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ISO 9001:2008 & AS9100C Certified

SUPPLIER EVALUATION

Company Name: _____

Address: _____

City, State or Province, Postal Code, Country: _____

Email Address: _____

Phone #: _____ Fax #: _____

Contact Name: _____ Date: _____

A. QUALITY SYSTEM

1. Management

(Note: Please select all that apply. For those that do not apply, please respond with N/A)

a) Name and title of management representative responsible for quality matters:	_____
b) To whom, name and title, does the representative responsible for quality matters report?	_____
a) Does the Company have a written Quality Manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please send an uncontrolled copy (electronic or hard copy).</i>	
a) List all formal Quality certifications that are accredited to the Company:	<input type="checkbox"/> ISO 14000 <input type="checkbox"/> AS 9100C <input type="checkbox"/> ISO 9001:2008 <input type="checkbox"/> Other: _____

Note: If your company's quality management system conforms to an internationally recognized quality management system standard / technical specification, please send us a copy of your certificate(s), and SKIP TO SECTION B (CAPABILITY).

2. Incoming Goods Control (Please select all that apply for each item)

a) How does the Company assess the quality of supplier and vendor quality systems?	<input type="checkbox"/> On-Site Audit <input type="checkbox"/> Certification of Compliance <input type="checkbox"/> First Article Inspection <input type="checkbox"/> Survey <input type="checkbox"/> Quality System Rating <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____
b) How is raw material inspected to verify that they conform to specification?	<input type="checkbox"/> On-Site Audit <input type="checkbox"/> Sampling <input type="checkbox"/> Receiving Inspection/Test <input type="checkbox"/> N/A <input type="checkbox"/> Review of Certification of Compliance <input type="checkbox"/> Other: _____
c) How are items identified upon receipt and upon issue?	<input type="checkbox"/> Tagged <input type="checkbox"/> Recall System <input type="checkbox"/> Inventory System <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____

3. Manufacturing Control (Please select all that apply for each item)	
a) How is production controlled and monitored for quality?	<input type="checkbox"/> 100% Inspection <input type="checkbox"/> Work Instruction <input type="checkbox"/> Statistical Process Control <input type="checkbox"/> N/A <input type="checkbox"/> Other
b) What type of formal training or certification requirements do process workers receive?	<input type="checkbox"/> On-The-Job (OJT) <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Classroom <input type="checkbox"/> N/A <input type="checkbox"/> Other:
c) What types of workmanship standards are used to define product acceptability?	<input type="checkbox"/> Physical Examples <input type="checkbox"/> Written Examples <input type="checkbox"/> Drawings <input type="checkbox"/> Industry Standards <input type="checkbox"/> N/A <input type="checkbox"/> Other:
d) How is quality and process of work recorded through the operation?	<input type="checkbox"/> Lots Cards <input type="checkbox"/> Bar Coding <input type="checkbox"/> Travelers <input type="checkbox"/> N/A <input type="checkbox"/> Other:
e) How is Preventive / Corrective Action taken to prevent the occurrence or recurrence of defective material?	<input type="checkbox"/> Material Review Board <input type="checkbox"/> Design of Experiments <input type="checkbox"/> Root Cause Analysis <input type="checkbox"/> N/A <input type="checkbox"/> Other:
f) How is material identified (tagged, marked, etc.) to maintain traceability?	<input type="checkbox"/> Lot Cards <input type="checkbox"/> Inventory System <input type="checkbox"/> Traveler <input type="checkbox"/> Certification of Conformance <input type="checkbox"/> Other: <input type="checkbox"/> N/A
4. Control of Nonconforming Material	
a) How is control of nonconforming material handled?	Please select all that apply <input type="checkbox"/> Tagged <input type="checkbox"/> Segregated <input type="checkbox"/> Identified <input type="checkbox"/> N/A <input type="checkbox"/> Other:
5. Inspection Procedure	
a) Are all inspection and measuring devices (including balances used in manufacturing and packing) systematically calibrated and records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) The Company provides (if required on products but not on test equipment)	Please select all that apply <input type="checkbox"/> Certificate of Compliance <input type="checkbox"/> Certificate of Conformance <input type="checkbox"/> Certificate of Test <input type="checkbox"/> Certificate of Analysis <input type="checkbox"/> Other: <input type="checkbox"/> N/A
6. Quality Assurance	
a) Does Quality Control review and approve acceptance and test procedures for adequacy to assure contractual compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Insert comments below:</i>
B. CAPABILITY	
1. Business	
Type of goods/services provided:	<input type="checkbox"/> Engineering <input type="checkbox"/> Components/Equipment <input type="checkbox"/> Fabrication <input type="checkbox"/> Erection <input type="checkbox"/> Other:
Number of years in business:	
Type of business:	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Other:

