

VENDOR EVALUATION CHECKLIST



VENDOR DETAILS										
Company Trade Name:										
Country of Operation:										
Applicant Name:										
Physical Address:										
Contact Person:										
Contact Number:										
VAT Number:										
Registration Number:										
Registered Address:										
B-BBEE Level:	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7/8	EME/ QSE/M&Ls	Non Compliant	
Email Address:										
Product/Service to be supplied:										
Date:										

Submit The Following Documentation

- Bank Confirmation Letter
- Tax Clearance Certificate
- BEE Certificate or Affidavit
- ISO Certificate
- Credit application
- Complete the attached form
- SASOL Approved Vendor (Yes or No)

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Selection Criteria

QUALITY MANAGEMENT	Y/N/NA
Do you have a Quality Management System or Plan that control product quality?	
Do you have a Management Representative with authority to resolve all matters relating to product quality?	
Do you have a procedure for the identification and traceability of materials/products from receipt to delivery?	
Do you have a procedure for identification, segregation and rectification of Non Conforming products?	
Do you have an independent Quality Control / Inspection Department?	
Are your measuring equipment regularly calibrated / verified?	
Do you perform inspection of purchased materials upon receipt and monitor your supplier's performance?	
Do you perform a final inspection of the manufactured product prior to dispatch and is this recorded?	
Do you monitor your manufacturing and delivery schedule and give notice of delays to your Customers?	
Does your system make provision for the preservation and protection of the final product whilst packing and ensure it is not damaged in transit?	
Do you have a formal system for recording, monitoring and investigating customer complaints?	
Do you have a Records Control Procedure in place for the control of quality records?	
How long has your Quality Management System been in operation?	
HEALTH SAFETY MANAGEMENT	Y/N/NA
1. Do you have a Management representative with authority to resolve all matters relating to Health and Safety?	
2. Do you conduct scheduled Internal Health and Safety Audits?	
3. Do you have a documented Health and Safety Risk Assessment?	
4. Do you have a formal Health and Safety training program?	
ENVIRONMENTAL MANAGEMENT	Y/N/NA
5. Do you have a Management representative with authority to resolve all matters relating to Environmental Management?	
6. Do you conduct scheduled Internal Environmental Audits?	
7. Do you have a documented Environmental impact and aspects register?	
8. Do you have a formal Environmental training program?	

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PRODUCT DESIGN

What Code(s) of Practise(s) are/is applicable to the product and utilised during the design of the product?
Provide name and number.

If the product requires any structural / Mechanical /Piping design, then please supply the name and registration number of the Professional Engineer responsible for the design of the product.

If the product requires any Electrical / Instrumentation design, then please supply the name of the Professional Engineer responsible for the design of the product.

Supply full crating dimensions and weight of product for shipping purposes

Describe the type of crating.