

Bakery Goods Supplier Audit Form

Supplier Name

Audit Date

Auditor Name

Location

General Information

Type of Goods Supplied

Contact Person

Contact Number

Compliance Checklist

Criteria	Compliant	Remarks
Ingredients sourced from approved suppliers	<input type="text"/>	<input type="text"/>
Proper storage of raw materials	<input type="text"/>	<input type="text"/>
Personal hygiene of staff	<input type="text"/>	<input type="text"/>
Equipment cleanliness and maintenance	<input type="text"/>	<input type="text"/>
Product packaging integrity	<input type="text"/>	<input type="text"/>
Proper transport and delivery conditions	<input type="text"/>	<input type="text"/>

Audit Summary

Findings & Recommendations

Auditor Signature

Date

Supplier Representative Signature

Date