

SUPPLIER EVALUATION

Reference: _____

Supplier name: _____ Account or supplier no.: _____

Contact name: _____ Phone / email: _____

Goods or service reviewed: _____ Period reviewed: _____

Evaluated by: _____ Role: _____ Date: _____

Scores - 1 is poor, 5 is excellent

Criterion	Weight	Score 1-5	Weighted score	Comments / evidence
Price and total cost				
Quality of the goods or service				
Delivery on time and in full				
Lead time and flexibility				
Technical capability and capacity				
Quality system and certification				
Financial standing				
References from other customers				
Communication and account support				
After-sales service and warranty				
Health and safety record				
Environmental and social standards				
Total				

Total weighted score: _____ Out of a possible: _____ Score at the last review: _____

Set the weights yourself so they add up to 100, multiply each score by its weight and write the result in the weighted score column. The sheet does no arithmetic for you.

Recommendation

☐ Approve as a supplier ☐ Approve with conditions ☐ Trial order only ☐ Not approved

Conditions, actions agreed and date of the next review

Evaluated by (signature): _____ Approved by: _____ Date: _____