

Chapter 8 B: Vendor Acknowledgement IMPORT

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Vendor Setup Information Form

Domestic/POE Vendor

Vendor Number: [Click here to enter text.](#)
(to be filled out by Tuesday Morning)

Import Vendor

Vendor Company Information

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#)

Zip: [Click here to enter text.](#) Country: [Click here to enter text.](#)

DUNS#: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Ext: [Click here to enter text.](#) Fax: [Click here to enter text.](#)

Vendor Contact Information

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#)

Zip: [Click here to enter text.](#) Country: [Click here to enter text.](#)

Email: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Ext: [Click here to enter text.](#) Fax: [Click here to enter text.](#)

Vendor Shipping Address of FOB Point #1

(if different from main address)

Contact: [Click here to enter text.](#)

Pickup Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#)

Zip: [Click here to enter text.](#) Country: [Click here to enter text.](#)

Phone: [Click here to enter text.](#) Ext: [Click here to enter text.](#) Fax: [Click here to enter text.](#)

Vendor Shipping Address of FOB Point #2
(if different from main address)

Contact: Click here to enter text.

Pickup Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.

Zip: Click here to enter text. Country: Click here to enter text.

Phone: Click here to enter text. Ext: Click here to enter text. Fax: Click here to enter text.

Vendor Shipping Address of FOB Point #3
(if different from main address)

Contact: Click here to enter text.

Pickup Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.

Zip: Click here to enter text. Country: Click here to enter text.

Phone: Click here to enter text. Ext: Click here to enter text. Fax: Click here to enter text.

Accounts Receivable/Finance Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.

Zip: Click here to enter text. Country: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

Ext: Click here to enter text. Fax: Click here to enter text.

Warehouse Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

Administrative Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

Sales Representative

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

Distribution Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

Purchase Order Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

Return to Vendor Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

Vendor Traffic Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

QA/QC Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

President/CEO Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text.

Zip: Click here to enter text. **Country:** Click here to enter text.

Email: Click here to enter text. **Phone:** Click here to enter text.

Ext: Click here to enter text. **Fax:** Click here to enter text.

Other Contact

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.

Zip: Click here to enter text. Country: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

Ext: Click here to enter text. Fax: Click here to enter text.

Other Information: Click here to enter text.

By signing this form below, vendor is indicating receipt of an agreement to comply with Tuesday Morning's Vendor Manual and PO Terms and Conditions, as they may be amended from time to time. The completed form must be electronically signed and emailed back to the appropriate Buyer/Coordinator or printed, filled out, and faxed back to 972-991-5403.

Authorized Representative: Click here to enter text. Date: Click here to enter text.

Print Name and Title: Click here to enter text.

Email: Click here to enter text.

SAFETY DATA SHEETS REQUIREMENTS

OSHA's modified Hazard Communication Standard adopting the Globally Harmonized System of Classification and Labeling of Chemicals requires Safety Data Sheets (SDS) be readily available for any hazardous chemical. The SDS is a detailed information bulletin prepared by the manufacture or importer of a chemical that describes the physical and chemical properties, physical and health hazards, routes of exposure, precautions for safe handling and use, emergency and first aid procedures, and control measures. General health hazards information and precautions for safe handling and use should be the focus of concern.

An SDS shall include the information specified in under the section number and heading indicated for sections 1–11 and 16 below. If no relevant information is found for any given subheading within a section, the SDS shall clearly indicate that no applicable information is available. Sections 12–15 may be included in the SDS, but are not mandatory.

Section 1, Identification includes product identifier used on the label; other means of identification; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification includes classification of the chemical, signal word, hazard statement(s), symbol(s) and precautionary statement(s), and any hazards not otherwise classified that have been identified during the classification process.

Section 3, Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures includes description of necessary measures, subdivided according to the different routes of exposure, i.e., inhalation, skin and eye contact and ingestion; most important symptoms/ effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures lists suitable (and unsuitable) extinguishing techniques, equipment; specific chemical hazards from fire; special protective equipment and precautions for fire-fighters.

Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage lists precautions for safe handling and conditions for safe storage, including any incompatibilities.

Section 8, Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs), and any other exposure limit used or recommended by the chemical manufacturer, importer or employers preparing the SDS, where available; appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties lists the chemical’s characteristics.

