

## www.lynch.ca ISO 9001:2015 & AS9100D Certified

SUPPLIER EVALUATION

| Company Name:   |  |                                |              |            |  |
|---|--|--------------------------------|--------------|------------|--|
| Address:  |  |                                |              |            |  |
| City, State or Province,  |  |                                |              |            |  |
| Contact Name  |  |                                |              |            |  |
|   |  | <b>F</b> -1, <b>H</b>          |              |            |  |
| Phone #:  |  | Fax #:                         |              |            |  |
| Email Address:  |  |                                | Date:        |            |  |
|   | A. (   | QUALITY SYSTEM                 |              |            |  |
| 1. Management   |  |                                |              |            |  |
| (Note: Please select all tha  | at apply. For those that do not  | apply, please respor           | nd with N/A) |            |  |
| a) Name and title of ma<br>responsible for quality mat  | anagement representative<br>ters:  |                                |              |            |  |
| b) To whom, name and<br>responsible for quality mat   | title, does the representative<br>ters report?                                 |                                |              |            |  |
| a) Does the Company h   | ave a written Quality Manual?  | Yes                            |              |            |  |
| If yes, please send an unco   | If yes, please send an uncontrolled copy (electronic or hard copy).            |                                |              |            |  |
| a) List all formal Quality accredited to the Company  | <pre>v certifications that are v:</pre>  | ☐ ISO 14000<br>☐ ISO 9001:2015 | AS 9100D     |            |  |
| 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 w   | The supplier shall comply with Lynch's Quality Management System requirements. |                                |              |            |  |
| The supplier shall comply with requirements for the acceptance of product.  |  |                                |              |            |  |
| The supplier shall provide written notification to Lynch of Non-conforming product, before and after delivery   |  |                                |              | before and |  |
| The supplier shall provide corrective actions for non-conformances when requested.  |  |                                |              |            |  |
|   |  |                                |              |            |  |
|   | quality management system c<br>I specification, please send us o               |                                |              |            |  |

| 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?   | On-Site Audit  First Article Inspection  Quality System Rating  Other:        | Certification of Compliance Survey N/A            |  |
| b) How are raw materials inspected to verify that they conform to specification?   | On-Site Audit  Receiving Inspection/Test Review of Certification of Co Other: | Sampling<br>N/A<br>ompliance                      |  |
| c) How are items identified upon receipt and upon issue?   | Tagged<br>Inventory System  | Recall System                                     |  |
| 3. Manufacturing Control (Please select all that apply for   | or each item)   |   |  |
| a) How is production controlled and monitored for quality?   | 100% Inspection     Statistical Process Control     Other                     | Work Instruction                                  |  |
| b) What type of formal training or certification<br>requirements do process workers receive?   | On-The-Job (OJT) Classroom Other:   | Apprenticeship                                    |  |
| c) What types of workmanship standards are used to define product acceptability?   | Physical Examples Drawings N/A  | Written Examples  Industry Standards  Other:      |  |
| d) How is quality and process of work recorded through the operation?  | Lot Cards<br>Traveler<br>Other:   | Bar Coding  |  |
| e) How is Preventive / Corrective Action taken to<br>prevent the occurrence or recurrence of defective<br>material?  | Material Review Board<br>Root Cause Analysis<br>Other:                        | Design of Experiments                             |  |
| f) How is material identified (tagged, marked, etc.) to maintain traceability?   | Lot Cards<br>Traveler<br>Other:   | Inventory System Certification of Conformance N/A |  |
| 4. Control of Non-conforming Material  |   |   |  |
| a) How is control of non-conforming material handled?  | Please select all that apply Tagged Identified Other:                         | Segregated  |  |
| 5. Inspection Procedure  |   |   |  |
| <ul> <li>a) Are all inspection and measuring devices (including<br/>balances used in manufacturing and packing)<br/>systematically calibrated and records maintained?</li> </ul> | Yes No  | □ N/A   |  |