If you are a distributor, attach a line card which lists your product offering.	<input type="checkbox"/> Attached	<input type="checkbox"/> Not a distributor
Indicate industries served:	<input type="checkbox"/> Mining <input type="checkbox"/> Marine <input type="checkbox"/> Oil/Gas	<input type="checkbox"/> Material Handling <input type="checkbox"/> Aerospace <input type="checkbox"/> Other:
Current plant utilization (percent):		
How many shifts per day does your plant normally operate?		
How many days per week does your plant normally operate?		
Describe licenses held (professional engineering license, contractor's license, etc.):		
2. Insurance		
Do you have a current workers' compensation insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current general liability or public liability insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the limits?		
Do you have a current professional liability or errors & omissions insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the limits?		
Do you have a current property damage insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the limits?		
3. Facilities		
Number of locations and location of each site:		
4. Staffing		
Total number of personnel:		
Number of full time, part time and temp. employees:	Full Time: _____ Part Time : _____ Temp. : _____	
Quality assurance, number of personnel:		
Are your workers unionized?	<input type="checkbox"/> Yes, Contract Date is:	<input type="checkbox"/> No
Number of licensed/professional engineers:		
Do you plan to subcontract out any of the work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide detailed information.		

5. Technical			
Indicate which (if any) CAD 2D software you have, including program name and version number:			
Indicate which (if any) CAD 3D software you have, including program name and version number:			
Indicate which (if any) CAM/computer-aided manufacturing software you have, including program name and version number:			
Do you have a metals testing laboratory?			
6. Equipment			
For the equipment listed below, provide description of quantity, sizes, etc. (If you have a standard equipment list, please submit it.)	CNC	Manual	Maximum Size / Capacity
Drilling			
Profiling			
Vertical machining			
Horizontal machining			
Turning			
7. Hydraulic			
Can you design or build hydraulic power units (HPU)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you design or build hydraulic manifolds?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hose crimping capacity, maximum:			
Tube bending capacity, carbon steel:			
Tube bending capacity, stainless steel:			
Tube flaring capacity, carbon steel:			
Tube flaring capacity, stainless steel:			
List your hydraulics test equipment:			
For the items listed below, describe the items you use for hydraulic work:			
Tube system / configuration type:			
Fittings / adapters, type:			
Hose, type:			
Hose ends, type:			
Tube, type:			
Pumps, brand name:			
Motors, brand name:			
Valves, brand name:			
Cylinders, brand name:			
8. Transport			
Do you have experience with export packaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To what standards do you package?			

C. PRINCIPLES	
Ethical Conduct: Are you committed to ethical conduct and social responsibility in all aspects of business?	
Laws and Regulations: Do you fully comply with all applicable laws and regulations?	
Environment: Are you mindful of your environmental impact and continually strive to lessen it? Are these initiatives documented?	
Health and Safety: Do you have personnel strictly dedicated to your Health and Safety Program?	
Labor: Do you treat employees in a fair and equal manner, comply with all related laws, have a policy of non-discrimination, do not use child or forced labor of any kind, and respect universal human rights?	
Sub-Suppliers: Do you ensure that your suppliers follow similar principals to the above?	
Continues Improvement: Do you have a Continuous Improvement Program?	
Documentation: Can you provide documentation to support you above responses.	
Conflict Minerals: Do you have a policy regarding Conflict Minerals? *	
<p>* On August 22, 2013 the Securities and Exchange Commission issued a "Conflict Minerals" rule as directed by Section 1520 of the Dodd-Frank Wall Street Reform and Consumer Protection Act. Conflict Minerals are minerals, mainly tin, gold, tantalum and tungsten that directly or indirectly finance or benefit armed groups in the Democratic Republic of the Congo or in adjoining countries. Lynch is dedicated to sourcing components and materials from companies who share our concern regarding this issue. We are working toward being part of a Conflict Mineral free supply chain and encourage our suppliers to do the same.</p>	
Note:	<p>Before a supplier is "approved" they must first have partial approval in which their status is "conditional". Upon successfully completing this evaluation as well as three purchase orders their status may be upgraded to "approved".</p> <p>If a quality issue arises, supplier status may be downgraded to "conditional" and the supplier may be asked to perform corrective actions. Suppliers who do not meet Lynch standards or who have unresolved quality issues may be "disapproved".</p>

Please email the completed form to quality@lynch.ca.