SMALL DISADVANTAGED / MINORITY-OWNED BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you certified as a VETERAN-OWNED BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.0 Compliance & Quality	
Does your company have any/all of the following policies? <input type="checkbox"/> Quality <input type="checkbox"/> Privacy <input type="checkbox"/> Health & Safety <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Records Management	
Is your company certified to any of the following? (If so, please attach certificate copy) <input type="checkbox"/> ISO () <input type="checkbox"/> A2LA <input type="checkbox"/> NVLAP <input type="checkbox"/> SA8000 <input type="checkbox"/> Other standard:	
Have you been cited (enforcement action) by any of the following US agencies or your nation's equivalent in the previous three years? <input type="checkbox"/> CBP <input type="checkbox"/> EPA <input type="checkbox"/> FDA <input type="checkbox"/> OSHA <input type="checkbox"/> Other:	
Are you registered with the US Food and Drug Administration (FDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work with any debarred FDA suppliers or personnel (see current listing online at http://www.fda.gov/ICECI/EnforcementActions/FDAdebarmentList/)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work with any debarred US suppliers or personnel (see current listing online at http://www.pmdc.state.gov/compliance/debar.html)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & contact information for Quality Director:	

Completed by: _____ Date: _____
(name and title)

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- MS Word version
- Adobe PDF version

Questionnaire Structure

Supplier Questionnaire Short Form The SmarterCompliance™ Toolkit

Instructions: Please provide a response in as many fields as possible; fields left blank will be considered "not applicable" (N/A). Information you provide should reflect the current state of your company, and applies to the facilities that would be used to supply us. The results of this questionnaire are confidential.

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Telephone:	Fax:

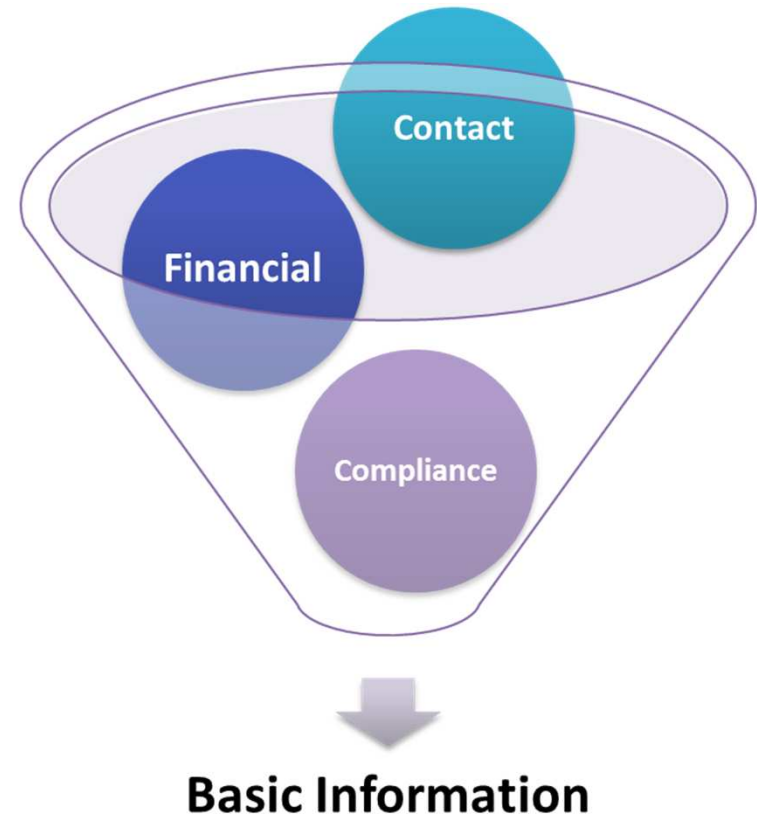
2.0 Company Profile	
Year Company Founded:	Type of Business:
Incorporation: <input type="checkbox"/> Indiv./Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	
(US only) Federal Tax ID:	(US only) Attach current W-9 <input type="checkbox"/>
Dun & Bradstreet # (if any):	301c-990 ID (US only):
Percentage (%) of previous fiscal year's sales to medical device, pharmaceutical, biotechnology, and/or dietary supplement makers:	
Are you covered by liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount (USD):	
To which industry organizations (Better Business Bureau, etc.) do you belong?	