|  | Please select all that apply |                            |  |  |
|--|------------------------------|----------------------------|--|--|
| b) The Company provides (if required on products but                                   | Certificate of Compliance    | Certificate of Conformance |  |  |
| not on test equipment)   | Other:                       | N/A                        |  |  |
|  |                              |                            |  |  |
| 6. Quality Assurance   |                              |                            |  |  |
| a) Does Quality Control review and approve   | Comments:                    |                            |  |  |
| acceptance and test procedures for adequacy to assure contractual compliance?          | Yes                          |                            |  |  |
|  |                              |                            |  |  |
|  | B. CAPABILITY                |                            |  |  |
| 1. Business  |                              |                            |  |  |
|  |                              | Components/Equipment       |  |  |
| Type of goods/services provided:   | Fabrication Other:           | Erection                   |  |  |
|  |                              |                            |  |  |
| Number of years in business:   |                              |                            |  |  |
|  | Manufacturer                 | Distributor                |  |  |
| Type of business:  | Other:                       |                            |  |  |
| If you are a distributor, attach a line card which lists your                          |                              | Not a distributor          |  |  |
| product offering.  | L Attached                   |                            |  |  |
|  | Mining                       | Material Handling          |  |  |
| Indicate industries served:  | Marine                       | Aerospace                  |  |  |
|  | Oil/Gas                      | 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?                          | Yes No                       |                            |  |  |
| Do you have a current general liability or public liability insurance policy?          | Yes No                       |                            |  |  |
| If yes, what are the limits?   |                              |                            |  |  |
| Do you have a current professional liability or errors & omissions insurance policy?   | Yes No                       |                            |  |  |
| If yes, what are the limits?   |                              |                            |  |  |
| Do you have a current property damage insurance policy?                                | Yes 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:   | Fu        | ıll Time:     | _ Part Time : Temp. :   |
| Quality assurance, number of personnel:   |           |               |                         |
| Are your workers unionized?   | Yes, Cont | ract Date is: | No                      |
| Number of licensed/professional engineers:  |           |               |                         |
| Do you plan to subcontract out any of the work?   | Yes       | 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<br>manufacturing software you have, including program<br>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 |
| Gun Drilling  |           |               |                         |
| Vertical machining  |           |               |                         |
| Horizontal machining  |           |               |                         |
| Turning   |           |               |                         |
| Other   |           |               |                         |

| 7. Hydraulic  |        |  |
|---|--------|--|
| Do you have the capabilities to design or build hydraulic power units (HPU)?                                | Yes No |  |
| Do you have the capabilities to design or build hydraulic manifolds?  | Yes 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?   | Yes 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<br>impact and continually strive to lessen it? Are these<br>initiatives documented?   |   |       |  |
| Health and Safety: 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  |   |       |  |
|  | rs: Do you ensure that your suppliers follow ipals to the above?  |       |  |
| <b>Continues In</b><br>Improvemer  | nprovement: Do you have a Continuous<br>It Program?   |       |  |
| <b>Documentation:</b> Can you provide documentation to support you above responses.  |   |       |  |
| <b>Conflict Minerals:</b> Do you have a policy regarding<br>Conflict Minerals? *   |   |       |  |
| * On August 22, 2013 the Securities and Exchange Commission issued a "Conflict Minerals" rule as directed by Section 1520 of the<br>Dodd-Frank Wall Street Reform and Consumer Protection Act. Conflict Minerals are minerals, mainly tin, gold, tantalum and<br>tungsten that directly or indirectly finance or benefit armed groups in the Democratic Republic of the Congo or in adjoining<br>countries. Lynch is dedicated to sourcing components and materials from companies who share our concern regarding this issue.<br>We are working toward being part of a Conflict Mineral free supply chain and encourage our suppliers to do the same. |   |       |  |
| Note:  | 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". |       |  |
| 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 "disapprove  |   |       |  |
| Signature:   |   | Date: |  |

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

www.lynch.ca sales@lynch.ca 3790 Commerce Court, Ste 500 North Tonawanda NY, 14120 T 1(888)626-4365 F 1(800)263-5807