O'CONNOR'S ENGINEERING SDN. BHD. (Company No. 379824-P)		Form No.	Rev. No.	DCN No.	Page
Title	**Supplier Evaluation Form**	**F 7.4 - 01**	**B**	**09/08/01**	**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.	***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			