

Supplier Quality Assurance Checklist

Date: _____

Supplier Name: _____

Contact Person: _____

Email: _____

Phone: _____

Checklist Items

Item Number	Checklist Item	Compliance Status (Yes/No)	Comments
1	Training materials reviewed	_____	_____
2	Training schedule provided	_____	_____
3	Employee qualifications verified	_____	_____
4	Support resources available	_____	_____
5	Emergency contact procedures in place	_____	_____

Additional Comments

Approval

Supplier Representative: _____ Date: _____

Quality Assurance Manager: _____ Date: _____