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| --- | --- | --- | --- | --- | --- | --- |
| **REVIEW OF DATA** | **Supplier name**: | | | | | **Review period**:       – |
| **Supplier criticality**: | Critical  Non-critical | | | | |
| *Review the following sources of data, as applicable. Attach or reference lots/SCARs/complaints where applicable.*  **SCARs:**  # SCARs issued:  # SCARs with late responses/implementation:  Notes:  **Manufacturing related complaints:**  # of complaints:  Notes:  **On-time delivery:**  # of On-time shipments:  # of Late shipments:  % On-time:  Notes:  **Cost Increases/Decreases:**  Cost start of period:  Cost end of period:  % increase/decrease:  Notes: | | | | | |
| Summarize any trends or repetitive adverse issues: | | | | | |
| **RECOMMENDED ACTIONS** | Schedule additional site audit? | | | Yes  No | Comments *(optional)*: | |
| Schedule additional desk audit? | | | Yes  No | Comments *(optional)*: | |
| Request Supplier Corrective Action? (Issue SCAR) | | | Yes  No | If yes, provide details: | |
| Recommended ranking: | | A – Excellent  C | | B  D – Needs improvement | |
|  | Comments *(required if not ranked A-C)*: | | | | | |
| **APPROVALS** | **PURCHASING/SUPPLIER QUALITY** | | | | | |
| Name: | | | | | |
| *Signature & Date:* | | | | | |