| **Supplier ID Code (if known):** |  |
| --- | --- |
| **Supplier:** | **Date:** |
| **Location:** | **Phone:** |
| **Evaluated by:** |  |

***If Part I criteria is met, the Part II criteria is optional.***

**Part I**

**☐ Customer required Supplier**

**Part II**

Evaluator: check the boxes below for each criteria you have evaluated. Attach evidence where indicated. ***At least three criteria must be checked.***

**☐ Quality appears adequate**

**☐ Delivery availability and terms are adequate**

**☐ References verified**

**☐ Quality management system certification to ISO 9001 or equivalent.**

*Attach a copy of certificate.*

**☐ Pricing & value**

**☐ Responsiveness**

**☐ Supplier is capable of meeting regulatory concerns**

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**☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTES:**