

Supplier: **Supplier Number (DUNS):** **Audit Date:**

Location: **Reason for evaluation:**

Pro. No.	Project, Product, Process	Result:
RED	Rejected Supplier:	The supplier is not approved for use.
YELLOW	Conditionally Approved:	The supplier is conditionally approved for use.
GREEN	Fully Approved Supplier:	The supplier is fully approved for use.

NOTE:
Conditionally approved suppliers commit themselves to cooperate with ETI to make improvements to become a fully approved supplier.

Certificates

Audit base	Date	Conducted	Valid

Distribution: *** Participant**

Findings/Requirements:

Process description:

Estimation of risk:

Estimation of potential:

Further procedure:

1. Date improvement plan: **14.1.1900** Action see "improvement plan"

Auditor

Leader supplier assessment

Signature supplier / tender