

Food Safety Supplier Evaluation Checklist

Supplier Name

Supplier Address

Contact Person

Email / Phone

Date of Evaluation

Checklist

Checklist Item	Yes	No	N/A	Comments
Valid Food Safety Certification (e.g., ISO 22000, BRC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Documented Food Safety Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Traceability of Raw Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Product Testing and Analysis Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Allergen Controls in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Cleanliness and Hygiene of Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Proper Storage and Transportation Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Record Keeping Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Product Recall Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Ongoing Staff Training & Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

General Comments

Evaluator Name

Supplier Representative Name