Certified Small / Minority / Veteran-Owned Business Confirmation	
Are you certified as a SMALL BUSINESS by the US Small Business Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you certified as a SMALL DISADVANTAGED / MINORITY-OWNED BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you certified as a VETERAN-OWNED BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Does your company have any/all of the following policies?	
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Are you registered with the US Food and Drug Administration (FDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work with any debarred FDA suppliers or personnel (see current listing online at http://www.fda.gov/CECI/EnforcementActions/FDAdebarmentList/)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work with any debarred US suppliers or personnel (see current listing online at http://www.pmdc.state.gov/compliance/debar.html)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & contact information for Quality Director:	

Completed by: _____ Date: _____
(name and title)

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Questionnaire Structure

Focus this contact info
on the **site supplying
you !**

“The results of this
questionnaire are
confidential.”

Supplier Questionnaire Short Form

Instructions: Please provide a response in as many fields as possible; fields left blank will be considered “not applicable” (N/A). Information you provide should reflect the current state of your company, and applies to the facilities that would be used to supply us. The results of this questionnaire are confidential.

1.0 Company Contact Information

Business Name:	Website:
Address Line 1:	
Address Line 2:	
City:	State / Region:
Postal Code:	Country:
Telephone:	Fax:

2.0 Company Profile

Year Company Founded: _____ Type of Business: _____

Incorporation: ☐ Individually owned ☐ Corporate

(US only) Federal Tax ID: _____

Dun & Bradstreet # (if any): _____

Percentage (%) of previous fiscal year's sales to medical, pharmaceutical, biotechnology, and/or dietary supplement manufacturers: _____

Are you covered by liability insurance? ☐ Yes ☐ No

To which industry organizations (if any) do you belong? _____

Certified Small / Minority / Veteran-Owned Business

Are you certified as a SMALL BUSINESS by the US? ☐ Yes ☐ No

Are you certified as a SMALL DISADVANTAGED / VETERAN-OWNED BUSINESS? ☐ Yes ☐ No

Are you certified as a VETERAN-OWNED BUSINESS? ☐ Yes ☐ No

3.0 Compliance & Quality

Does your company have any/all of the following policies?

☐ Quality ☐ Privacy ☐ Health & Safety ☐ Other: _____

Is your company certified to any of the following?

☐ ISO () ☐ AQLA ☐ NVLAP

Have you been cited (enforcement action) by any of the following in the previous three years? ☐ CBP ☐ EPA

Are you registered with the US Food and Drug Administration? ☐ Yes ☐ No

Do you work with any debarred FDA suppliers or parties? ☐ Yes ☐ No
<http://www.fda.gov/CDER/Enforcement/Debarment/PCAC>

Do you work with any debarred US suppliers or parties? ☐ Yes ☐ No
<http://www.pdco.state.gov/compliance/debarment.html>

Name & contact information for Quality Director: _____

Completed by: _____ Date: _____
(name and title)

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Questionnaire Structure

“Percentage (%) of previous year’s sales to [FDA-regulated firms]?”

(US Suppliers Only)
“301c-990 ID”
“W-9”
“Federal Tax ID”

“Are you covered by liability insurance?”

“To which industry organizations do you belong?”

Telephone:		Fax:	
2.0 Company Profile			
Year Company Founded:		Type of Business:	
Incorporation: <input type="checkbox"/> Indiv./Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other:			
(US only) Federal Tax ID:		(US only) Attach current W-9 <input type="checkbox"/>	
Dun & Bradstreet # (if any):		301c-990 ID (US only):	
Percentage (%) of previous fiscal year's sales to medical device, pharmaceutical, biotechnology, and/or dietary supplement makers:			
Are you covered by liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount (USD):			
To which industry organizations (Better Business Bureau, etc.) do you belong?			
Certified Small / Minority / Veteran-Owned			

Questionnaire Structure

Supplier Questionnaire Short Form

The SupplierCompliance™ Toolkit

Instructions: Please provide a response in as many fields as possible; fields left blank will be considered "not applicable" (N/A). Information you provide should reflect the current state of your company, and applies to the facilities that would be used to supply us. The results of this questionnaire are confidential.

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Address Line 1:	
Address Line 2:	
City:	State / Region:
Postal Code:	Country:
Telephone:	Fax:

2.0 Company Profile

Year Company Founded	Type of Business
Incorporation: <input type="checkbox"/> Indiv./Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
(US only) Federal Tax ID	(US only) Attach current W-9 <input type="checkbox"/>
Dun & Bradstreet # (if any):	3010-990 ID (US only)
Percentage (%) of previous fiscal year's sales to medical device, pharmaceutical, biotechnology, and/or dietary supplement makers:	
Are you covered by liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount (USD):	
To which industry organizations (Better Business Bureau, etc.) do you belong?	

