

Vendor Assessment Work Sheet

Originator:		
Employee:	Date:	
Supplier Name:		
Product Description:		
	Yes	No
Does the Supplier appear to be able to manufacture quality products that meet MSI Quality, FDA, 3-A, USDA Quality Standards?		
Did MSI's customer require use of material or supplier?		
Shipping Address:		
City, State, Zip Code,		
Phone		
Fax		
Email		
Web Address		
Contact		
Billing Address		
City, State, Zip Code		
Accounting Department		
Does the supplier appear to be financially sound per Dun and Bradstreet or Credit Verification?		
Send credit references to company.		
Purchasing Department		
Is the Supplier ISO 9001 or QS-9000 certified (or similar)?		
Supplier agrees to MSI terms and conditions?		
If supplier does not agree to MSI terms then General Managers approval is required to purchase from supplier. General Manager Signature:		
Supplier Approved		

Note:

Originator is responsible to route the form through the appropriate departments.