

SUPPLIER/SUBCONTRACTOR ASSESSMENT FORM



VENDOR BASIC INFORMATION			
Company Name		Local / International	
Address			
Contact Nos.		Fax No	
E Mail Address 1		E Mail Address 2	
OWNERSHIP DETAILS			
Name of Shareholder 1		IC No	
		Email	
		Phone	
Name of Shareholder 2		IC No	
		Email	
		Phone	
Name of Shareholder 3		IC No	
		Email	
		Phone	
Name of Shareholder 4		IC No	
		Email	
		Phone	
AUTHORISED PERSONNEL 1			
Name		Position	

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Contact Nos.		Fax No .	
E Mail Address			
AUTHORISED PERSONNEL 2			
Name		Position	
Contact Nos.		Fax No .	
E Mail Address			

QUALITY				
Does your Company have a Quality System? (Please ✓)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is it Certified or accredited by any agency	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(If No) Are you in the process of Certification	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Expected Completion Date				
(If Yes) Quality Certification Type				
Certifying Authority				
Certificate Reference & Validity				

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HSE					
Does your Company have a HSE Management System? (Please ✓)		Yes		No	
Is it Certified or approved by any agency or Client?		Yes		No	
(If No) Are you in the process of Certification		Yes		No	
Expected Completion Date					
(If Yes) Safety Certification Type					
Certifying Authority					
Certificate Reference & Validity					
HSE Records and Practices - List down any HSE relevant information regarding your organization					

COMPANY OVERVIEW
Provide a short description of your organization's track record and services offered

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ASSESSMENT CONDUCTED (Completed by)			
Name	Position	Signature	Date

ASSESSMENT DETAILS (TO BE FILLED IN BY BLUE OCEANIC SDN BHD)				
Assessment Findings	Yes		No	
Assessed By				
Name	Position	Signature	Date	

SURVEY REVIEW (To be completed by the Procurement Officer)				
Supplier Approved (Please ✓)?	Yes		No	
Assessment Reviewed by				
Name	Position	Signature	Date	
REMARKS				