Certified Small / Minority / Veteran-Owned Business Confirmation

Are you certified as a SMALL BUSINESS by the US Small Business Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you certified as a SMALL DISADVANTAGED / MINORITY-OWNED BUSINESS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you certified as a VETERAN-OWNED BUSINESS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.0 Compliance & Quality

Does your company have any/all of the following policies?

☐ Quality ☐ Privacy ☐ Health & Safety ☐ Code of Ethics

Is your company certified to any of the following? (If so)

☐ ISO () ☐ AQLA ☐ NVLAP

Have you been cited (enforcement action) by any of the in the previous three years? ☐ CBP ☐ EPA ☐

Are you registered with the US Food and Drug Administration?

Do you work with any debarred FDA suppliers or persons? <http://www.fda.gov/CDER/Enforcement/Action/FDAData>

Do you work with any debarred US suppliers or persons? <http://www.pmdc.state.gov/compliance/debar.html> (?)

Name & contact information for Quality Director:

Completed by: _____ Date: _____
(name and title)

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Replace/eliminate these questions as relevant to your business.

(industry awards, union status, etc.)

To which industry organizations (Better Business Bureau, etc.) do you belong?

Certified Small / Minority / Veteran-Owned Business Confirmation

Are you certified as a SMALL BUSINESS by the US Small Business Administration? ☐ Yes ☐ No

Are you certified as a SMALL DISADVANTAGED / MINORITY-OWNED BUSINESS? ☐ Yes ☐ No

Are you certified as a VETERAN-OWNED BUSINESS? ☐ Yes ☐ No

Questionnaire Structure

“Have you been cited (in an enforcement action) by any of the following US agencies or your nation’s equivalent?”

“Does your company have any/all of the following policies?”

“Do you work with any debarred ...?”

“Is your company certified to any of the following?”

2.8 Company Profile

Year Company Founded: _____ Type of Incorporation: ☐ Indiv./Sole proprietor ☐ Corp.

US only: Federal Tax ID: _____

Dun & Bradstreet #: (if any): _____

Percentage (%) of previous fiscal year's sales to medical, pharmaceutical, biotechnology, and/or dietary supplement companies: _____

Are you covered by liability insurance? ☐ Yes ☐ No

To which industry organizations (Enter Business Division): _____

Certified Small / Minority / Veteran-Owned Business

Are you certified as a SMALL BUSINESS by the US? ☐ Yes ☐ No

Are you certified as a SMALL DISADVANTAGED / VETERAN-OWNED BUSINESS? ☐ Yes ☐ No

3.0 Compliance & Quality

Does your company have any/all of the following policies?

☐ Quality ☐ Privacy ☐ Health & Safety ☐ Code of Conduct ☐ Records Management

Is your company certified to any of the following? (If so, please attach certificate copy)

☐ ISO () ☐ A2LA ☒ NVLAP ☐ SA8000 ☐ Other standard: _____

Have you been cited (enforcement action) by any of the following US agencies or your nation's equivalent in the previous three years? ☐ CBP ☐ EPA ☐ FDA ☐ OSHA ☐ Other: _____

Are you registered with the US Food and Drug Administration (FDA)? ☐ Yes ☐ No

Do you work with any debarred FDA suppliers or personnel (see current listing online at <http://www.fda.gov/ICECI/EnforcementActions/FDADebarmentList/>)? ☐ Yes ☐ No

Do you work with any debarred US suppliers or personnel (see current listing online at <http://www.pmdtdc.state.gov/compliance/debar.html>)? ☐ Yes ☐ No

Name & contact information for Quality Director: _____

Completed by: _____ Date: _____

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Questionnaire Structure

Supplier Questionnaire Start Form

The Supplier Compliance™ Toolkit

Instructions: Please provide a response in as many fields as possible; fields left blank will be considered "not applicable" (N/A). Information you provide should reflect the current state of your company, and applies to the facilities that would be used to supply us. The results of this questionnaire are confidential.

1.0 Company Contact Information

Business Name	Website:
Address Line 1:	
Address Line 2:	
City:	State / Region:
Postal Code:	Country:
Telephone:	Fax:

2.0 Company Profile

Year Company Founded	Type of Business
Incorporation: <input type="checkbox"/> Indiv./Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>	
(US only) Federal Tax ID	(US only) Attach current
Dun & Bradstreet # (if any):	3010-990 ID (US only)
Percentage (%) of previous fiscal year's sales to medical device, pharmaceutical, biotechnology, and/or dietary supplement makers:	
Are you covered by liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount (USD):
To which industry organizations (Batter Business Bureau, etc.) do you belong?	

