

Product / Material Category	"supplier to specify"
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**QUESTIONNAIRE TO VENDOR (QTV)**

<b>Vendor:</b>		<b>Main Contact:</b>	
<b>Location:</b>		<b>Phone Number:</b>	
		<b>Email Address</b>	
<b>Project Contact:</b>		<b>Phone Number:</b>	
<b>Location:</b>		<b>EEmail Address:</b>	

**This is a generic form and, as such, some of the questions will not apply. For those questions indicate "n/a". Please make every effort to answer all questions that apply to your location.**

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1. Name and address of parent company, if different from above:

Name:	
Address:	

List of Affiliated Companies:	

2. Personel (complete list below or attach an organization chart showing same information.)

Chairman Of The Board:	
Vice Chairman:	
Sales Manager:	
Purchasing Manager:	
Engineering Manager:	
Production Manager:	
Quality Assurance Manager:	
Telephone:	
Quality Control Manager:	
Telephone	
Chief Inspector:	
Telephone:	
Customer Contact:	
Telephone:	

3. Company category (Please select from one of the following: Agent, Broker, Stockist or Manufacturer:

4. If Agent, Broker or Stockist is selected above please advise your full range of commodities stocked / offered along with stock levels, size and names of manufactures.

5. QA/QC

A. Does the facility have a written Quality Manual/Plan?  
(If yes, please provide an uncontrolled copy.)

B. Are you ISO 9000 certified?  
(If yes, please provide a copy)

C. Are you ISO 14000 certified?  
(If yes, please provide a copy)

6. Facility data

A. Size of facilities (indicate proper unit of measure - square foot or square meters)

Buildings (covered) work area	
Open work area	

B. Production/Stock (complete for each commodity listed).

Commodity	Approximate Monthly Production/Stock Units of Tons	Maximum Size/Range Now Manufacturing/Stock	Maximum Size/Range Capable of Manufacturing /Stocking

C. Please advise current and forecasted shop loading

Current year (20 )	Next Year

7. Number of employees.

	Organization			Total
	Engineering	Production	Quality Control Quality Assurance	
Number of employees				

8. List the national codes and standards (ASME, API, etc..) to which you are authorized to design, fabricate, and/or test.

Type of stamp (symbol)	Serial number	Expiration date


9. