

# RESPECT MANAGEMENT SYSTEM



## Vendor Evaluation Form

Department: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  D          M          Y

Supplier Name: \_\_\_\_\_

Supplier #: \_\_\_\_\_

Business in last 12 months: \$ \_\_\_\_\_

|   |                          |   |   |   |   |   |                            |  |
|---|--------------------------|---|---|---|---|---|----------------------------|--|
| Quality of Customer Service:                      | Excellent                | 5 | 4 | 3 | 2 | 1 | Poor                       |  |
| Quality of Products and/or Services:              | Excellent                | 5 | 4 | 3 | 2 | 1 | Poor                       |  |
| Delivery of Products and/or Services:             | Punctual/Fast            | 5 | 4 | 3 | 2 | 1 | Late/Slow                  |  |
| Environmental Impact of Products and/or Services: | Environmentally Friendly | 5 | 4 | 3 | 2 | 1 | Environmentally Unfriendly |  |
| Financial Competitiveness:                        | Competitive              | 5 | 4 | 3 | 2 | 1 | Non-Competitive            |  |
| Compliant with safe work practices:               | Very Safe                | 5 | 4 | 3 | 2 | 1 | Unsafe                     |  |
| Overall Vendor Score:                             | _____ / 30               |   |   |   |   |   |                            |  |

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Signature: \_\_\_\_\_