



Outsourced provider survey form

[] Services [] Distributor [] Direct Source

Provider Name & Address:

| Services details |
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| Specifications |
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|--|--------------------|-----------------|---|----------------------|----------------------|----------|
| Type Survey : Standard Requirements for internal system | | | | | | |
| <input type="checkbox"/> ISO-9001:2000 Registered | | | <input type="checkbox"/> Site Survey / Direct Source Survey | | | |
| <input type="checkbox"/> Authorized Distributor of ISO-9001 Registered Manufacture | | | <input type="checkbox"/> Quality of Services Survey | | | |
| <u>Details:</u> | | | | | | |
| <u>Survey Note</u> | | | | | Approved | Rejected |
| <u>Improvement Opportunity</u> | | | | | | |
| <u>Follow up</u> | <u>Target Date</u> | <u>Approved</u> | <u>Surveyor Sign.</u> | <u>Surveyor Name</u> | <u>Re-Evaluation</u> | |