Certified Small / Minority / Veteran-Owned Business Confirmation

Are you certified as a SMALL BUSINESS by the US Small Business Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you certified as a SMALL DISADVANTAGED / MINORITY?	
Are you certified as a VETERAN-OWNED BUSINESS?	

3.0 Compliance & Quality

Does your company have any/all of the following policies?

<input type="checkbox"/> Quality	<input type="checkbox"/> Privacy	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Code of Ethics
----------------------------------	----------------------------------	--	---

Is your company certified to any of the following? (If so)

<input type="checkbox"/> ISO ()	<input type="checkbox"/> AQLA	<input type="checkbox"/> NVLAP	<input type="checkbox"/> Other
----------------------------------	-------------------------------	--------------------------------	--------------------------------

Have you been cited (enforcement action) by any of the in the previous three years? ☐ CBP ☐ EPA ☐

Are you registered with the US Food and Drug Administration?

Do you work with any debarred FDA suppliers or personnel (see current listing online at <http://www.fda.gov/CDER/Enforcement/Action/FDAData>)?

Do you work with any debarred US suppliers or personnel (see current listing online at <http://www.pmdtcc.state.gov/compliance/debar.html>)?

Name & contact information for Quality Director:

Completed by: _____ Date: _____

(name and title)

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“Completed by:_____ and
Date:_____.”

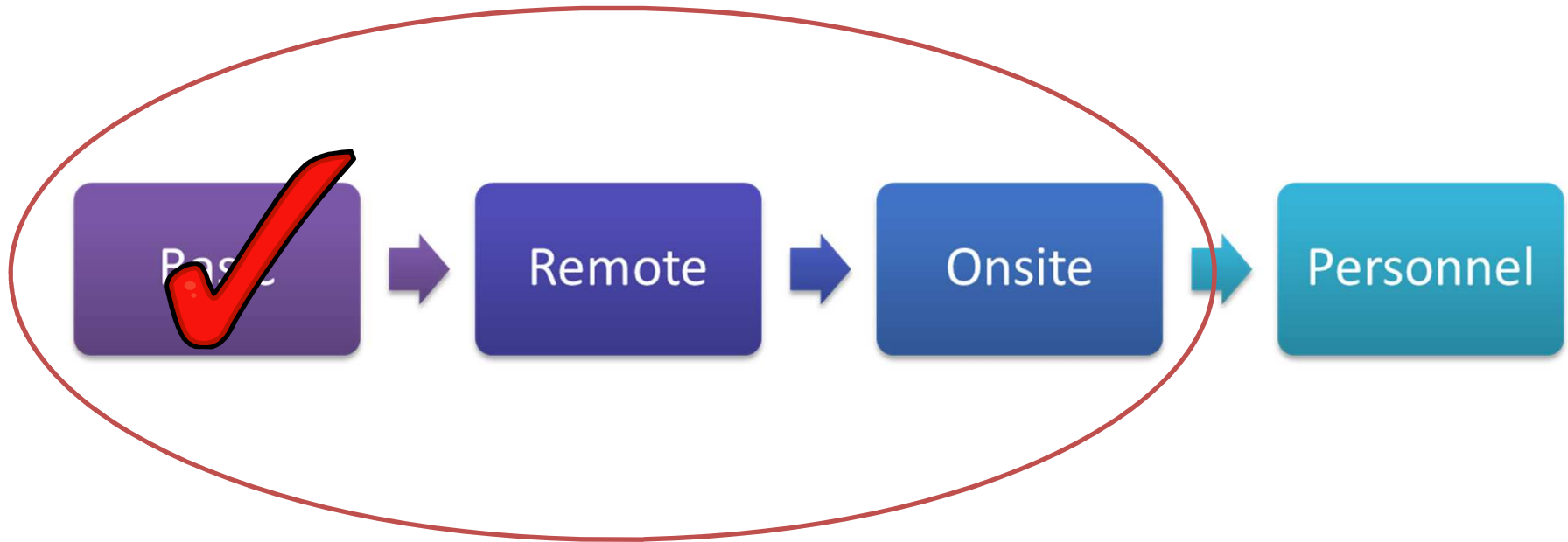
Completed by: _____ Date: _____
(name and title)