Section 10, Stability and reactivity lists chemical reactivity and stability, possibility of hazardous reactions, conditions to avoid and incompatible materials.

Section 11, Toxicological information includes description of various toxicological (health) effects and the available data used to identify those effects, including routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity, whether the hazardous chemical is listed in the NTP Report on Carcinogens or has been found to be a potential carcinogen by IARC or by OSHA.

Section 12, Ecological information (Non-mandatory) includes ecotoxicity, persistence and biodegradability, bioaccumulative potential, mobility in soil and other adverse effects.

Section 13, Disposal considerations (Non-mandatory) includes description of waste residues and information on their safe handling and methods of disposal, including the disposal of any contaminated packaging.

Section 14, Transport information (Non-mandatory) includes UN number, UN proper shipping name, transport hazard class(es), packing group, environmental hazards, transport in bulk, special precautions.

Section 15, Regulatory information (Non-mandatory) includes safety, health and environmental regulations specific for the product in question.

Section 16, Other information includes the date of preparation of the SDS or the last change to it.

Agreement: I have read the SDS guidelines above and on behalf of my company state that:

(Check appropriate item)

_____ We currently **DO NOT** sell product to Tuesday Morning requiring SDS.

_____ We **DO** sell product to Tuesday Morning requiring SDS and will be faxing or mailing the appropriate data sheets along with this signed document.

(Company name) **(Signature)** **(Date)**

Return to:
Tuesday Morning
Attention: Supply Chain Analysis
14303 Inwood Road, Famers Branch, TX 75244
vendorrelations@tuesdaymorning.com

FACTORY SECURITY QUESTIONNAIRE

Agent / Vendor: _____ Date: _____

Factory Name: _____

Factory Address: _____

Physical Security: All buildings should be constructed of materials which resist unlawful entry and protect against outside intrusion.

1. Does the factory have adequate exterior lighting to include parking areas? Yes___ No___
2. Is there separate parking for employees and visitors, separate from the shipping, loading dock, and cargo areas? Yes___ No___
3. Are there adequate locking devices for all external doors, windows, gates, and fences? Yes___ No___
4. Are the doors and doorframes adequate to prevent unauthorized entry? Yes___ No___
5. Is there a monitored alarm system? Yes___ No___
6. Is there an internal/external communications system in place to contact internal security personnel or local law enforcement police? Yes___ No___
7. Is international, domestic, high-value, and dangerous goods cargo segregated and marked within the warehouse by a safe, caged, or otherwise fenced-in area? Yes___ No___

Access Controls: Unauthorized access to the shipping, loading dock and cargo areas should be prohibited.

1. Is there a positive identification system for all employees and visitors? Yes___ No___
2. Is there a procedure for challenging unauthorized/unidentified persons? Yes___ No___

Procedural Security: Measures for the handling of incoming and outgoing goods should include the protection against the introduction, exchange, or loss of any legal or illegal material.

1. Is there a designated security officer to supervise the loading or unloading of cargo? Yes___ No__
2. Are containers inspected for damage and contamination before loading? Yes___ No__
3. Are goods properly marked, weighed, counted, and documented? Yes___ No__
4. Is there a procedure for maintaining records for seal and container numbers? Yes___ No__
5. Is there a procedure for detecting and reporting shortages and overages? Yes___ No__
6. Are empty and full containers stored in a manner to prevent unauthorized access? Yes___ No__
7. Is there a procedure in place to notify Customs or other law enforcement agencies in cases where suspicious or illegal activities are detected or suspected by the company? Yes___ No__

FACTORY SECURITY QUESTIONNAIRE

Personnel Security: Companies should conduct employment screening and interviewing of prospective employees to include periodic background checks and application verifications.

- 1. Does the factory control the issuing of keys and are keys recovered when an employee resigns or is terminated? Yes ___ No ___
- 2. Are locks changed when employees with keys resign or are terminated, or if an electronic alarm system is used, is the alarm code reset? Yes ___ No ___

Education and Training Awareness: A security awareness program should be provided to employees including recognizing internal conspiracies, maintaining product integrity, and determining and addressing unauthorized access. These programs should offer incentives for active employee participation in security controls.

