



SUB-SUPPLIER QUESTIONNAIRE
(To be filled in by the Proposed Sub Supplier)

Name of Equipment / Item / Process with Model/ Type/ Rating / Capacity/ Size/ Tonnage etc. (As applicable):

. Trade Name of Product (if any) : _____

1. Name of Proposed Sub-Supplier: _____

Website: _____

2. Address of Regd. Office:

Details of contact person:

Name _____

Mobile no. _____

Desig. _____

E-mail: _____

3. Branch/ Liaison office in Delhi/NCR

Details of contact person:

Name _____

Mobile no. _____

Desig. _____

E-mail: _____

Weekly off day _____

4. Address of Works where Item is being manufactured

Details of contact person:

Name _____

Mobile no. _____

Desig. _____

E-mail: _____



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5. Details of Proposed Works:

- a. Year of Establishment of present works : _____
- b. Year of Commencement of Manufacturing at the above works : _____
- c. Details of change in works address in past, if any : _____
- d. Total Area / Covered Area : _____
- e. Details of covered area like no. of sheds, Area of each shed etc. _____
- f. Electric power- Connected load: _____
Electric power- Stand by load & system: _____

6. Annual Turnover & Profit in past three years : _____

7. Do you have in-house Department for:

- a) Design Yes/No
- b) Research & Development Yes/No
- c) Quality control/Inspection Yes/No
- d) After Sales Service Yes/No

8. Shift works per day One/Two/Three

9. Present Manpower Status:

Division Status	Graduate		Diploma	Skilled	Un-Skilled	Remarks
	Technical	Non-Technical				
Design						
Production						
Quality Control/ Inspection						
After Sales Service						



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- a. Organization chart of the proposed works is enclosed as Annexure: _____
- b Organization chart of QA / QC Deptt. is enclosed as Annexure: _____
- c. List of Qualified Welders with process etc. is enclosed as Annexure: _____
- d. List of Qualified NDT personnel with area of specialization is enclosed as Annexure: _____

10. Brief details of items manufactured:

Sl. No.	Item & Material (Type/Size/Rating/Model/ Capacity /Tonnage , as applicable)	Installed Capacity	Annual Production Capacity	Annual Production for last Three years		
				I	II	III

11. Details of foreign Collaboration, if any:

Sl. No.	Product	Name & Address of Collaborator	Collaboration		
			Scope	Year	Valid upto

12. **Type Test report for the proposed product (similar or higher rating)if applicable is enclosed as Annexure: _____**
- 13 **Approval / Certification by National / International standards / Accredited agency for the proposed product (if applicable) is enclosed as Annexure: _____**
14. **Statutory / mandatory certification for the proposed product (if applicable) is enclosed as Annexure: _____**
15. **Supply Experience list of the proposed product (similar or higher rating) is enclosed as Annexure: _____**

[List shall include Item description, (Type/Size/Rating/Model/Capacity/Tonnage, as applicable), Customer name, Quantity, Year of Supply and Year of commissioning]



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16. **End User's operational feedback certificate for the proposed product is enclosed as Annexure: _____**

17. **List of equipment & machinery specific to the proposed product is enclosed as Annexure: _____**

(List shall include name of equipment, capacity & nos. etc.)

18. **Process Flow Diagram indicating in-house & outsourced process enclosed as Annexure:_____**

19. **General manufacturing facilities available in-house:**

Sl. No.	Description of machine	Type /Capacity / Size / Rating etc as applicable	Number
a)	Material Handling Mobile Crane Fork Lift Over Head Cranes		
b)	Metal Cutting & Bending		
c)	Casting		
d)	Forging		
e)	Fabrication		
f)	Welding		
g)	Machining		
h)	Heat Treatment		
i)	Surface Cleaning Sand Blasting Shot Blasting Pickling		
j)	Painting		
k)	Metal Coating		
l)	Packing		



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m)	Other, if any		
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20.

a. Inspection & Testing Facilities available in-house:

Sl. No.	Description	Capacity & Nos.	Make & year of Mfg.	Calibration Status	Validity period



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~~b. List of Testing & Inspection Facilities outsourced, if any with Source of testing and Description enclosed as Annexure: _____~~

