**质量管理体系调查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 企业 名称 | | |  | | | | | | | | | | | | | | | | | | | |
| 地址 | | |  | | | | | | | | | | | | | | 邮编编码 | | |  | | |
| 经营方式 | | |  | | | | | 经济性质 | | | | |  | | | | 注册资金 | | |  | | |
| 人员情况简介 | 法定代表人 | |  | | 学历 | | | |  | | | | 技术职称 | | | |  | | | 是否执  业药师 | |  |
| 企业负责人  （总经理） | |  | | 学历 | | | |  | | | | 技术职称 | | | |  | | | 是否执  业药师 | |  |
| 质量负责人  （副总经理） | |  | | 学历 | | |  | | | 药品质量管理工作经历 | | | |  | | 技术  职称 |  | | 是否执  业药师 | |  |
| 质量管理机构负责人 | |  | | 学历 | | |  | | | 药品质量管理工作经历 | | | |  | | 技术  职称 |  | | 是否执  业药师 | |  |
| 质量管理及验收人员数量 | |  | | | | 其他岗位人员 | | | |  | | | | 职工总数 | |  | | | | | |
| 储运设备简介 | 药品仓库总面积 | | | 阴凉库面积 | | | 常温库面积 | | | | | | | 冷库容积 | | | | | 特殊管理药品仓库面积 | | | |
|  | | |  | | |  | | | | | | |  | | | | |  | | | |
| 自有运输车辆  数量 | | |  | | | | | | 冷藏车数量 | | | |  | | | | | 冷藏箱数量 | |  | |
| GSP认证情况 | | | |  | | | | | | | | | | | | | | | | | | |
| 联 系 人 | | | |  | | 联系电话 | | | | | |  | | | | 传 真 | |  | | | | |
| 供货品种及药品经营范围 | |  | | | | | | | | | | | | | | | | | | | | |
| 企业概况及质量管理体系简介 | |  | | | | | | | | | | | | | | | | | | | | |

**经办人： 日 期：**