|  |  |
| --- | --- |
| **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:**