21. **Storage of finished goods (covered / open) :** _____

22 **List of the source / make with location of major raw material, bought out items and out sourced process enclosed as Annexure:** _____

23. **Quality management:**

23.1 **General**

23.1.1. Work Instruction for different processes available. (Y/N). ____

If yes, enclose list as Annexure_____

23.1.2. Evaluation system for raw material/bought out item's supplier is available. (Y/N) _____

23.1.3. Records generated during inspection maintained & available for review (Y/N) _____

23.1.4 Statistical quality control techniques used (Y/N) _____

23.1.5 ISO certificate for the works available (Y/N). ____ If yes, enclose copy as Annexure_____

23.2 **Corrective action**

23.2.1 Specifically confirm whether System for identification & disposition of Non Conformity in the process / product is available. (Y/N) _____

23.2.2 Specifically confirm whether System for Customer complains & their satisfactory disposal is available. (Y/N) _____

23.3. **Documentation Control**

23.3.1 Procedure available for documentation control (Y/N) ____

23.4. **Control of Inspection, measuring & testing equipments.**

23.4.1 Procedure for calibration of testing & measuring instrument available. (Y/N) ____

24. **Any Special Information:** _____



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26. I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SEAL _____
M/S. _____
PLACE _____
DATE _____

SIGNATURE _____
NAME _____
DESIGNATION _____
MOBILE NO _____
EMAIL _____

LIST OF ENCLOSURE:

Certification by Main Supplier: Above information have been verified and found in order / minor changes which have been marked and initialed on this form itself / observed the following discrepancies.

Name : _____ Designation : _____ Signature : _____ Date : _____

NOTE :

- 1. COLUMN SHALL NOT BE LEFT UNFILLED..IN CASE OF NOT APPLICABLE / NOT AVAILABLE, THE SAME SHALL BE INDICATED IN THE PROVIDED SPACE.**
- 2. IN CASE PROVIDED SPACE IS NOT ADEQUATE, INFORMATION SHALL BE PROVIDED AS AN ATTACHMENT.**
- 3. PRODUCT CATALOGUE FOR THE PROPOSED EQUIPMENT/ITEM/PROCESS,IF AVAILABLE, SHALL BE ENCLOSED**

QUALITY REQUIREMENTS FOR PROCUREMENT OF Aux. PRDS

Doc No QPG:PRDS:01

Nabinagar 4 x 250 MW

Dt : 12.04.2013

Sl. No	COMPONENT / OPERATIONS	TYPE OF CHECK	RECORDS TO BE SUBMITTED	REMARKS
Raw material / Components				
1	Pressure retaining Casting & forging (Body & Bonnet, plug, Stem, Seat ring, fasteners)	a) Chemical, Mechanical properties & HT condition as per specification b) RT for Body / Casting c) RT/UT for bonnet / Forgings d) Hydro Test for shell	MTC for all, except Fasteners Reports Reports IBR TC	
2	Diaphragm and springs	a) Chemical & Mechanical properties b) Hardness Test c) Endurance test (Cyclic) d) Stiffness ratio for springs	MTC Reports Reports	
3	Function test (Limit Switches, solenoids, Positioners AFR, ALR & Position transmitters)	a) Routine test b) Type test		
Inprocess				
4	After machining	a) LPI/MPI b) Dimension check c) Hardness measurement	Reports	
5	Lapping	Blue Matching	Reports	
6	Welding	Procedure & Performance Qualification details (WPS/PQR)	WPS, PQR	
Final				
6	Actuator Chamber	Pneumatic test	TC	
7	Body Mount Leak test	Hydro test		
8	Completed Valve	1) Seat Leak Test 2) Valve travel 3) Linearity 4) Hysteresis 5) Operating accessories 6) Valve stroking time 7) Dead band 8) Fail safe operation 9) Valve opening & closing 10) Limit switch operation 11) CV test (Type test) - 0% to 100% in steps of 10% - 1 per type	Reports	
9	Painting & Packing	As per Spec.		
10	Documentation	Verification of Records	IBR Certificates, TC, IR & other quality documents	IR - Inspection Report