

Supplier Risk Mitigation Questionnaire - External

For Teledyne Use Only: SUPPLIER CODE NUMBER: _____

Company Name: _____

Address: Street: _____

City: _____

State: _____

Zip Code: _____

Instructions: Please complete the following questions and return this form to your Teledyne Purchasing Representative.
 Note: This form may be completed using MS Word, saved and returned via email.

1. GENERAL INFORMATION:

- 1.1. Corporation
- 1.2. Partnership
- 1.3. Sole proprietorship
- 1.4. Is business: privately owned wholly owned, or subsidiary
 Minority small business disadvantaged

If subsidiary, who is principal owner? _____

HUMAN RESOURCES

2. Labor Infrastructure

Does your company direct labor operate under; union and/or non-union agreement? (Please check all, if apply.)
 Union
 Non-union agreement

3. Technical expertise

Does your company have technical expertise (Exempt and Non-Exempt) with sufficient years of experience to manufacture product consistently? _____ Yes No

If yes, please indicate the type of core technical expertise and average number of years of experience?

| No. | Type of Core Technical Expertise | Average No. of Years Experience |
|-----|----------------------------------|---------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

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4. Labor Capacity:

- 4.1. Does your company have a labor pool sufficient to support the contract quantity and schedule requirements?
Yes No

If Yes, what is the percentage of current excess capacity? _____

- 4.2. Are there reliable backups for key personnel in the following disciplines:

| | | | | | |
|-----------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| (a) Production | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (d) Program Management | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Engineering | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (e) Quality | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Procurement | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (f) Delivery & Status Updates of Orders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. Nationality / Citizenship

- 5.1. Does your company employ non-U.S. citizens or employees with dual citizenship? _____ Yes No
Does your company employ any "Restricted Nationals" (e.g., foreign nationals from Belarus, Burma, China (PRC), Cote d'Ivoire, Cuba, Democratic Republic of Congo, Eritrea, Iran, Iraq, Lebanon, Liberia, North Korea, Sudan, Syria or Venezuela)? _____ Yes No

If Yes, please indicate: _____

6. FINANCIAL

- 6.1. Does your company have sufficient capital assets to support contract requirements? _____ Yes No
6.2. Does your company have a track record of meeting schedules and financial commitments? _____ Yes No

7. INTERNATIONAL IMPORT/EXPORT

- 7.1. Are there local and country regulations that could compromise deliveries? _____ Yes No
If Yes, please indicate: _____
- 7.2. Does your company have the ability to communicate fluently with English speaking company? _____ Yes No
If No, please indicate language of choice? _____
- 7.3. Does your company have a history of import or export compliance issues? _____ Yes No N/A
If Yes, please describe measures taken: _____
- 7.4. Are your company and/or any of your key suppliers located in a country with an unstable government which could jeopardize delivery or become hostile to the United States? _____ Yes No
If Yes, please provide contingency plan: _____

8. INFORMATION TECHNOLOGY (IT)

- 8.1. Does your company possess the fundamental IT infrastructure, personnel, and mechanisms to operate the business?
Yes No
If Yes, please indicate what your company use to manage the following areas:
Financial: _____
Operations: _____
Material inventory controls: _____
- 8.2. Does your company have established controls and processes to demonstrate controlled measures to restrict access to ensure that unauthorized re-transfers of controlled technical data do not occur? _____ Yes No

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9. NATURAL DISASTERS

- 9.1. Is your company located in an area that is prone to natural disasters, e.g., floods, fires, earthquakes, storms, and other acts of God? _____ Yes No
If Yes, do you have a disaster recovery plan in place? _____ Yes No
- 9.2. Does the supplier have multiple sites (i.e. more than one) capable of fulfilling its contractual obligations?
Yes No

10. GEOGRAPHIC

- 10.1. Will the distance and timeliness of deliveries by your company impact the Teledyne Company's ability to perform [are transportation lead time taken into account and do you use a reliable freight carrier]? _____ Yes No
- 10.2. Will the distance and timeliness of deliveries by your company impact the amount of inventory (safety stock) your company and/or Teledyne Company will need to carry? _____ Yes No

11. TRANSPORTATION

- 11.1. Are there any government requirement and special freight-forwarder logistics which may prevent importing/exporting of materials? _____ Yes No N/A
If Yes, please describe: _____
- 11.2. How is security maintained to protect against the introduction of unauthorized material while the container is in transit?
Please describe: _____
N/A

12. MATERIEL

- 12.1. Does your company have a robust supply chain scheme to access material in order to overcome market shortages?
Yes No
- 12.2. Does your company have business continuity programs that assure continuation of supply? _____ Yes No
If Yes, please describe type of programs in place: _____
- 12.3. Has your company considered issues related to the threat of obsolescence, end-of-life and last time buy?
Yes No N/A
- 12.4. Does your company have an End-of-Life Process and associated Parts Obsolescence Management Plan (POMP)?
Yes No N/A

13. INSURANCE

- 13.1. Does your company have adequate workman's compensation insurance and umbrella insurance in case your employee suffers an injury at Teledyne Company's property? _____ Yes No
- 13.2. Does your company have adequate insurance? _____ Yes No

14. WARRANTY

- 14.1. Does your company offer an adequate warranty length of materials and services? _____ Yes No
Please indicate warranty period: _____
- 14.2. Is extended warranty offered as an option? _____ Yes No

15. SUPPLIER CONTRACTUAL AGREEMENTS/RISK

- 15.1. Does your company plan to change the manufacturing location or subcontracting of processes required to manufacture the Product? _____ Yes No

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16. SUBCONTRACTORS/OUTSOURCING

16.1. Does your company plan to subcontract out all portion of the work? _____ Yes No

16.2. Does your company plan to subcontract any portion of the work? _____ Yes No

If Yes, please indicate which portion? _____

16.3. Does your company have procedures in place that will provide, if requested, advance notification to Teledyne for any of the following: significant changes in outsourcing, significant changes in component specifications, significant changes in component qualification testing? _____ Yes No

16.4. Does your company have procedure in place to manage the product quality; security and import/export regulatory aspects of outsourced components? _____ Yes No

16.5. Does your company have adequate subcontract management capability in place to ensure timely and satisfactory subcontractor performance? _____ Yes No

16.6. Does your company have procedure in place to address supply chain security of proprietary data? __ Yes No

16.7. Does your company obtain written confirmation from lower-tier suppliers to address "Restricted National" employees and any additional outsourcing of work? _____ Yes No

17. PHYSICAL ACCESS CONTROLS

17.1. Is your company a member of C-TPAT? _____ Yes No

If not, does your company require access controls that prevent the unauthorized entry to facilities, maintain control of employees and visitors, and protect company assets? _____ Yes No

17.2. Does your company have access controls that regulate the movement of people and products to meet the operational needs of a facility? _____ Yes No

Name of the Company Manager responsible for completing this questionnaire:

Signature: _____

Name: _____

Position: _____

Telephone No: _____

Date: _____

Please mail, FAX, or email this questionnaire to your Teledyne Controls Purchasing Representative:

Teledyne Controls
501 Continental Boulevard
El Segundo, California 90245-5036
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Fax: (310)765-3608