

# MTD PRODUCTS, INC. Supplier Self-Assessment Form

**All FIELDS ARE REQUIRED. Critical items numbers are marked in RED.**

## Supplier Corporate Information

**1** Date of Assessment: \_\_\_\_\_

**2** Supplier Full Legal Name: \_\_\_\_\_ Website: \_\_\_\_\_  
 Headquarter Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Remit to Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**3** City & State of any other production facilities: \_\_\_\_\_

**4** Supplier's Dun & Bradstreet (D&B) Number(s): \_\_\_\_\_

**5** Date Company Established: \_\_\_\_\_

**6** Ownership: Public or Private: \_\_\_\_\_ Are there any subsidiaries or other corporate ownership? \_\_\_\_\_ If yes, please list below:  
 Subsidiaries: \_\_\_\_\_  
 Corporate Ownership: \_\_\_\_\_

**7** Primary Shareholders: #1 \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
 #2 \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
 #3 \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

**8** Does the Supplier qualify as a Women-Owned, Minority-Owned or USA Military Veteran Owned business? \_\_\_\_\_  
 Certification Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Certification Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Certification Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**9** Does the Supplier have any joint ventures, cooperation's, strategic alliances, etc. with any other companies? \_\_\_\_\_ If yes, please describe below:  
 \_\_\_\_\_

**10** Primary Commodity: \_\_\_\_\_ Secondary Commodity, if any: \_\_\_\_\_

**11** Major products offered: \_\_\_\_\_

**12** Major Industries served (percentage of total business):

	<u>Industry</u>	<u>Percentage</u>
Automotive: _____	Heavy Equipment: _____	Other (list): _____
Lawn/Garden: _____	Appliances: _____	_____

**13** Sales by world region: (percentage of total business)

United States: _____	Canada: _____	Mexico: _____	Europe: _____
South America: _____	Asia : _____	Africa: _____	Other: _____

**14** List the top three (3) Customers in spend: \_\_\_\_\_ percent of total sales: \_\_\_\_\_  
 \_\_\_\_\_ percent of total sales: \_\_\_\_\_  
 \_\_\_\_\_ percent of total sales: \_\_\_\_\_

**15** Financial Information (please place an "X" in the appropriate field):

		Last year	2 yrs. ago	3 yrs. ago
Annual Sales (USD) (turnover)	</= 15 M			
	16 to 50 M			
	51 to 100 M			
	101 to 500 M			
	> 501 M			
Operating Income % of Sales (EBIT)	</= 2 %			
	3 - 5 %			
	6 -10 %			
	> 10 %			
Debt to Capital	</= 40 %			
	41 - 50 %			
	51 - 60 %			
	61 - 70 %			

**MTD PRODUCTS, INC.**  
**Supplier Self-Assessment Form**

**All FIELDS ARE REQUIRED. Critical items numbers are marked in RED.**

71 - 80 %

> 81 %




# MTD PRODUCTS, INC. Supplier Self-Assessment Form

**All FIELDS ARE REQUIRED. Critical items numbers are marked in RED.**

## Supplier Corporate Information (cont.)

- 16** As a potential addition to the MTD Supply Base, the Supplier may be required to provide financial statements or other supporting documents, including Annual Reports, Income Statement, Balance Sheet and/or Statement of Cash Flow. These documents may be necessary to verify the financial healthy of a Potential Supplier. This will involve a one on one conversation with the Vice President of the MTD Finance/Treasury Department. This information will be kept confidential and will NOT be shared with any other MTD Department, including Global Supply Management.  
**Is the Supplier willing and able to provide this information?** \_\_\_\_\_ **If not, please provide a reason:** \_\_\_\_\_
- 17** Has the Supplier filed any form of bankruptcy over the last 3 years? \_\_\_\_\_
- 18** Are payment terms negotiable? \_\_\_\_\_ MTD expects payment terms to start at Net 120.
- 19** Will the Supplier share its product cost structure with customers? \_\_\_\_\_
- 20** Number of Employees:      Less than 20                      20 to 100                      101 to 500                      Greater than 500
- 21** What is the average turn over rate (in years) for all employees? \_\_\_\_\_ Years
- 22** Does the Supplier have a formal training program for office personnel? \_\_\_\_\_
- 23** Does the Supplier have a formal training program for manufacturing floor personnel? \_\_\_\_\_
- 24** What languages are spoken in the Supplier's facilities? \_\_\_\_\_
- 25** Does the Supplier have a Union Workforce? \_\_\_\_\_  
 If so, what is the full name of the Union? \_\_\_\_\_ What date does the contract expire? \_\_\_\_\_  
 If not, have there been any union organization attempts within the last five (5) years? \_\_\_\_\_
- 26** Does the supplier have all environmental permits required to produce and/or warehouse the products and/or materials it supplies? \_\_\_\_\_
- 27** Can the Supplier produce copies of certification and permits upon request? \_\_\_\_\_
- 28** Does the Supplier have insurance covering substantial & consequential damages? \_\_\_\_\_  
**MTD requires each of its Suppliers to carry a minimum of General Liability, Product Liability, Auto Liability and Workers Compensation insurance. Required levels of each type of insurance will depend on the products and/or services the Supplier provides to MTD Products, Inc.**
- 29** Does the Supplier anticipate any changes in the company over the next 3 years (i.e. Ownership, Investments, Capacity, Machinery, Expansions, etc.)?

