Supplier Site Visit Report

Name of Supplier: _____ Date of Visit: _____

Address of Supplier (Site): _____

_____

Contacted (Personnel Met): _____ Contact No. : _____

Areas | Inspection | Audited as below:
Ranking: 5 = Excellent | 4 = Good | 3 = Fair | 2 = Bad | 1 = Nothing evidence, Not found, No Actions

Checklist Points for Observations	Observations	Ranking
	Total Ranking	

Total Ranking in Percentage	Last Visit Ranking %	Current Improvement in Ranking	Current Improvement in %

Supplier Signature	Visited (Inspected) by & Signature	Verified & Approved By