

Service Provider Qualification Survey

Dear Service Provider:

As part of Tulmar's Quality Management System and our commitment to maintaining the highest standards across our external service network, we are conducting a Service Provider Qualification Survey to evaluate the capability, reliability, and compliance of organizations providing services to Tulmar.

The purpose of this survey is to obtain detailed information regarding your organization, service offerings, operational controls, and applicable management systems. This information supports alignment with our business objectives, ensures compliance with regulatory and customer requirements, and promotes continuous improvement of the services supporting our products and operations.

Failure to complete and return this survey may prevent your organization from being approved as a qualified service provider and may limit Tulmar's ability to procure services from your company.

Service providers are subject to re-evaluation in the event of significant changes, including but not limited to changes in key personnel, business address, certifications or approvals, capabilities, or scope of services. Periodic re-evaluation may also be performed in accordance with Tulmar's supplier monitoring requirements.

Should you have any questions, please contact the Supply Chain Manager, MRO Manager, or Compliance Manager at your convenience.

Sincerely,

Tulmar Safety Systems Inc.

T (613) 632-1282

A SERVICE PROVIDER GENERAL INFORMATION

Company Name				
Address				
City		Prov/State		Postal/Zip Code
Country		Phone No.		
Website				
Payment Remittance (Billing) Address <i>if different from above</i>				
Address				
City		Prov/State		Postal/Zip Code
Year Founded		No. of Employees		Total Area (FT ²)

Contact Information

Title	Name	Phone No.	Email
President/Owner			
Sales Contact			
Customer Service			
Other:			

B LICENSING / CERTIFICATIONS

Does your company hold any trade licenses, certifications, or professional designations required to legally or competently perform the services you offer (e.g., electrician license, P.Eng., Red Seal, safety certifications)? If yes, please list them below and attach copies with your response.

License / Certification Description	License/Certificate No.	Date of Issue	Date of Expiry

C INSURANCE

Attach a copy of your certificate(s) where applicable.

		Yes	No	Comments
1	Does your company carry Liability Insurance?			
2	Does your company carry Errors & Omissions / Professional Liability (<i>if applicable</i>)?			
3	Does your company carry WSIB (or equivalent workers' compensation coverage)?			

D SAFETY AND SECURITY

		Yes	No	Comments
1	Does your company have a formal Health & Safety policy?			
2	Are your employees trained in safety procedures relevant to the services performed?			
3	Have you reviewed Tulmar's Safety and Security Briefing document?			
4	Do you agree that your organization will comply with Tulmar's Safety and Security rules when working on site?			

E EMPLOYEE COMPETENCY AND CONDUCT

		Yes	No	Comments
1	Does your company ensure personnel are qualified and competent to perform the services provided (ex: training, certifications, etc.)?			
2	Are subcontractors used? If yes, how do you evaluate and approve them?			
3	Are employees required to sign confidentiality or NDA agreements?			

F QUALITY AND PERFORMANCE

		Yes	No	Comments
1	Do you have a process for verifying service quality before delivery?			
2	Do you have a process for addressing customer complaints or service issues?			
3	Do you have a process for tracking and resolving nonconformances?			
4	Have there been any legal or regulatory actions against your company in the past 5 years? If yes, please explain.			

Notes / Comments:

G SERVICE PROVIDER ATTESTATION

I hereby certify that the information contained in this questionnaire is true and correct at the time of completion, and that I am authorized to sign this certification. I also agree to notify Tulmar of any major changes to my company's key personnel, business address, and company approvals/certificates/capability list when they occur.

Name:	Date:	Signature:
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TULMAR INTERNAL USE

H TULMAR SUPPLY CHAIN

Service provider type			Vendor Code		
Scope of work					
Are there other service providers capable of performing this work?	Yes	No	Is this service provider mandated by customer?	Yes	No
Reason for selecting this service provider	Quality	Price	Lead Time	Mandated by Customer	
	Other:				
Risk Assessment	Low		Moderate	High	
Notes / Comments:					
REVIEWED BY					
Name:	Date:		Signature:		

I TULMAR QUALITY ASSURANCE

Service Provider SPQS Response	Accepted	Notes:			
	Rejected	Reason:			
Notes / Comments:					
REVIEWED BY					
Name:	Date:		Signature:		