Chief Enterprises, Inc.

Making Performance Products Perform for You

SUPPLIER EVALUATION FORM

Supplier's Name and Address:

_____
_____
_____
_____

Email Address: _____

I. (Supplier to complete)

a. Basic operation of your organization:

☐ Manufacturer ☐ Distributor ☐ Service

b. Products or Services provided:

_____

II. (Supplier to complete either A or B, as applicable. Sign and date)

A. If registered to an internationally recognized quality standard:

Standard:_____ Cert Expiration Date:_____

☐ You will permit us to audit your shop's quality management system at a mutually acceptable time.

Please forward a copy of certificate to Chief.

B. If you do not have a formal, documented system:

How do you ensure you clearly understand what we order? _____

How do you ensure that your products / services will meet our quality requirements. _____

How do you ensure products you reject do not accidentally get shipped to us? _____

Do you have a corrective action process for significant or recurring problems? How will it be responded to? _____

Will permit us to audit your systems at a mutually acceptable time? _____

Completed By (Print Full Name and Sign)	Title	Date

III. Chief Enterprises to complete the following

The subject supplier is: ☐Approved ☐Not Approved

The basis for approval is:
☐Existing Supplier
☐Above Evaluation
☐Sole Source
☐Customer Specified
☐On-Site Audit

Reviewed By:

Buyer _____ Date _____

Quality Manager _____ Date _____

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Authorized distributor BOSCH relays and HD electrical products