

SUPPLIER EVALUATION FORM

General Evaluation Instructions	
Purpose	This Supplier Evaluation is to assess the supplier's technology and ability to produce and deliver quality product to Exim & Mfr Enterprise
Application	To evaluate a supplier prior to awarding a contract or adding to approved vendor list

A. Company Overview

Company Name			
Address			
Date Established			
Type of Product			
Type of Company	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Joint-Venture <input type="checkbox"/> Others ()		
Facility Size (Sq Ft)			
Staff Strength (Direct)		Staff Strength (Indirect)	
Shipping Term		Payment Term	
General Lead-Time		Currencies	
Company Web Site			
Phone		Fax	
Email			

B. Organisation

Position	Name	Phone / Email
CEO/President		
Plant Manager		
Sales		
Technical Support		
Quality Assurance		
Customer Service		
Other		

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C. Financial Status

Authorized Capital		Paid-Up Capital	
Currencies			
Annual Sales Turnover			
Bank Name			
Bank Account Name		Bank Account Number	
Bank Address			
Swift/BIC Address		Swift Code	

D. Quality Management

Are the company certified to the following Quality Management System (Please tick accordingly)
 - Please provide valid copies of each Quality Management System Certificate

Type	Date Certified	Certification Body	Certificate Number
<input type="checkbox"/> ISO9001			
<input type="checkbox"/> IATF16949			
<input type="checkbox"/> AS9100			
<input type="checkbox"/> ISO13485			
<input type="checkbox"/> Others (_____)			

E. Environmental / Health & Safety Management

Are the company certified to the following Environmental / Health & Safety Management System (Please tick accordingly) - Please provide valid copies of each Environmental / Health & Safety Certificate

Type	Date Certified	Certification Body	Certificate Number
<input type="checkbox"/> ISO14001			
<input type="checkbox"/> OHSAS 18001			
<input type="checkbox"/> Others (_____)			

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F. RoHS / REACH Compliance

Are your products RoHS Compliant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Others ()
Are your products REACH Compliant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Others ()
Are you able to provide ICP Test Date for RoHS and REACH Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Others ()

G. Major Customers

Please list 3 major customers of your company	
Customer Name	Type of Product

H. Quality Assurance Plan (Fill in if not certified to any quality management system)

For Supplier not certified to any Quality Management System, please specify whether the follow system is implemented.				
Process	Yes	No	NA	Remarks
Equipment Calibration System				
Control of Nonconforming Products				
Corrective Action System – Disciplined Problem Solving Method				
Traceability Control				
In-Process Quality Management				
Staff / Technology Competency				
Preventive Maintenance – Tools & Equipment				
Design Control				
System for handling, Storage, Packaging and Delivery				



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I. PRODUCTION CAPACITY

Production Capacity		
Size of Production Facilities		
Type and Number Production Equipment		
What Percentage of capacity is utilized		
Working Schedule	Shifts / Day	
	Days / Week	
	Overtime / Week	
Number of Employees for Production Facility	Total	
	Production	
	Quality	
Production Output Per Day		
Statistical Process Control Capability		

J. MEASUREMENT AND TESTING DEVICE

Name of Instrument / Equipment	Accuracy	Brand	Quantity	Remarks

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The following are to be submitted together with the completed evaluation form:

- Company Business Profile
- Company Organisation Chart
- Copies of Quality Management System Certificates
- Copies of Environmental / Health & Safety Management System Certificates
- List of Equipment / Machinery
- List of Inspection & Test Equipment

Supplier Acknowledgement:

Evaluation Date _____
 Conducted by _____
 Signature _____
 Company Chop _____

(Below portion to be filled in by Exim Mfr Enterprise)

Date of Review :

Management Approval

- Approved and added to Approved Vendor List
- Conditionally Approved subjected to samples approval
- Rejected
- KIV (Remarks : _____)

Review:

Approved:

 Deputy GM – Materials

 Managing Director