





Detailed Supplier Evaluation

Thank you for your interest in becoming a valued part of ASC Pty Ltd Supply Chain.

This detailed supplier evaluation forms part of the initial review ASC undertakes in order to evaluate each supplier's suitability in becoming part of the ASC supply chain.

INSTRUCTIONS FOR COMPLETING THIS FORM;

All suppliers must complete all questions under the 'Supplier to complete' part of this form. Where the answer to any question is 'NO' but there are plans to have a process or procedure put in place in the near future you are requested to provide, where available, evidence of this and an estimated timeline for its introduction.

- Some questions have an  icon by the 'Yes' box. If you have ticked 'Yes' for these questions, please include with your submission, a **copy** of the latest revision document referenced in that question.
- Some questions have an  icon by the 'Yes' box. If you have ticked 'Yes' for these questions, please include with your submission, a recent **example** of the document referenced in that question.
- Please ensure that once completed, this form is checked for accuracy and signed off by a representative of your company, who has the authority to commit to ASC's supplier evaluation process.

Please then forward your completed form to;

For South Australia:

Procurement Manager
ASC Pty Ltd
GPO Box 2472
Adelaide,
South Australia 5001

or

For Western Australia:

Commercial Manager
ASC Pty Ltd
PO Box 599
Rockingham,
Western Australia 6968

PRIVACY STATEMENT

ASC treats the privacy of an individual's personal information seriously. Personal information is any information that would identify a natural person. Any personal information provided by you in the Detailed Supplier Evaluation will only be used or disclosed for the purposes of enabling ASC to evaluate your potential supplier suitability and to provide feedback upon completion of evaluation.



Detailed Supplier Evaluation

Section 1

Supplier to complete

Organisation Details

Registered Name

Trading Name

Australian Business Number (ABN)

The data entered into this form has been reviewed for accuracy by the undersigned, on behalf of the supplier.

Name _____ Position _____

Signature _____ Date ____/____/____



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Section 2

Supplier to complete		
Management		
Does this organisation have a documented organisational structure, outlining name, position, and contact details for its key people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation have a current EBA negotiated with its labour force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, when does this EBA lapse?	___ / ___ / ___	

ASC use only		
Objective evidence?		Comments
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Supplier to complete		
Insurance		
Does this organisation have a current Workers Compensation insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, does this organisation have a Certificate of Currency for the above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation have a current Public Liability insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, does this organisation have a Certificate of Currency for the above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation have a current Professional Indemnity insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, does this organisation have a Certificate of Currency for the above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation have a current material loss or damage insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, does this organisation have a Certificate of Currency for the above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ASC use only		
Objective evidence?		Comments
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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Supplier to complete		
Financial		
Please provide the last 2 years financial statements including Profit & Loss.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ASC use only		
Objective evidence?	Comments	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	


Supplier to complete		
Process Control		
Does this organisation adopt a systematic approach to planning production capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation notify it's customers immediately, if a delivery date cannot be met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation monitor On Time Delivery (OTD) rate to its customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what has been the average OTD % rate for the last 12 months?	_____ %	
Does this organisation monitor the number of its goods rejected by its customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what has been the average reject % rate for the last 12 months?	_____ %	

ASC use only		
Objective evidence?	Comments	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	






Detailed Supplier Evaluation

Section 3

Supplier to complete		
Process Control (continued)		
Does this organisation maintain operator instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation maintain documented minimum workmanship standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation maintain a skills matrix for its employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation maintain a register of all jigs, fixtures & production aids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation practice Statistical Process Control on its critical processes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation maintain a documented procedure regarding Contract Review prior to accepting a customer Purchase Order?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>

ASC use only		
Objective evidence?		Comments
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Supplier to complete		
Inspection		
Does this organisation maintain documented inspection & test procedures?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>
Does this organisation maintain evidential records of inspection & test results?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation maintain documented test or inspection plans for incoming goods?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>
Does this organisation maintain a documented procedure for the control of non-conforming product?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>

ASC use only		
Objective evidence?		Comments
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	



Detailed Supplier Evaluation

Supplier to complete		
Quality		
Does this organisation maintain an approved Quality manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation conduct internal QA audits of its Quality System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what is the frequency of these audits?		
Does this organisation conduct minuted management reviews of the effectiveness of its Quality System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what is the frequency of these reviews?		
Does this organisation maintain a documented process regarding the assessment of its suppliers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this organisation maintain a documented process to control & track Engineering Changes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>





ASC use only		
Objective evidence?		Comments
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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Supplier to complete

Configuration Control

Does this organisation maintain a documented Configuration control procedure?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Does this organisation maintain a documented procedure outlining record retention periods?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Does this organisation maintain a documented procedure controlling the calibration & maintenance of test equipment?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Does this organisation maintain calibration records for test & inspection equipment?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Is this organisation's test & measurement equipment all uniquely identified?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

ASC use only

Objective evidence?		Comments
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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ASC Office Use Only

Have all questions been answered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have all requested attachments been included with this submission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Recommended action, either;

Supplier is not recommended for use.	<input type="checkbox"/>
Perform on site audit at suppliers premises to confirm responses prior to finalising approval.	<input type="checkbox"/>
Supplier is recommended for indirect contribution only (Approval Level 2). Mitigation plans for negative responses have been prepared and are attached.	<input type="checkbox"/>
Supplier is recommended for direct & indirect contribution (Approval Level 1). Mitigation plans for negative responses have been prepared and are attached.	<input type="checkbox"/>

Comments:



Detailed Supplier Evaluation

ASC Review Team			
Supply Chain:		Quality:	
_____:		_____:	

This evaluation has been sighted by the undersigned on the _____ day of _____, 20____ who [**approve / do not approve**] the above recommendation.

Quality Manager name: _____

Supply Chain Manager name: _____

Quality Manager signature: _____

Supply Chain Manager signature: _____