Question to Consider

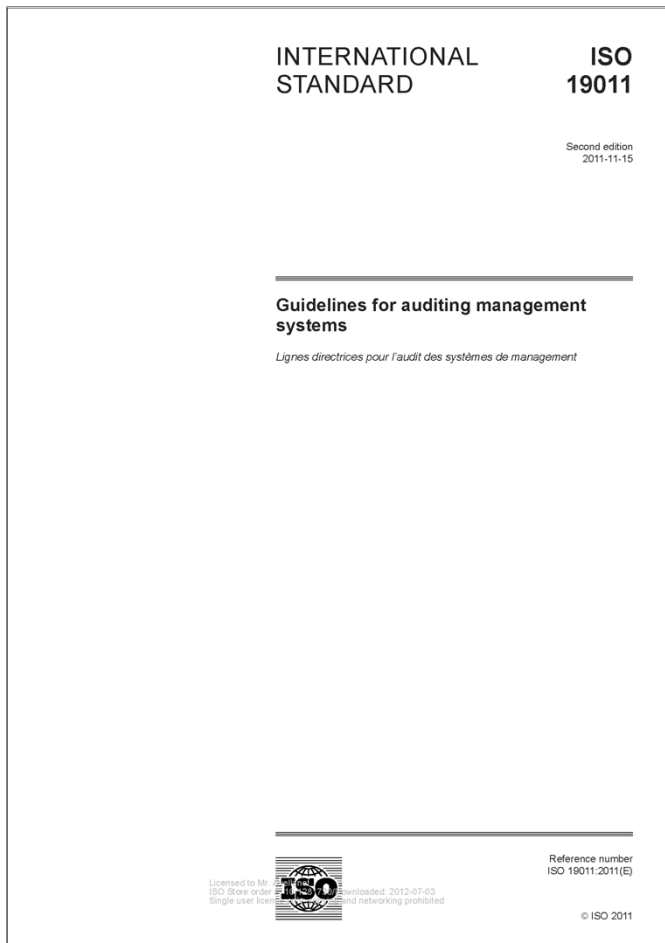
Three of your suppliers want to know why they should complete and return the questionnaire. Do you tell them...?

- a) “It’s required by FDA.”
- b) “It’s required by our quality system.”
- c) “We need the information on it to set you up in our systems such as our accounts payable system.”

Step 3: Qualification



Remote Audit



ISO 19011 Guidelines for Auditing Management Systems (2011)

- Annex B.1
- Review SOPs critical to your processes or requirements
- Do they conduct annual quality system management reviews (QSMR)?
- How do they manage their suppliers?

Remote Audit

ISO 19011:2011 §Annex B.1

“Remote audit activities are performed at any place other than the location of the auditee, regardless of the distance. The feasibility of remote audit activities can depend on the level of confidence between an auditor and an auditee’s personnel.”

Onsite v. Remote Auditing

Onsite Audit Methods

- Face-to-face interviews
- Checklists with auditee participation
- Document review with auditee participation
- Product sampling
- Onsite facility walkthroughs
- Work observation
- Analyze data

Remote Audit Methods

- Interviews **via telecon/web**
- Checklists **without** auditee participation
- Document review **without** auditee participation
- Observation **via surveillance**
- Analyze data

“Are onsite
audits always
necessary?”



QSR Requirements

21 CFR §820.50(a)(1)

“Each manufacturer shall evaluate and select potential suppliers, contractors, and consultants on the basis of their ability to meet specified requirements, including quality requirements. The evaluation shall be documented.”

QSR Requirements

21 CFR §820.50(a)(1)

Do you see the words “**onsite**” or “**audit**” anywhere...?

“Each manufacturer shall evaluate and select potential suppliers, contractors, and consultants on the basis of their ability to meet specified requirements, including quality requirements. The evaluation shall be documented.”

ISO Requirements

ISO 13485:2003 §7.4.1

“The organization shall evaluate and select suppliers based on their ability to supply product in accordance with the organization’s requirements. Criteria for selection, evaluation and re-evaluation shall be established. Records of the results of evaluations and any necessary actions arising from the evaluation shall be maintained.”

ISO Requirements

ISO 13485:2003 §7.4.1

What about here?
Are the words
“onsite” or **“audit”**
anywhere...?

“The organization shall evaluate and select suppliers based on their ability to supply product in accordance with the organization’s requirements. Criteria for selection, evaluation and re-evaluation shall be established. Records of the results of evaluations and any necessary actions arising from the evaluation shall be maintained.”

