[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Supplier Performance Review Form

Supplier legal name: _____ **Goods or services reviewed:** _____

Review period start date: _____ **Review period end date:** _____

Name of reviewer: _____ **Job title of reviewer:** _____

Contract or order reference: _____

1. Performance against measures Record the agreed target and the actual result for each measure, then give a rating from 1 to 5. The rating scale is: 5 means performance consistently exceeds the requirement; 4 means it meets the requirement with some areas exceeded; 3 means it meets the requirement; 2 means it partly meets the requirement and improvement is needed; 1 means it does not meet the requirement. Base every rating on evidence, and state that evidence in the final column.

Measure	Agreed target	Actual result	Rating from 1 to 5	Evidence and comment
Quality: proportion of goods or services accepted without rework or rejection	[Agreed target for quality]	[Actual result for quality]	[Rating for quality]	[Evidence and comment on quality]
Delivery: proportion of orders delivered on time and in full	[Agreed target for delivery]	[Actual result for delivery]	[Rating for delivery]	[Evidence and comment on delivery]
Lead time: time from order to delivery against the committed lead time	[Agreed target for lead time]	[Actual result for lead time]	[Rating for lead time]	[Evidence and comment on lead time]
Cost and invoice accuracy: invoices matching the agreed price and order	[Agreed target for invoice accuracy]	[Actual result for invoice accuracy]	[Rating for invoice accuracy]	[Evidence and comment on invoice accuracy]
Responsiveness: time taken to acknowledge and resolve queries and issues	[Agreed target for responsiveness]	[Actual result for responsiveness]	[Rating for responsiveness]	[Evidence and comment on responsiveness]
Compliance: licences, insurance, and certification kept current	[Agreed target for compliance]	[Actual result for compliance]	[Rating for compliance]	[Evidence and comment on compliance]
Overall performance for this review period	[Agreed overall target]	[Actual overall result]	[Overall rating for this review period]	[Evidence and comment on overall performance]

2. Strengths and concerns Strengths shown in this review period: [Description of strengths shown by the supplier in this review period].

Concerns arising in this review period: [Description of concerns arising in this review period].

Effect of any concern on operations: [Description of the effect of any concern on operations].

Supplier response to concerns raised: [Summary of the supplier response to concerns raised].

3. Improvement actions agreed 4. Recommendation and next review:

Action agreed	Owner	Due date	Status
[Description of improvement action one]	[Name of owner of improvement action one]	[Due date for improvement action one]	[Status of improvement action one]
[Description of improvement action two]	[Name of owner of improvement action two]	[Due date for improvement action two]	[Status of improvement action two]
[Description of improvement action three]	[Name of owner of improvement action three]	[Due date for improvement action three]	[Status of improvement action three]

Recommendation	Selected	Reason
Continue as current supplier		[Reason for continuing as current supplier]
Continue under an improvement plan		[Reason for continuing under an improvement plan]

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Escalate for formal corrective action		[Reason for escalation for formal corrective action]
Do not renew at contract end		[Reason for not renewing at contract end]

Date of next review: [Date of next supplier performance review]. Date of meeting with the supplier to discuss this review: [Date of meeting with the supplier to discuss this review].

Signatures: Reviewer: Name: _____ **Signature:** _____ **Date:** _____

Supplier representative: Name: _____ **Signature:** _____ **Date:** _____