**Supplier-Contractor Suitability Assessment Form**

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| **Details** | | | |
| **Supplier/Contracting Company Name:** |  | **Date:** | / / |
| **Name of Staff completing the evaluation:** |  | **Phone/Mobile:** |  |
| **Email:** |  | **Department:** |  |

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| --- | --- |
| Evaluation | |
| Is the quality of the products provided up to an adequate standard? | YES  NO |
| **Comments:** | |

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| **Has the company ever delivered any broken or damaged goods?** | **YES  NO** |
| **Comments:** | |

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| **Has the supplier been efficient with delivering goods and service to REDiMED with in 48 hours of ordering?** | **YES  NO** |
| **Comments:** | |

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| **Is the main point of contact from the supplying company helpful and easily contactable?** | **YES  NO** |
| **Comments:** | |

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| **Has there been any increase in the pricing of products over the term of using the supplier?** | **YES  NO** |
| **Comments:** | |

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| **Has the supplier (if required) been able to outsource other products/stock?** | **YES  NO** |
| **Comments:** | |

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| **Has the customer service provided by the supplier met expectation?** | **YES  NO** |
| **Comments:** | |

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| **Other Comments** | |
| **Are there any other issues/comments or complaints in regard to history dealing with this company?** | **YES  NO** |
| **Comments:** | |

|  |  |
| --- | --- |
| **Supplier Rating** | |
| **Satisfactory** | **Unsatisfactory** |

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Please log Supplier/Contractor Feedback in the spread sheet located I:\Staff Information Board\Customer Feedback**

**An evaluation is required to be completed annually, at the end of each financial year for each supplying/contracting company.**