

No. _____

Dated _____

Supplier/ Vendor Evaluation Form

1. General:

- i. Name of Supplier/ Vendor: _____
- ii. Address of Supplier/ Vendor: _____
- iii. Contact Person: _____
- iv. Phone No. _____
- v. Fax No. _____
- vi. Email: _____
- vii. Web Address: _____
- viii. Year of Establishment: _____
- ix. Facility Size: _____
- x. Category:

<i>Materials</i>

<i>Services</i>

2. Manufacturing Facility/ Process Facility

- i. Does the supplier/ vendor has adequate machinery and equipment to supply materials/ services?

Yes

No

- ii. Describe available machinery/ equipment:

<i>Sr. #</i>	<i>Description</i>	<i>No.</i>	<i>State of Maintenance</i>
a			
b			
c			
d			
e			

- iii. Does the supplier/ vendor maintain a maintenance schedule?

Yes

No

- iv. Does the supplier/ vendor has adequate knowledge of the manufacturing processes carried out by him?

Yes

No

- v. Does the supplier/ vendor maintain technical files on the manufacturing processes carried out by them? Yes No
- vi. Are tools, dies, jigs reconfirmed for compliance with manufacturing specifications after prescribed intervals? Yes No

3. Raw Material & Process Consumables Procurement

- i. Are raw materials and process consumables are tested/ certified at the time of procurement as per required specifications? Yes No
- ii. Is record of raw materials and process consumables maintained? Yes No

4. Workmanship, Training, etc.

- i. Are employees recruited on the basis of a defined job description? Yes No
- ii. a. Are employees provided with any training to perform a specified job? Yes No
- b. If the answer is yes, what type of training?
- Outside Training*
 In-house Training
 On job Training
 Apprenticeship
- iii. Are employees properly briefed about the manufacturing processes to be carried out by them? Yes No
- iv. Are the craftsmanship/ workmanship of employees satisfactory? Yes No

5. Shop Floor Management

- i. Is the working area designed according to process flow? Yes No
- ii. Are work stations designed to facilitate the process flow and manufacturing requirements? Yes No
- iii. Please indicate the sufficiency of the following:
- a. Space for each work station Yes No
- b. Lighting arrangements Yes No
- c. Air ventilation Yes No
- d. Dust collection Yes No

- e. Cleanliness Yes No
- f. Arrangement of tools Yes No
- iv. Please indicate the sufficiency of the following:
- a. Temperature control Yes No
- b. Chemical hazard control Yes No
- c. Electricity hazard control Yes No
- v. Do they equip workers with protective equipment appropriate to the work they do? Yes No
- vi. Do they have written working instructions for each machine or tool? Yes No
- How they make sure that workers understand those instructions? _____

- vii. Is machinery provided with adequate safety guards? Yes No
- viii. Do they have written procedures for storage, use and disposal of chemicals in a language that workers understand? Yes No

6. Quality Management System:

- i. Do they have Quality Manual covering Quality Policy, Quality Objectives and Standard Operating Procedures (SOPs)? Yes No
- If answer is yes, which certification do they have? _____
(Obtain copy of certificate for record)
- ii. Is Quality Policy displayed at proper places? Yes No

7. Suppliers/ Sub-Contractors:

- i. Do they have an approved list of material/ service suppliers? Yes No
- ii. Do they have any record demonstrating that the sub-contractors have monitored the working and environmental conditions meeting relevant standards? Yes No

8. Employment:

i. What is the employment procedure (i.e. the final recruiting authority etc.)?

ii. Do they have a signed copy of contract of employment with each worker?

 Yes No

iii. Are workers informed about their legal rights as employees?

 Yes No

If answer is yes, by which method they are informed? _____

iv. Do they hold workers' original identification documents?

 Yes No

v. Does management require medical examination as a condition for employment?

 Yes No

If yes, what kind of examination it requires? _____

vi. Who has access to test results of the examination? _____

vii. What is employee turn over rate? _____

viii. Do they keep an up-to-date list of employees?

 Yes No

9. Child Labor:

i. Do they have a policy on Child labor?

 Yes No

ii. What is the legal minimum working age? _____

iii. What is the minimum working age in production facility? _____

iv. Do they possess evidence of the date of birth of each worker?

 Yes No

If yes, which kind of evidence do they hold? _____

v. Do they keep a list of workers under the age of 18?

 Yes No

vi. Do workers under the age of 18 operate machines?

 Yes No

vii. Do workers under the age of 18 work overtime or at night?

 Yes No

viii. Are workers under the age of 18 in contact with chemicals?

 Yes No

ix. Do workers under the age of 18 receive regular medical examination? Yes No

10. Working Hours, Wages & Accommodation:

i. What is the standard working hours (excluding overtime) in a week? _____

ii. How many shifts per day does your plant normally work? _____

iii. How many hours of overtime per week? _____

iv. What is the maximum number of hours that employees work in a week? _____

v. How many days off do workers have per week? _____

vi. Do they keep records of the hours worked by each worker every week? Yes No

vii. Please specify system of payment?

Piece Rate

Hourly

Per month

viii. How often do workers get paid (pay period)? _____

ix. Do workers receive paid sick leave and paid annual leave? Yes No

x. Do they provide accommodation for workers? Yes No

xi. Is drinking water available to workers during work hours? Yes No

11. Disciplinary Procedures:

i. Do they have a policy of disciplinary actions? Yes No

ii. Are all the workers informed about the company's disciplinary procedures? Yes No

If yes, which methods do they use to ensure that all workers are informed about the policy and understand the disciplinary procedures? _____

iii. Do they keep a log/ record of all disciplinary actions? Yes No

12. Health and Safety:

i. Do they have a policy on health and safety? Yes No

ii. Do they carry out health and safety risk assessments? Yes No

- iii. Have they developed plans for continual improvement based on risk assessments and accident logs? Yes No
- iv. Do they have a fire alarm that can be heard in all areas of the production site? Yes No
If yes, is the alarm regularly tested? Yes No
- v. Is the workplace provided with emergency exits? Yes No
- vi. How often do they check their fire fighting equipment? _____
- vii. May workers access first aid equipment in the workplace during all shifts? Yes No
- viii. Are medically competent personnel within reach if an accident occurs? Yes No

13. Financial Strength:

- i. Is the supplier/ vendor financially strong enough to manage a secure supply chain? Yes No
- ii. Does the supplier/ vendor maintain a bank account and accept payments through bank transfer? Yes No
- iii. Does the supplier/ vendor in a position to extend supplies on credit? Yes No
If the answer is Yes, for what period? _____

14. Comments and General Observations:

15. Evaluation done by:

- i. Procurement Manager: Name _____ Signature _____
- ii. Production Manager: Name _____ Signature _____
- iii. Quality Manager: Name _____ Signature _____

16. Approved as Supplier by:

CEO: Name _____ Signature _____
Dated _____

Instructions:

1. This evaluation form is to be used to approve suppliers in compliance with quality management system.
2. The evaluation team may consist of any or all of procurement manager, production manager and quality manager depending upon the nature of material/ service to be procured.
3. Once approved by the management, the supplier/ vendor should be included in approved list of suppliers as required to be maintained under quality management system.
4. A complete check is to be performed each year at the beginning of each calendar year.
5. Copies of evaluation and approval would remain available with procurement manager, quality manager and accounts department. However, permanent record shall be kept by the quality manager.