

☐ Please check here if additional documents are attached.

| SECTION 1. General Site Information | |
|-------------------------------------|---|
| 1.1 | <p>Site or Facility-Specific Name:</p> <p>Cole-Parmer Instruments an Antylia Scientific Company</p> |
| 1.2 | <p>Address:</p> <p>625 E Bunker Ct, Vernon Hills IL 60061</p> <p>GPS Coordinates (Map Coordinates/Longitude & Latitude):</p> |
| 1.3 | <p>Phone:</p> <p>847-549-7600</p> |
| 1.4 | <p>Email:</p> <p>info@coleparmer.com</p> |
| 1.5 | <p>Fax:</p> <p>na</p> |
| 1.6 | <p>Website:</p> <p>www.coleparmer.com</p> |
| 1.7 | <p>If there is an individual contact for the following areas, please provide name and preferred contact information (at a minimum, name and telephone number or email):</p> <p>Quality:</p> <p>Technical Services: info@coleparmer.com or 800.323.4340</p> <p>Commercial/Business/Sales: N/A</p> <p>Primary Site Contact: N/A</p> |

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| Section 2. Warehousing, Distribution | | <input type="checkbox"/> N/A |
|---|---|--|
| 2.1 | Which of the following services are provided? (check all that apply) <input checked="" type="checkbox"/> Warehousing <input checked="" type="checkbox"/> Distribution <input checked="" type="checkbox"/> Transportation | |
| 2.2 | Does the company maintain specialized storage conditions? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| 2.2 a | Does the site make available a description of storage and/or warehouse conditions? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| 2.2 b | Are those storage conditions monitored and documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 2.3 | Does the company have policies or procedures that define the management and actions in response to storage condition excursions such as: | |
| 2.3a | Investigation, root cause and CAPA for excursion? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2.3b | Impact determination of excursion on stored items? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 2.3c | Notification to customers? (**requires sign up) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2.4 | Does the company distribute products via a third party? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2.5 | Are good distribution policies implemented? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 2.6 | Are transport mechanisms dedicated? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 2.7 | Does the company validate shipping methods? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 2.8 | If answering 'not applicable' for any of the above, please elaborate: *Basic warehouse/distribution of commercial off the shelf goods. | |
| Comments (Please reference appropriate question number for any additional comments) | | |
| | | |

I certify that the information is correct and verifiable. ☒ Yes ☐ No



Rx-360 Supplier Assessment Questionnaire
Module 4 : Service Supplier
Version



Printed Name:

APPROVED

By M. Whitaker at 9:16 am, Dec 10, 2021

Signature: _____

Date: 12-10-2021

Title: Dir. Compliance and Safety

Telephone Number: 847-549-7600 x 5501

Email Address: info@coleparmer.com

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