Five Threshold Questions

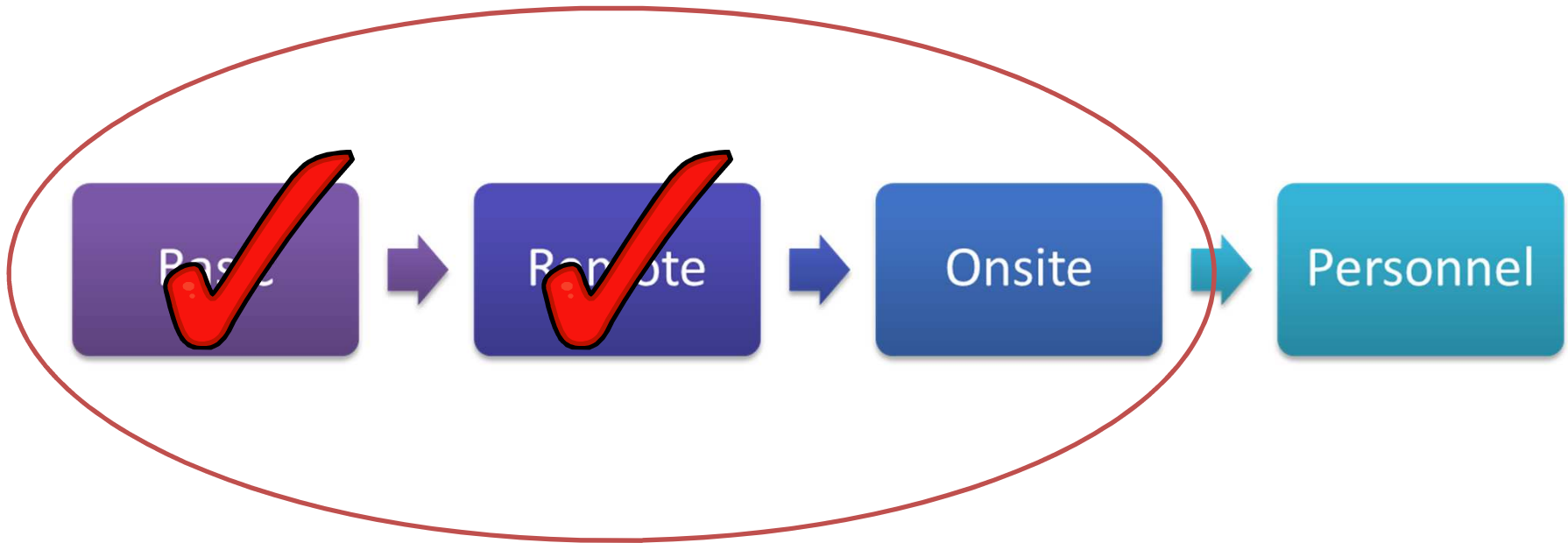
1. Are there any specific **regulatory/statutory citations** requiring an onsite audit?
2. Is the material/service being purchased **directly critical** to our product's safety and/or efficacy?
3. Have **post-market conditions changed** to necessitate a “fresh look” at the supplier?
4. Is there a **government investigation** into the supplier or a loss of 3rd party accreditation?
5. Has an independent party determined that **our** (or our supplier's) **supplier controls are inadequate**?

Five Questions in Action

	Example: CMO	Example: Consultant	Example: Part Maker
Specific regulations or laws requiring an onsite audit?	NO* <small>(*guidance strongly suggest firms conduct onsite audits of CMOs, CROs)</small>	NO	NO
Material/service being purchased critical to our product's safety or efficacy?	YES	NO	?
Have post-market conditions changed to necessitate a “fresh look” at the supplier?	NO	NO	NO
Government investigation into the supplier or a loss of 3rd party accreditation?	NO	NO	NO
Independent party determined that our supplier controls are poor?	NO	NO	NO

Interactive Exercise

Step 3: Qualification



“Should I Use a 2nd or
3rd Party Auditor for
an onsite audit?”



