

Supplier Quality Assurance Checklist

Date: _____

Supplier Name: _____

Contact Person: _____

Email: _____

Phone: _____

Checklist Items

Item	Description	Compliant (Y/N)	Comments
1	Quality Management System in place	_____	_____
2	Previous Audit Reports Available	_____	_____
3	Technical Capability Evidence	_____	_____
4	Compliance with Industry Standards	_____	_____
5	Non-conformance History	_____	_____
6	Supplier Training Programs	_____	_____

Overall Evaluation

Evaluator Name: _____

Signature: _____

Date: _____

Conclusion

Based on the assessment, the supplier is recommended/not recommended for contract evaluation.