O'CONNOR'S ENGINEERING SDN. BHD. (Company No. 379824-P)		Form No.	Rev. No.	DCN No.	Page
Title	**Supplier Evaluation Form**	**F 8.4-01**	**A**	**17/05/08**	**1 of 1**

Suppliers, please tick off the appropriate box: ☐ **SUPPLIER** ☐ **SUB-CONTRACTOR SERVICE**

1.	**Name of Supplier** :
2.	**Supplier's terms** :
3.	**Items/services supplier** :
4	**Are the products/services supplied by this supplier available from other suppliers in the state/country?** **Yes / No (please delete accordingly)**
5.	**If there are alternative suppliers, who are these in the approved suppliers list (APL)?** a) b) c)
6	**If there are alternative suppliers, but none in the APL, what are the reasons for this?**
7.	**Are prices from this supplier comparable to those of alternative suppliers?** **Yes / No (please delete accordingly)**
8.	**Is the quality of the products/services supplied by this supplier better than alternative suppliers'?** **Yes / No / Comparable** (please delete accordingly)
9.	**Is the quality of service of this supplier better than alternative suppliers'?** **Yes / No / Comparable** (please delete accordingly)
10	**Is the dependability of this supplier better than alternative suppliers'?** **Yes / No / Comparable** (please delete accordingly)
11.	**Has this vendor ever failed to deliver in time or supplied us sub-standard quality products/services before?** **Yes / No** (please delete accordingly) **If Yes, please elaborate**
12.	**Has there been any occasion when supplier without good reason refused to honour prices quoted to us?** **Yes / No** (please delete accordingly) **If Yes, please elaborate**
13.	**Does supplier provide a healthy and safe working environment for their staff and do they observe and practice health and safety rules of DOSH or any other legal requirement relevant to them?** **Yes / No (please delete accordingly) If there is specific Act that they are required to comply, please indicate that Act and whether they comply.**
14.	Is there any information that you may know on why we should not continue to keep this supplier in our APL?

Recommendation:

- ❑ Approved & to update into ASL
- ❑ Not Approved
- ❑ Keep-in-view * (Remark, if any)

	Evaluated By	Agreed By	Approved By
Name			
Department			
Date			
Signature			