THERMA
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Supplier/Vendor Quality Audit Summary Report

Year of Audit: _____

Audit #	Supplier/Vendor Name	Audit Date			Evaluation			
		Send Date	Due Date	Actual Completion	Start Date	End Date	Qualified? (1) (Yes/No)	Notes (Attach additional paper if necessary)
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	

(1): See SOP 1.002 for supplier qualification rating definitions.

Comments: _____

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