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: Materials Services

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:

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<th>Sr. #</th>
<th>Description</th>
<th>No.</th>
<th>State of Maintenance</th>
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   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 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?  
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.