



Supplier Audit Form

DATE OF AUDIT: _____

SUPPLIER INFO

Supplier Name	Supplier Contact Name:
Supplier Address	Supplier Contact Position:
Fax Number	Supplier Contact Phone:
	E-Mail Address

SUPPLIER QUESTIONNAIRE

REASON FOR/TYPE AUDIT:	QUALITY / DELIVERY ISSUES	NEW BUSINESS	QUICK ASSESSMENT
	ANNUAL ASSESSMENT	FOLLOW-UP ASSESSMENT	DETAILED ASSESSMENT
PRODUCT FOCUS FOR ASSESSMENT	Hardware	Steel	Outside process
			OTHER (Please list below)

CUSTOMERS (AUTOMOTIVE):

Toyota	JCI	Toyota Gosei	Nissan
GM	Lear	Intier	Aisin
Chrysler	Avanzar	Brose	Honda
Ford	ATS	Faurecia	Daimler

Customer QC PPM (YTD)

Customer QC PPM (YTD)
Previous Year QC PPM
Customer Delivery PPM (YTD)
Previous Year Delivery PPM
Safety Incident (YTD)
Previous Year Safety Incident
Annual Sales (% Automotive)
Number of Production Shifts

Union Facility YES NO

If Yes, Contract Expire: _____

Total Headcount: _____

CERTIFICATIONS

IATF 16949 Expiration Date _____ ISO 9001:2015 Expiration Date _____ ISO14001 Expiration Date _____

Has Certification ever been revoked? YES NO

If Yes, State Reason: _____

Supplier has Liability Insurance? Y N

ASSESSMENT RESULTS

Actual Score

Overall Score: 4.17

■ # High Risk Item

■ # Mod Risk Items

Major Strengths of Organization:

1) _____

2) _____

3) _____

Major Concerns of Organization:

1) _____

2) _____

3) _____

OVERALL	LEGEND	SOURCING OPINION
4.17	< 60	HIGH RISK
	60-79	MODERATE RISK
	> 80	LOW RISK
		DO NOT SOURCE
		SOURCE WITH PLAN
		OK TO SOURCE

Assessment Completed By:

Name: _____

Group: _____

E-Mail: _____

Phone: _____

APPROVALS

Dir Pur	Qual Mgr	Pur Mgr	Buyer	Other:				