

Pallet Supplier Verification Checklist

Supplier Name:

Date of Verification:

Verified By:

Checklist Item	Yes / No	Comments
Valid business license	<input type="text"/>	<input type="text"/>
Physical address confirmed	<input type="text"/>	<input type="text"/>
Compliance with ISPM-15 (heat treatment/fumigation)	<input type="text"/>	<input type="text"/>
Quality control procedures in place	<input type="text"/>	<input type="text"/>
Traceability of raw materials	<input type="text"/>	<input type="text"/>
Proof of insurance provided	<input type="text"/>	<input type="text"/>
References checked	<input type="text"/>	<input type="text"/>
Delivery capacity meets requirements	<input type="text"/>	<input type="text"/>

Additional Notes:

Signature: