|  |  |
| --- | --- |
| **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**

**[ ]  Sole Source**

**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**

# [ ]  Results of evaluation of sample parts or materials

**[ ]  Supplier is capable of meeting regulatory concerns**

**[ ]  Supplier survey results** *Attach completed survey.*

**[ ]  Results of on-site audit** *Attach completed audit report.*

**[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTES:**