

# Forest Stewardship Certified Supplier Evaluation

Supplier Name

Contact Person

Address

Contact Details

FSC Certification Number

Certifying Body

Certification Expiry Date

## Evaluation Criteria

Criteria	Compliant	Non-Compliant	Comments
Valid FSC Certificate presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chain of custody documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Labeling and claims compliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Supplier policy on sourcing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No involvement in illegal logging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Overall Assessment



**Evaluator Name**

**Evaluation Date**

**Additional Comments**