

# Supplier Quality Assurance Checklist

Date: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Checklist Items

Item	Description	Yes	No	Comments
1	Quality Management System Certification			
2	Process Capability			
3	Traceability of Materials			
4	Employee Training Records			
5	Non-Conformance and CAPA Management			

## Assessment Summary

Overall Assessment: \_\_\_\_\_

Action Required: \_\_\_\_\_

## Assessor Information

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_