|  |  |
| --- | --- |
| [Company Name]  [Street Address]  [City, ST ZIP Code] |  |

**VENDOR EVALUATION FORM**

## Vendor Name:

|  |  |
| --- | --- |
| Does the supplier/ vendor has adequate machinery and equipment to supply materials/ services? Every day   * YES * NO | Does the supplier/ vendor maintain a maintenance schedule?   * YES * NO |
| Does the supplier/ vendor has adequate knowledge of the manufacturing processes carried out by him?   * YES * NO | Does the supplier/ vendor maintain technical files on the manufacturing processes carried out by them?   * YES * NO |
| Are tools, dies, jigs reconfirmed for compliance with manufacturing specifications after prescribed intervals?   * YES * NO | Are raw materials and process consumables being tested/ certified at the time of procurement as per required specifications?   * YES * NO |

## Service and Environment

|  |  |
| --- | --- |
| How long did you wait for your order to be taken?   * Immediate service * Less than 1 minute * 1 to 3 minutes * More than 3 minutes | How long did you wait for your product after ordering?   * Less than 1 minute * 1 to 3 minutes * 3 to 5 minutes * More than 5 minutes |
| How would you rate the staff?   * Friendly and helpful * Average * Varies on each visit * Poor service | Was the store clean and inviting?   * Yes * No |

## Additional Comments

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## About You (optional)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |