

Engineering Vendor Compliance Verification Sheet

Project Name: _____

Vendor Name: _____

Date: _____

Engineer: _____

Department: _____

Reference No: _____

Vendor Document/Requirement Checklist

No	Compliance Item	Submitted	Compliant	Notes
1		<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	

Overall Comments/Observations:

Verified By: _____

Date: _____