## Engineering Information

- 30** Does the Supplier have an internal Engineering staff available to work with customers on Product Development projects, if needed? \_\_\_\_\_  
 If so, how many? \_\_\_\_\_
- 31** Is the Supplier's Engineering staff available to travel to all MTD facilities to support Early Supplier Involvement? \_\_\_\_\_
- 32** Does the Supplier have a Design Department available for collaboration? \_\_\_\_\_ If so, how many? \_\_\_\_\_
- 33** Does the Supplier have test reports/documentation to support MTD requests for packaging and product material content statements and certifications that may be required under the Lacey Act, Toxics in Packaging Act, REACH, RoHS, Prop65 and/or similar material content regulations? \_\_\_\_\_
- 34** Does the Supplier's Engineering staff utilize CAD/CAM? \_\_\_\_\_ If so, what system(s) are used? \_\_\_\_\_
- 35** Does the Supplier have an internal test lab? \_\_\_\_\_
- 36** Does the Supplier's quote process include a thorough analysis of the Customer's drawing for manufacturing feasibility? \_\_\_\_\_
- 37** Does the Supplier have a documented process for conducting product safety reviews? \_\_\_\_\_

## Manufacturing Information

38	Facility Location(s)	What is the Square Footage of each facility?			What percentage of these facilities are utilized?			Manpower
	City, State, Country	Manufacturing	Raw Material Storage Wrhs	Finished Goods Warehouse	Manufacturing	Raw Material Storage Wrhs	Finished Goods Warehouse	No. of Employees

**MTD PRODUCTS, INC.  
Supplier Self-Assessment Form**

**All FIELDS ARE REQUIRED. Critical items numbers are marked in RED.**

--	--	--	--	--	--	--	--	--	--

**MTD PRODUCTS, INC.  
Supplier Self-Assessment Form**

**All FIELDS ARE REQUIRED. Critical items numbers are marked in RED.**

**Manufacturing Information (cont.)**

- 39** Provide average working schedule:  
 Number of hours / shift: \_\_\_\_\_ Number of shifts running / day: \_\_\_\_\_ Average days run / week: \_\_\_\_\_  
 If running less than 7 days per week and/or less than 24 hours per day, how quickly can supplier ramp up to run additional shifts?  
 \_\_\_\_\_
- 40** Tooling ownership policy: Supplier owned? \_\_\_\_\_ Customer owned? \_\_\_\_\_ Both? \_\_\_\_\_
- 41** Does Supplier have a formal preventative maintenance program for supplier owned equipment? \_\_\_\_\_
- 42** Does Supplier have a formal preventative maintenance program for customer owned tooling/equipment? \_\_\_\_\_
- 43** Does the Supplier have an internal tool and die shop capable of maintaining and repairing tools and/or molds? \_\_\_\_\_
- 44** Does the Supplier have an internal tool and die shop capable building tools and/or molds? \_\_\_\_\_
- 45** Provide a listing of all major equipment indicating size, age, and percentage of capacity utilization.  
*(Complete tab titled "PF-3-932-002 - Equip List" in this workbook or provide an attachment with similar information)*
- 46** Provide a percent capacity utilized for the Supplier's facility by month:  
 January \_\_\_\_\_ February \_\_\_\_\_ March \_\_\_\_\_ April \_\_\_\_\_  
 May \_\_\_\_\_ June \_\_\_\_\_ July \_\_\_\_\_ August \_\_\_\_\_  
 September \_\_\_\_\_ October \_\_\_\_\_ November \_\_\_\_\_ December \_\_\_\_\_
- 47** Additional comment regarding any peak season capacity constraints:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 48** What percent does the Supplier schedule the capacity to in their manufacturing facility? \_\_\_\_\_

