

# Supplier Quality Assessment Checklist

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

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

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

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

## Checklist

Assessment Criteria	Yes	No	Comments
Does the supplier hold valid Quality Management certifications? (e.g., ISO 9001)			
Are incoming materials/parts inspected upon receipt?			
Is there a documented process for handling non-conforming products?			
Is equipment calibrated and maintained regularly?			
Are production processes documented and standardized?			
Are final inspections conducted before shipment?			
Are staff adequately trained for their roles?			
Is traceability maintained for each batch/product?			
Are corrective and preventive actions tracked and documented?			
Is there an internal audit process for quality systems?			

## Additional Notes

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

Supplier Representative Signature: \_\_\_\_\_

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