



# Supplier Evaluation Tool

This form is a tool for a pharmacy manager/pharmacist to use when evaluating supplier relationships, usually on an annual basis.

Supplier name:	Key contact:
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## SECTION 1: YOUR BUSINESS – *Your view of the relationship and your challenges*

How satisfied are you with the relationship on a scale of 1-5 where  
1 = Really dissatisfied, 5 = Really satisfied?

Why is that?

What are your current business challenges, focuses or areas of support required (with this supplier in mind)?

## SECTION 2: THEIR BUSINESS – *How your supplier views the relationship and their challenges*

How satisfied are you with the relationship on a scale of 1-5 where  
1 = Really dissatisfied, 5 = Really satisfied?

Why is that?

What are your current business challenges, focuses or areas of support required (with this supplier in mind)?

## SECTION 3: WORKING TOGETHER – *How the relationship could be improved or further developed*

What opportunities for improvement or collaboration exist in the relationship?