1st vs. 2nd vs. 3rd Party Audits

Internal Auditing	External Auditing	
	Supplier Auditing	Legal/Regulatory/Certification Auditing
1st party audit	2nd party audit	3rd party audit
<p>Example:</p> <p>You audit yourself</p>	<p>Example:</p> <p>You audit your supplier OR You hire someone to audit your supplier</p>	<p>Example:</p> <p>FDA audits your supplier DEA audits your supplier SEC audits your supplier ISO accreditor audits your supplier CE mark accreditor audits your supplier</p>

3rd Party Audit Usage

Rely upon for:

- outside observer impressions against written standards
- systemic overview of a supplier (e.g., NOT confined to your concerns – may not even touch upon your concerns, risks, etc.)
- your initial qualification/re-qualification activities:
 - supplier selection (GHTF/IMDRF phase 2)
 - remote audits (GHTF/IMDRF phase 3)
 - supplier re-evaluation (GHTF/IMDRF phase 6)

2nd Party Audit Usage

Rely upon for:

- your (or outside expert's) impressions against written standards and your concerns
- process-focus on supplier's controls
 - also use outside expert for more systemic view if needed
 - Part 11 and data integrity, specific cGCP controls, etc.
- your initial qualification/re-qualification activities:
 - remote audits (GHTF/IMDRF phase 3)
 - onsite audits (GHTF/IMDRF phase 3)
 - supplier re-evaluation (GHTF/IMDRF phase 6)

1st Party Audit Usage

Rely upon for:

- insider observer impressions against internal standards
 - remember the infinite variety of biases!
- stand-in if you cannot do any auditing (remote or onsite)
- your initial qualification/re-qualification activities:
 - supplier selection (GHTF/IMDRF phase 2)
 - remote audits (GHTF/IMDRF phase 3)
 - onsite audit preparation (GHTF/IMDRF phase 3)
 - supplier monitoring (GHTF/IMDRF phase 5)
 - supplier re-evaluation (GHTF/IMDRF phase 6)

Two Practical Tips

1. Do **not** duplicate a 3rd party audit

- tend to be systemic
- if need detail, ask for:
 - audit report
 - corrective action plan/schedule (CAR)

2. Your audit should be **process-driven** or **risk-driven**

- what are the supplier processes most important to fulfilling your needs?
- what risks do you need to mitigate b/c you are outsourcing?
- what supplier controls directly impact:
 - your needs AND
 - the supplier's processes most important to your needs?

Preparing for the Audit

Step 1: Establish control objectives

- Determine the important supplier processes
- Determine the specific criteria
 - example: production process requires validation
 - example: hosted SAP production system must be validated
 - example: anti-counterfeiting/diversion controls must be in place (GDPs)

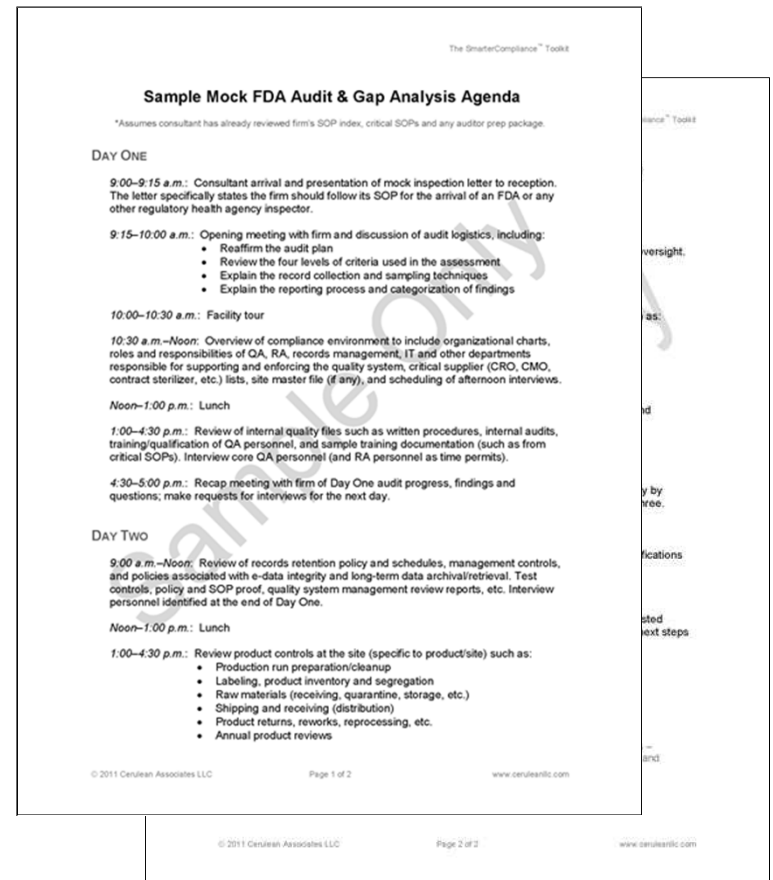
Step 2: Identify specific references to be used/relied upon

- ISO, FDA, USP, IMDRF, MDSAP, etc. guidelines
- Legal/regulatory requirements
- Your internal policies
- Supplier's own SOPs

