|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplier Information** | | | | | | | | |
| Company Name | | |  | | | | | |
| Street Address | | |  | Country | |  | | |
|  | Postal code | |  | | |
| City/Province | | |  | Phone | |  | | |
| Contact Person | | |  | Mobile | |  | | |
| Contact Email | | |  | Fax | |  | | |
| **Concern Department Evaluation** | | | | | | | | |
| S.No | 0 = Unacceptable; 1 = Needs Improvement; 2 = Acceptable | | | | 0 | | 1 | 2 |
| 1 | Quality of supplied products/services | | | |  | |  |  |
| 2 | Suppliers Quality Control System | | | |  | |  |  |
| 3 | Suppliers outfit/performance of products/services | | | |  | |  |  |
| 4 | Skill of Suppliers personnel | | | |  | |  |  |
| 5 | Suppliers performance with regard to estimated time schedule | | | |  | |  |  |
| Total possible points: \_\_\_\_\_\_\_\_\_\_\_  Score: \_\_\_\_\_\_\_\_\_\_\_ (Approved (7-10), Provisional (4-6), Not approved (0-3)) | | | | | | | | |
| Signature of Dept. Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Purchase Department Evaluation** | | | | | | | | |
| S.No | | 0 = Unacceptable; 1 = Needs Improvement; 2 = Acceptable | | | 0 | | 1 | 2 |
| 1 | | Is the company ISO9001 certified, Certification No. \_\_\_\_\_\_\_\_\_\_ | | |  | |  |  |
| 2 | | Are orders delivered on time | | |  | |  |  |
| 3 | | Time waiting for backorders | | |  | |  |  |
| 4 | | Ease of obtaining invoices | | |  | |  |  |
| 5 | | Overall ease of dealing with the company | | |  | |  |  |
| Total possible points: \_\_\_\_\_\_\_\_\_\_\_  Score: \_\_\_\_\_\_\_\_\_\_\_ (Approved (7-10), Provisional (4-6), Not approved (0-3)) | | | | | | | | |
| Signature of Purchase Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |

Reviewed by QHSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature /Date