**Supply Management Information**

- 49** Does the Supplier's supplier selection program include any of the following?  
 Quality Audit: \_\_\_\_\_ Financial Assessment: \_\_\_\_\_ On-site Visit: \_\_\_\_\_
- 50** What are the Supplier's raw material/component purchases by region?  
 United States: \_\_\_\_\_ Canada: \_\_\_\_\_ Mexico: \_\_\_\_\_ Europe: \_\_\_\_\_  
 South America: \_\_\_\_\_ Asia: \_\_\_\_\_ Africa: \_\_\_\_\_ Other: \_\_\_\_\_
- 51** Does the Supplier measure the following performance metrics of their suppliers?  
 Quality: \_\_\_\_\_ Delivery: \_\_\_\_\_
- 52** Does the Supplier provide its supply base with ongoing feedback on supplier performance?  
 If so, is this a formal or informal feedback program? \_\_\_\_\_
- 53** Does the Supplier measure its own inventory item accuracy for quantity?  
 If so, what is the Frequency of measurement? \_\_\_\_\_ What is the percentage of accuracy? \_\_\_\_\_
- 54** Does the Supplier have a formal measurement of customer on-time delivery?  
 If so, what is the percentage of 12 month rolling average of on-time delivery? \_\_\_\_\_
- 55** Does the Supplier support daily deliveries, if required, to its customers? \_\_\_\_\_
- 56** Does the Supplier provide a finished goods inventory stocking program to cover demand fluctuations? \_\_\_\_\_
- 57** Does the Supplier support customer specified bar-coding and labeling requests? \_\_\_\_\_
- 58** Is the Supplier willing to participate in a Returnable Container program? \_\_\_\_\_
- 59** Does the Supplier provide any type of returnable containers for any shipments? \_\_\_\_\_
- 60** Does the Supplier utilize the Internet? \_\_\_\_\_
- 61** Does the Supplier utilize Outlook email and/or another email software package?  
 If not, what type of email server environment is the Supplier using? (Gmail, Yahoo, AOL, etc.) \_\_\_\_\_
- 62** Does the Supplier utilize Adobe Acrobat Reader? \_\_\_\_\_
- 63** Can the Supplier access and use You Tube? \_\_\_\_\_

**MTD PRODUCTS, INC.  
Supplier Self-Assessment Form**

**All FIELDS ARE REQUIRED. Critical items numbers are marked in RED.**

**Supply Management Information (cont.)**

**64** Does the Supplier support sustainability efforts? \_\_\_\_\_  
Provide specific examples of sustainability efforts the Supplier is performing for themselves and their current customers

**65** Does the Supplier currently use an internet supported Supplier Portal for any of its customers? \_\_\_\_\_

**66** Is the Supplier in compliance with the California Transparency Act? \_\_\_\_\_

**67** Is the Supplier C-TPAT Certified? \_\_\_\_\_

If not, is the Supplier working toward this Certification? \_\_\_\_\_

(Please note, that C-TPAT Certification is a requirement for all suppliers expecting to do business with MTD's Handheld Division.)

**The question(s) below are for EUROPE ONLY Suppliers:**

**68** Is the Supplier an Authorized Economic Operator (AEO)? \_\_\_\_\_

If not, is the Supplier working toward this certification? \_\_\_\_\_

**Quality Information**

**69** Does the Supplier have a third-party certification to ISO9001 or other industry specific requirement(s)? \_\_\_\_\_

Certification Name: _____	Expiration Date: _____
Certification Name: _____	Expiration Date: _____
Certification Name: _____	Expiration Date: _____
Certification Name: _____	Expiration Date: _____

**70** Does the Supplier have a manual that defines how the Supplier's quality system is structured? \_\_\_\_\_

**71** Does the Supplier regularly perform either or both of the following processes for production part approval?  
AIAG format PPAP: \_\_\_\_\_ Initial Sample Submission: \_\_\_\_\_

**72** Does the Supplier have a defined problem-solving process for resolution of internal and/or customer related problems/issues? \_\_\_\_\_

**73** Are key indicators established to monitor continuous improvement within the Supplier's facilities? \_\_\_\_\_

**74** Does the Supplier use statistical methods to optimize product/process management? \_\_\_\_\_

**75** Are the Supplier's quality costs tracked and goals established? \_\_\_\_\_

**76** Are regular audits conducted to verify adherence to internal quality procedures? \_\_\_\_\_

**77** What is the name and title of the Supplier's Regulatory Compliance Officer, or equivalent position, with the authority to provide certifications of compliance with laws, regulations and/or industry standards?

Name: _____	Title: _____
Office Phone: _____	Cell Phone: _____
_____	Email Address: _____

**Supplier Comments**

**78** Please place any comments regarding additional capabilities and/or items that may be of specific interest to MTD that are not covered by this Self-Assessment:

**Signatures**

**This Supplier Self Assessment was prepared by:**

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

Title: \_\_\_\_\_

**MTD PRODUCTS, INC.  
Supplier Self-Assessment Form**

**All FIELDS ARE REQUIRED. Critical items numbers are marked in RED.**

Office Phone:

Cell Phone:

Email Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_