|  |  |
| --- | --- |
| **SUPPLIER INFORMATION** | |
| Supplier/ Grower Name |  |
| Supplier Code |  |
| Farm Name |  |
| Farm Location |  |
| GLOBAL G.A.P Certification No |  |
| Harvest Season |  |
| Contact Person Name |  |
| Contact person email |  |
| Contact person telephone no |  |
| Last Audit date |  |
| Certification status |  |
|  | |
| **PERFORMANCE EVALUATION TABLE** | |

1. Critical failure; major risk to food safety, legality, or quality. Disqualification or immediate suspension recommended.
2. Serious deficiencies; fails to meet key requirements in quality, safety, or traceability.
3. Frequently below standard; quality or compliance issues observed; corrective actions required.
4. Meets minimum requirements; some issues identified that require attention, but still within tolerance.
5. Meets all key requirements; minor non-critical issues may exist but do not affect product quality or compliance.
6. Exceeds expectations; consistently delivers superior performance with no issues.

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| --- | --- | --- | --- | --- |
| **Criteria** | **Weight** | **Score (0-5)** | **Weighted Score** | **Comments/ Findings** |
| Kernel Recovery Rate (KRR) | 15% |  |  |  |
| Moisture content | 10% |  |  |  |
| Rejects (moldy/insect/rotten) | 10% |  |  |  |
| Floaters | 5% |  |  |  |
| Foreign Matter | 5% |  |  |  |
| Documentation Compliance | 10% |  |  |  |
| Delivery timelines | 10% |  |  |  |
| Volume Accuracy | 5% |  |  |  |
| Traceability Records | 10% |  |  |  |
| Corrective Action Response | 10% |  |  |  |
| Engagement in training and following procedure | 5% |  |  |  |
| Overall quality feedback | 5% |  |  |  |

*Procedure for calculating the weighted score:*

\*\*Weighted score = (Score (0-5)/ 5) x Weight %

|  |  |
| --- | --- |
| **SCORING SUMMARY** | |
| Total Score (%) out of 100 | Excellent (90-100%)  Preferred supplier; eligible for premium |
|  | Satisfactory (75 -89%)  Maintain status; provide feedback |
| Needs Improvement (60-74%)  Issue warning; corrective action required |
| Unsatisfactory (<60%) Suspension or disqualification |

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| **FOLLOW-UP ACTIONS AND FEEDBACK REQUIRED** | |
|  | |
| **Date for feedback:** |  |
| **Next evaluation date:** |  |

|  |  |  |
| --- | --- | --- |
| **Evaluated by** | **Designation** | **Date** |
|  |  |  |
| **Signature:** |  | |
| **Acknowledged** | **Designation/ Role** | **Date** |
|  |  |  |
| **Signature:** |  | |