

**SUPPLIER EVALUATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State or Province, \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_ 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 9100D <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> Other: _____

**Note: Lynch Fluid Controls' QMS is certified to ISO 9001:2015 & AS9100D; please sign and return this document to signify your understanding and acceptance of our requirements under these standards.**

The supplier shall comply with Lynch's Quality Management System requirements.	<input type="checkbox"/>
The supplier shall comply with requirements for the acceptance of product.	<input type="checkbox"/>
The supplier shall provide written notification to Lynch of Non-conforming product, after delivery	<input type="checkbox"/> before and
The supplier shall provide corrective actions for non-conformances when requested.	<input type="checkbox"/>

**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).**



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 Test <input type="checkbox"/> Other: <input type="checkbox"/> Certificate of Conformance <input type="checkbox"/> Certificate of Analysis <input type="checkbox"/> N/A
<b>6. Quality Assurance</b>	
a) Does Quality Control review and approve acceptance and test procedures for adequacy to assure contractual compliance?	Comments: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. CAPABILITY</b>	
<b>1. Business</b>	
Type of goods/services provided:	<input type="checkbox"/> Engineering <input type="checkbox"/> Fabrication <input type="checkbox"/> Other: <input type="checkbox"/> Components/Equipment <input type="checkbox"/> Erection
Number of years in business:	
Type of business:	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Other: <input type="checkbox"/> Distributor
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.):	
<b>2. Insurance</b>	
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?			
<b>3. Facilities</b>			
Number of locations and location of each site:			
<b>4. Staffing</b>			
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.			
<b>5. Technical</b>			
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?			
<b>6. Equipment</b>			
For the equipment listed below, provide description of quantity, sizes, etc. (If you have a standard equipment list, please submit it.)	<b>CNC</b>	<b>Manual</b>	<b>Maximum Size / Capacity</b>
Gun Drilling			
Vertical machining			
Horizontal machining			
Turning			
Other			



<b>Laws and Regulations:</b> Do you fully comply with all applicable laws and regulations?	
<b>Environment:</b> Are you mindful of your environmental impact and continually strive to lessen it? Are these initiatives documented?	
<b>Health and Safety:</b> Do you have personnel strictly dedicated to your Health and Safety Program?	
<b>Labor:</b> 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	
<b>Sub-Suppliers:</b> Do you ensure that your suppliers follow similar principals to the above?	
<b>Continues Improvement:</b> Do you have a Continuous Improvement Program?	
<b>Documentation:</b> Can you provide documentation to support you above responses.	
<b>Conflict Minerals:</b> 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>	
<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><b>Note:</b></p> <p>If a quality issue arises, supplier status may be downgraded to "conditional" and corrective actions may be requested. Suppliers who do not meet Lynch standards or who have unresolved quality issues may be "disapproved".</p>	
<b>Signature:</b>	<b>Date:</b>

1799 Argentia Road  
Mississauga, Ontario L5N 3A2  
T 1(905)363-2400  
F 1(905)363-1191

[www.lynch.ca](http://www.lynch.ca)  
[sales@lynch.ca](mailto:sales@lynch.ca)

3790 Commerce Court, Ste 500  
North Tonawanda NY, 14120  
T 1(888)626-4365  
F 1(800)263-5807