

Supplier Quality Assurance Checklist

Date: [Insert Date]

Supplier Name: [Insert Supplier Name]

Contact Person: [Insert Contact Person]

Phone Number: [Insert Phone Number]

Email: [Insert Email]

Checklist Items

Item	Description	Status (Compliant/Non-Compliant)	Comments
1	Quality Management System	[] Compliant [] Non-Compliant	[Insert Comments]
2	Supplier Certification	[] Compliant [] Non-Compliant	[Insert Comments]
3	Corrective Action Process	[] Compliant [] Non-Compliant	[Insert Comments]
4	Product Traceability	[] Compliant [] Non-Compliant	[Insert Comments]
5	Testing and Inspection Results	[] Compliant [] Non-Compliant	[Insert Comments]

Overall Assessment

Total Compliant Items: [Insert Total]

Total Non-Compliant Items: [Insert Total]

Reviewer Signature

Name: [Insert Reviewer Name]

Signature: _____