

MTD PRODUCTS INC

Supplier Self Assessment Form

All questions must be completed

Corporate

1. Supplier Name _____	Date _____
Address _____	Phone _____
_____	Fax _____
_____	Web site _____

2. Date established _____

3. Ownership Private _____ Public _____

4. Primary Shareholders	#1 _____	%	_____
	#2 _____	%	_____
	#3 _____	%	_____

5. Joint Venture, Cooperation's, Strategic alliances? Yes _____ No _____
Describe: _____

6. Major Products offered: _____

7. Major Industries served (% of total business):

Automotive _____ %	Heavy Equipment _____ %
Lawn/Garden _____ %	Other (list) _____ %

8. Sales by region (% of total business):

US _____ %	Europe _____ %
Canada _____ %	Asia _____ %
South Amer _____ %	Other _____ %

9. Major customers:

#1 _____	_____	% of total sales _____
#2 _____	_____	% of total sales _____
#3 _____	_____	% of total sales _____

10. Financial Range:	Last year	2 yrs. ago	3 yrs. ago
Annual Sales (US\$) turnover			
< 15 M			
15 to 50 M			
51 to 100 M			
> 100 M			
Operating Income % of Sales (EBIT)			
< 2 %			
3 - 5 %			
6 - 10 %			
> 10 %			
Debt to Capital			
< 40 %			
41 - 50 %			
51 - 60 %			
61 - 70 %			
71 - 80 %			
> 81 %			

10. As a potential new supplier to MTD, you may be required to provide financial statements or other supporting documents (this may include an Annual Report, Income Statement, Balance Sheet and Statement of Cash Flow) necessary to verify the financial health of your business.
Are you willing and able to provide this detail? Yes _____ No _____

11. Has your company filed any form of bankruptcy over the last 3 years? Yes _____ No _____

12. Are your payment terms negotiable? Yes _____ No _____ Std Terms _____
(MTD expects Net 60)

13. Will you share your product cost structure with your customers? Yes _____ No _____

14. # Employees	< 20 _____	20 to 100 _____	101 to 500 _____	> 500 _____	Does your company have a formal training program for employees? Yes _____ No _____
					What's the average turnover rate for all employees? Years: _____

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15. Which languages are spoken in your company? _____
16. Union Workforce? Yes _____ No _____ Contract Expires: _____
If no, any union organization attempts in the last five years? Yes _____ No _____
17. Do you have all environmental permits required to produce and/or warehouse the products or materials you supply? Yes _____ No _____
18. Can you produce copies of certification and permits upon request? Yes _____ No _____
19. Do you have insurance covering substantial & consequential damages? Yes _____ No _____
20. Anticipated changes in your company for the next 3 years (i.e.. Ownership, investments, capacity etc.)

Engineering

21. Do you have an internal Engineering staff available to work with customers on Product Development projects if needed? Yes _____ No _____ If so, how many? _____
22. Is your Engineering staff available to travel to MTD facilities to support Early Supplier Involvement? Yes _____ No _____
23. Do you have a Design Department available for collaboration? Yes _____ No _____
24. Do you have test documents to support our requests for packaging and product material content statements and certifications that may be required under the Lacey Act, Toxics in Packaging Act, RoHS, REACH, and similar material content regulations? Yes _____ No _____
25. Do you utilize CAD/CAM? Yes _____ No _____
If so, what system(s)? _____
26. Do you have an internal test lab? Yes _____ No _____
27. Does your quote process include a thorough analysis of the customer's drawing for manufacturing feasibility? Yes _____ No _____
28. Do you have a documented process for conducting product safety reviews? Yes _____ No _____

Manufacturing

29	Facilities Location(s) City, State, Country	Square Feet			% Facility Utilization			# of Employees
		Mfg.	Mat'l WHS	Finished WHS	Mfg.	Mat'l WHS	Finished WHS	

30. Number of shifts/hours run per day _____
31. Average days run per week _____
32. Do you have a formal preventative maintenance program? Yes _____ No _____
33. Tooling ownership policy: Supplier owned _____ Customer owned _____ Both _____
34. Do you have an internal tool & die shop? Yes _____ No _____
35. Do you have a preventative maintenance program in place for your tools & Dies? Yes _____ No _____

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36 Provide a listing of all major equipment indicating size, age, and % capacity utilization.
(Complete page 4 of this document or provide an attachment with similar information)

37 Please indicate any peak season capacity constraints by month _____

Supply Management

38 Does your supplier selection program include:
 a quality audit? Yes _____ No _____
 a financial assessment? Yes _____ No _____
 an on-site visit? Yes _____ No _____

39 Purchases by region? US % _____ Europe % _____
 Canada % _____ Asia % _____
 South Amer % _____ Other % _____

40 Do you measure your suppliers' performance:
 in Quality? Yes _____ No _____
 in Delivery? Yes _____ No _____

41 Do you provide suppliers with ongoing feedback on performance?
 Formal program? _____ Informal Program? _____
 Yes _____ No _____

42 Do you measure your inventory item (quantity) accuracy?
 If yes, Frequency _____ Accuracy % _____
 Yes _____ No _____

43 Do you support daily deliveries if required by your customer? Yes _____ No _____

44 Do you provide a finished goods inventory stocking program to cover demand fluctuations? Yes _____ No _____

45 Do you currently support customer specified bar-coding ? Yes _____ No _____

46 Will you participate in a Returnable Container program? Yes _____ No _____

47 Do you supply returnable containers for any shipments? Yes _____ No _____

48 Do you have a formal measure of customer on-time delivery?
 If Yes, what is your 12 month rolling average? _____ (% on time)

49 Do you utilize the Internet & Microsoft Office Products Yes _____ No _____

50 Do you utilize Email? Yes _____ No _____

51 Do you utilize Adobe Reader? Yes _____ No _____

52 Can you access and use YouTube? Yes _____ No _____

53 Do you support sustainability efforts? Yes _____ No _____

54 Do you currently use a supplier portal for any other customers? Yes _____ No _____

55 Europe Only - Are you currently an Authorized Economic Operator (AEO)? Yes _____ No _____

56 Europe Only - If not currently an AEO, do you plan on becoming one? Yes _____ No _____

57 Are you in Compliance with the California Transparency Act Yes _____ No _____

58 Southwest Only - Is your company C-TPAT certified? Yes _____ No _____

Quality

59 Is your organization third-party certified to ISO9001 or other industry specific requirements?
 Certified to: _____ Yes _____ No _____ Expiration Date _____

60 Do you have a manual that defines how your quality system is structured? Yes _____ No _____

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61	Do you regularly perform either or both of the following processes for production part approval:			
	AIAG format PPAP	Yes	_____	No _____
	Initial Sample Submission	Yes	_____	No _____
62	Do you have a defined problem-solving process for resolution of internal or customer related problems?	Yes	_____	No _____
63	Are key indicators established to monitor continuous improvement?	Yes	_____	No _____
64	Do you use statistical methods to optimize product/process mgmt.?	Yes	_____	No _____
65	Are your quality costs tracked and goals established?	Yes	_____	No _____
66	Are regular audits conducted to verify adherence to quality procedures?	Yes	_____	No _____
67	The name and title of your current Regulatory Compliance Officer, or equivalent position, with the authority to provide certifications of compliance with laws, regulations and industry standards:		_____	

Prepared by:	Title:
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Supplier Equipment List			
	Equipment Description / Size	Age	% capacity utilization
1			
2			
3			
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