Step 3: Use this information to develop an audit checklist

Example Audit Agenda

- Allow 15-30 min. for introductions and scope review
- Allow 30 min. for a facility walkthrough (do *not* get sidetracked!)
- Break audit “targets” into 2-4 hour sets (i.e., CAPA for 3 hours, Validation for 2½ hours, etc.)
- Conduct a 30-min. recap at the end of each day
- Leave a 2 hour buffer for every 2 days onsite
- Do not forget to budget time to synthesize notes from audit
- Expect a 1 hour closeout meeting



Conduct the Audit

- Communicate your plan to the potential supplier
- Conduct the on-site audit
- Provide a (summary) report to the potential supplier*
 - Supplier Corrective Action Report (SCAR) to track any non-conformances
- Decide if you will select the potential supplier

***Note:** If this is for a current supplier (or a necessary supplier), you are accountable for working with them to close any gaps or compliance nonconformances

Take Action

For any nonconformities, **request corrective action**

- don't bother if you don't select the supplier
- if you do not select supplier, ask your legal department if it's okay to provide your audit report to the supplier

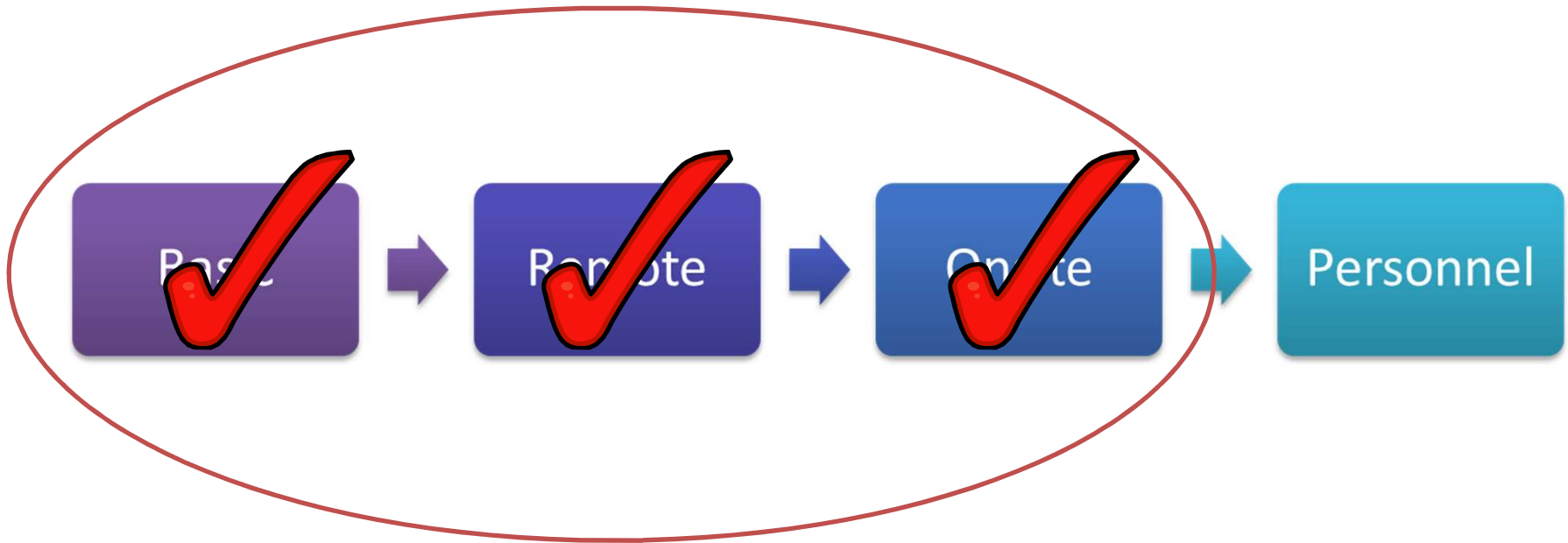
Use your impressions AND your audit results to **suggest improvements** to their corrective action plan

- don't be afraid to suggest consultants to them as necessary
- “We know that people have had good experiences with _____”






Follow-up with another assessment

- consider an outside expert if did original yourself (or vice versa)

Step 3: Qualification



Key Points

-  Start with a basic red flag questionnaire to every supplier
-  Then conduct remote audits
-  Use 5 threshold questions to determine onsite audit needs
-  Document any audit follow-ups (SCAR)
-  Recognize that you may have to assume controls

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