REDACTED

Your Logo **Supplier Evaluation**

Add to Cart

Supplier: **Commodity:**

If Part I criteria is met, Supplier is approved without further evaluation.

Part I

☐ [redacted] ☐ [redacted]

☐ [redacted] ☐ [redacted]

If Part I criteria is NOT met, Supplier must be evaluated under Part II.

Part II

[redacted]

☐ [redacted]
☐
☐
☐
☐
☐

[redacted]
☐
☐ [redacted] ____

RESULTS OF INITIAL EVALUATION

(Ref. Purchasing Procedure)

☐ [redacted] ☐ [redacted] ☐ [redacted]

[redacted] ____ [redacted] ____

RESULTS OF RECEIVING INSPECTION OR SERVICE FEEDBACK

Purchase Order Number **Request for Support Number**

☐ [redacted] ☐ [redacted]

[redacted]

NOTES

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Form Rev: Orig