

Supplier appraisal form

Format No.:

Date:

Company Details:

Name:

Address:

Contact Person:

Contacts Details:

Supplier Product / Material Nature:

- 1. Name of Product:

- 2. Brand trader or self manufactured:

- 3. If brand trader,
 - A. Name of Brand:

 - B. Whole Sales / Retails Sales:

Details of System / Performance
Storage System:
MSDS:
Order Implementation :
Delivery :
Payment Terms:
Records Holding & Disposal:

Format No.:

LABORATORY INTERNAL USE ONLY

Conclusion:

+ Assessment is found:

- Satisfactory
- Not Satisfactory.

+ Supplier is Approved?

- Approved
- Opportunity for improvement
- Not Approved

What improvements are expecting? Area of improvements Details

Reason for not Approved.

Special Remarks by Reviewer

Review Conducted By
Signature & Date

