

Manufacturing Supplier Performance Review

Supplier Name: _____
Supplier ID: _____
Reviewed By: _____
Review Period: _____ to _____
Date of Review: _____

Performance Metrics

Criteria	Weight	Score (1-5)	Comments
Quality of Goods	30%		
On-time Delivery	25%		
Responsiveness	15%		
Pricing	15%		
Compliance (Certifications, Documentation)	10%		
Innovation / Improvement	5%		

Overall Performance Rating

Strengths

Areas for Improvement

Reviewer Recommendations

Reviewer Signature: _____

Date: _____