RESPECT MANAGEMENT Niagara citycruises **SYSTEM**



Vendor Evaluation Form

Department:	Date:	/	_/	<u> </u>	
Supplier Name:	Supplier #:				
Business in last 12 months: \$					
Quality of Customer Service:	Excelle		3	2	Poor]
Quality of Products and for Services:	Excelle 5	nt 4	3	2	Poor 1
Quality of Products and/or Services:			3	Z	I
Delivery of Products and/or Services:	Punctu 5	al/Fast 4	3	2	Late/Slow
		mentally Frie		0	Environmentally Unfriendly
Environmental Impact of Products and/or Service	S: 5	4	3	2	1
Financial Competitiveness:	Compe 5	etitive 4	3	2	Non-Competitive
Compliant with safe work practices:	Very Sc		3	2	Unsafe
Overall Vendor Score:					/ 30
Notes:					
Manager Name: Manager Name	ager Signc	ıture: _			

Vendor Evaluation Form	Revised Date – September 19, 2022	Approved by: KD
Form becomes a record when completed	Page 1 of 1	RMS Document