



Supplier Audit Checklist

ISO 9001:2015, ISO 14001:2015 & ISO 45001:2018

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This form is a self-assessment of your quality management system. It is intended to be used in place of an on-site quality assessment of suppliers or potential suppliers. Please complete the form and return it within 10 days of receipt. An on-site assessment may be conducted at a later date.

Supplier Name:		Date:		
Supplier Contact Person				
Street, City, Postcode:		Are Quality Attachments Included with this Survey?		
Telephone Number:		YES	NO	N/A
Fax Number:				
Supplier E-Mail:		Please list all attachment in this section (add as needed):		
Scope of products and/or services the supplier		1.)		
		2.)		
Quality Manager: (If different from above)		3.)		
		4.)		
		5.)		
		6.)		
		7.)		
		8.)		

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Management Involvement		YES	NO	N/A
1.)	Is a Senior Manager responsible for quality at your facility?			
2.)	Does your Senior Management routinely review the whole quality system for effectiveness?			
3.)	Are reviews planned and scheduled, if so what is your Frequency?			
Quality System		YES	NO	N/A
1.)	Do you have a quality system manual? If Yes, please e-mail an uncontrolled copy of your manual with this Survey.			
2.)	Is your quality manual approved by management?			
3.)	Is it certified? If Yes, please e-mail or fax an uncontrolled copy of your Certifications with this Survey.			
4.)	Is the quality manual available to all employees?			
5.)	Are quality procedures incorporated as part of the quality manual?			
6.)	Do you have a Standard Operating Procedure Manual (SOP)?			
7.)	Do you have a procedure for initiating quality plans?			
8.)	Are contracts reviewed by Quality for quality planning?			
9.)	Do you have procedures for internal audits?			
10.)	Does the procedure specify training for auditors?			
Document Control		YES	NO	N/A
1.)	Do you have procedures for the control of procedure, specification and engineering drawings used in your manufacturing or servicing process?			
2.)	Are controlled documents identified to prevent unauthorized or obsolete copies from being used?			

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9.)	Do you have an emergency action Plan at your facility and is it posted and readily accessible?			
10.)	Are exits and isle ways free of materials and/or obstacles which could cause trips or falls?			
11.)	As applicable, is your material storage compliant with ISO 45001 or other internationally recognized standards or State Regulatory Requirements?			
12.)	What Personal Protective Equipment is standard requirement? __ Safety Glasses __ Safety Glasses with Side Shields __ Steel Toed Footwear __ Hard Hats __ Other: _____			
Environmental		YES	NO	N/A
1.)	Is there a system in place to provide for purchasing control, handling, storage and transportation of raw materials, products and chemicals?			
2.)	Is there a system in place to provide for the safe disposal of waste and disposal of hazardous waste is documented?			
3.)	Is there a system in place to prevent spills and leaks and to ensure their will be and appropriate response to unexpected incidents?			
4.)	Is there a system in place to manage aspects of, and/or control of any known instances, of soil or groundwater contamination resulting from facility operations?			
Risk Management		YES	NO	N/A
1.)	Does the document system include a Risk/Aspect/Hazard register or similar?			
2.)	Is Risk Management used as part of the Tender Review process?			
3.)	Is Risk Management used as part of the Contract Review process?			