Comments: _____

Factory: _____
Signature

Agent / Vendor: _____
Signature

Date: _____

Return the completed form to the Imports Department at importsdept@tuesdaymorning.com

7-Point Container Inspection Checklist			
Date:			
Container Number:			
Seal Number:			
<input type="checkbox"/> 1	Outside/Undercarriage	<input type="checkbox"/> 2	Inside/Outside Doors
<input type="checkbox"/>	Check for structural damage (dents, holes, repairs)	<input type="checkbox"/>	Ensure locks and locking mechanisms are secure and reliable
<input type="checkbox"/>	Support beams are visible	<input type="checkbox"/>	Check for loose bolts
<input type="checkbox"/>	Ensure no foreign objects are mounted on container	<input type="checkbox"/>	Ensure hinges are secure and reliable
<input type="checkbox"/> 3	Right Side	<input type="checkbox"/> 4	Left Side
<input type="checkbox"/>	Look for unusual repairs to structural beams	<input type="checkbox"/>	Look for unusual repairs to structural beams
<input type="checkbox"/>	Repairs to inside wall must also be visible on the outside & vice versa	<input type="checkbox"/>	Repairs to inside wall must also be visible on the outside & vice versa
<input type="checkbox"/> 5	Front Wall	<input type="checkbox"/> 6	Ceiling/Roof
<input type="checkbox"/>	Front wall should be made of corrugated material	<input type="checkbox"/>	Ensure support beams are visible
<input type="checkbox"/>	Interior blocks in top left and right corners should be visible. Missing or false blocks are abnormal.	<input type="checkbox"/>	Ensure ventilation holes are visible. They should not be covered or absent.
<input type="checkbox"/>	Ensure Vents are visible.	<input type="checkbox"/>	Ensure no foreign objects are mounted

			to the container
<input type="checkbox"/> 7	Floor	<input type="checkbox"/> 8	Seal Verification
<input type="checkbox"/>	Ensure floor of container is flat.	<input type="checkbox"/>	Seal properly affixed
<input type="checkbox"/>	Ensure floor is of uniform height.	<input type="checkbox"/>	Seal meets or exceeds PAS ISO 17712
<input type="checkbox"/>	Look for unusual repairs to the floor	<input type="checkbox"/>	Ensure seal is not broken or damaged.
Remarks:			
<p>I have visually inspected and verified the condition of the container noted above. I confirm that the container is structurally sound, weather tight, has no false compartments, and the locking mechanisms are in good order and show no visible signs of being tampered with.</p> <p>Please return to importsdept@tuesdaymorning.com</p>			
Inspected by:		Date:	
Seal affixed and verified by:		Date:	

VENDOR MANUAL ACKNOWLEDGEMENT

A Corporate Officer or a Principal must sign this acknowledgement and return it to the address listed below. If we do not receive a signed copy of the acknowledgement, your acceptance of orders will constitute vendor's acceptance of an asset to the terms and conditions set forth in the Vendor Manual. Vendor agrees that Tuesday Morning may modify or amend the Vendor Manual at any time. In the event of such modification Tuesday Morning will notify vendor 10 days in advance of any such modification taking effect. Vendor's continued acceptance of orders 10 days after such notice shall constitute vendor's acceptance of and assent to any such modifications.

Company Name: _____ Vendor # _____

Signed: _____

Name: _____ Title: _____ Date: _____

(Print)

In Order to ensure that we have the most up to date contact information, please provide us with a point of contact in vendor compliance and executive contact in charge of compliance.

Vendor Compliance Contact Name: _____ Phone: _____

E-mail Address: _____

Executive Responsible for Vendor Compliance Contact Name: _____

E-mail Address: _____ Phone: _____

Please return this form to the following address/email:

Tuesday Morning
Attn: Supply Chain Analysis
14303 Inwood Road
Farmers Branch, TX 75244
vendorrelations@tuesdaymorning.com

THANK YOU
For taking the time to review the Tuesday Morning's
Vendor Manual.

If you have any additional questions please feel free to send an email to:

vendorrelations@tuesdaymorning.com

Tuesday Morning Merchandising Department
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6250 LBJ Freeway, Dallas, TX 75240
987-387-3562