

Supplier Quality Evaluation Checklist

Supplier Name: _____ **Date:** _____

Contact Person: _____ **Evaluator Name:** _____

Product/Material: _____ **Location:** _____

Quality Evaluation Checklist

Criteria	Yes	No	Comments
Quality Management System in place			
ISO Certification (or equivalent)			
Incoming Material Inspection			
Production Process Controls			
Final Product Inspection			
Corrective & Preventive Actions			
Traceability System			
Documented Procedures & Records			
Employee Training Programs			
On-time Delivery Performance			
Customer Complaints Handling			

Additional Comments

Evaluator Signature: _____ Date: _____