

## 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. 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:

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

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		

### 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 Order	Yes <input type="checkbox"/> No <input type="checkbox"/>

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## 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 yes, please indicate: \_\_\_\_\_  
7.3 Does your company have a history of import or export compliance issues? Yes  No   
If yes, please indicate: \_\_\_\_\_  
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 indicate: \_\_\_\_\_

## 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   
8.3 Does your company have an established information technology (IT) disaster recovery plan for disrupted systems includes hardware, software, networks? Yes  No   
If yes, please provide contingency plan: \_\_\_\_\_

## 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 indicate: \_\_\_\_\_

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- 11.2 How is security maintained to protect against the introduction of unauthorized material while the container is in transit? Yes  No   
If yes, please indicate: \_\_\_\_\_ N/A

### 12. SUPPLY CHAIN:

- 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
- 12.5 Are there any Sole Source in your Supply Chain as related to our products? Yes  No  N/A
- 12.6 Payment Term of Net 60 Days Yes  No
- 12.7 Does your company offer:
- |                      |  |                           |  |
|----------------------|--|---------------------------|--|
| Value Added Program? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Volume Pricing Agreement? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Virtual Bonding?     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Long Team Agreement?      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- Any Other Inventory Program(s) available: \_\_\_\_\_

### 13. INSURANCE:

- 13.1 Does your company have adequate worker'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

### 16. SUBCONTRACTORS / OUTSOURCING:

- 16.1 Does your company plan to subcontract out all portion of the work? Yes  No   
If yes, please indicate which portion? \_\_\_\_\_
- 16.2 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
- 16.3 Does your company have procedure in place to manage the product quality; security and import/export regulatory aspects of outsourced components? Yes  No
- 16.4 Does your company have adequate subcontract management capability in place to ensure timely and satisfactory subcontractor performance? Yes  No
- 16.5 Does your company have procedure in place to address supply chain security of proprietary data? Yes  No
- 16.6 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

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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**  
A Teledyne Technologies Company

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