

ISO Supplier Audit Questionnaire

Supplier Information

Company Name

Address

City

Country

Contact Person

Email

Phone

Audit Details

Audit Date

Auditor Name

Scope of Audit

Questionnaire

Question	Yes	No	Comments
Does your organization have a current ISO certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Is there a documented quality management system established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are internal audits carried out at planned intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are corrective and preventive actions documented and implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Is there traceability of product / materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are records of supplier performance maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Does your company have a process for handling nonconforming products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Is employee training documented and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Auditor Signature

Name

Date