

QUALITY MANAGEMENT SYSTEM

F 8.4-02 Rev. 3
Effective Date : 01 Jul 2017

Form Title: **Vendor Survey & Evaluation**
SOP Reference: S 8.4-02 SOP for Vendor Evaluation (RS 27)

Part 1: Vendor Information

Name of supplier/vendor Scholastic Asia Sdn Bhd

Nature of Business Mutinational Company Publishing & Distribution of Books.

Address Lot71293, Jalan BJ2T2, Kaw, Perindustrian Balakong ,43300 Selangor

Contact person S D Nicholas Das

Designation Manager

Telephone 0 ## Fax _____ Email ndas@scholastic.asia

Materials, part or services supplied or intended to supply (eg. packing materials, transportation)

a) MHE b) Parts c) Servicing

Payment terms **Credit** 30 days (All per Agreement)

Other, please specify: _____

Vendor Financial Condition : (For New Vendor). Please fill in the appendix I

Is the Vendor a relative or close friend of any employee of the company Yes No

If yes, please describe relationship : Nil

Major customer / client list (a) _____ (b) _____ (c) _____

Contract Reference: (If available, please attached a copy to this report): _____

Part 2: Vendor Qualification Assessment

License / qualification possessed: (Please provide the Business Registration for reference) Co No 1245931-x

Requirements & Expectations

(specify desired KPIs, product specifications, delivery deadlines etc)

(a) _____ (d) _____

(b) _____ (e) _____

Assessment employed in evaluation

Survey for new Vendor

Note : *Survey - New Vendor (Complete only Part 1)*

Annual Evaluation

Note: *Evaluation - New Vendor before completion of 3 months probation period (Complete only Part 2)*

Existing Vendor - Yearly (Applicable to Part 1 and Part 2)

Part 1 : Survey

	1 - 5 points	6 - 8 points	9 - 10 points
(1) Relevant experience	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> 10 Good
(2) Logistics capacity	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> 10 Good
(3) Competitiveness of Price	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> 10 Good
(4) Competitiveness Of Terms And Conditions	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> 10 Good
(5) Supplier's compliance to regulatory requirements	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> 10 Good

Total Score

Part 2 : Evaluation

(1) Timeliness of Services Provider	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="text" value="10"/> Good
(2) Quality Of Products / Parts / Material / Service	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="text" value="10"/> Good
(3) Timely response to problem	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="text" value="10"/> Good
(4) Fulfill requirement	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="text" value="9"/> Good
(5) Technical Support Staff's Level of Expertise	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="text" value="10"/> Good

Rating Points :

Total Score

< 25 Reject/Hold order and delete from Vendor List

26 -35 Accept/but request Action Plan/Improvement

36 -50 Accept to be selected in Vendor List

Part 3: Result of Evaluation

The vendor under evaluation is assessed to be:

Satisfactory

Unsatisfactory

Comments	
Displays his job knowledge on a consistent basis. Possesses a solid understanding of the skill set that is required Work produced is complete, error-free, and of the highest quality.	
Surveyed / Evaluated By	S D nicholas Das
Department	KLDC
Date	11-Nov-19

Recommendation

Upon Confirmation:

for new Vendor :

3 months

Approved & to update into ASL
 Not Approved

Approved & to update into ASL
 Not Approved

Recommendation

for existing Vendor (Yearly)

Approved & to update into ASL
 Not Approved

Approval	Name & Signature	Date	Comments
	Ruben Manickam	9/11/2019	
Approved by Supply Chain Management			
Approved by Supply Chain Management			
	S D Nicholas Das	9/11/2019	
Approved by Management of QA			