VENDOR EVALUATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vendor Name: | : | | | Evaluation for the period | |
| Vendor# |  |  |  | |
| Doing business as: | Supervisor | Retail farmacy: | Commissary: | |
| Address | CITY, STATE, ZIP CODE | |  | |
| Type of Evaluation: | | New Vendor/Change of ownership | | |

|  |
| --- |
| Goals and objectives during this evaluation period |
| * To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own. * Find even more easy-to-use tools on the Insert tab, such as to add a hyperlink, or insert a comment. * Think a document that looks this good has to be difficult to format? Think again! To easily apply any text formatting you see in this document with just a tap, on the Home tab of the ribbon, check out Styles. |
| Evaluation (completed by supervisor) |
| * Enter evaluation here. |
| **MENTIONS:** |
| * Does the supplier/ vendor has adequate machinery and equipment to supply materials/ services? * Describe available machinery/ equipment * Does the supplier/ vendor maintain a maintenance schedule? * Does the supplier/ vendor has adequate knowledge of the manufacturing processes carried out by him? * Does the supplier/ vendor maintain technical files on the manufacturing processes carried out by them? * Are tools, dies, jigs reconfirmed for compliance with manufacturing specifications after prescribed intervals? * Are raw materials and process consumables being tested/ certified at the time of procurement as per required specifications? * Is record of raw materials and process consumables maintained? * Are employees recruited based on a defined job description? * Are employees properly briefed about the manufacturing processes to be carried out by them? * Is the craftsmanship/ workmanship of employees satisfactory? * Is the working area designed per process flow? * Are work stations designed to facilitate the process flow and manufacturing requirements? |
|  |
| |  |  | | --- | --- | | VENDOR SIGNATURE | Supervisor Signature | |  |  | | Date | Date | |