

VENDOR QUALIFICATION CHECKLIST

Format No.:

DATE OF VERIFICATION:

VENDOR DETAILS				
				VENDOR NAME
				VENDOR ADDRESS
				CONTACT DETAILS
Please complete questionnaires as below:				
QUESTIONNAIRES	YES	NO	DATE	REMARKS
Vendor has approved quality System?				
Vendor has any internal system viz... ISO 14 K, OHSAS 18 K?				
Vendor able to provide samples?				
Vendor provided its Raw material source details? Material Test Certificate?				
Vendor ever audited by its customers? For which system?				
Vendor is agreed for audit by us?				

Requestor Signature:

Authorized Signature:
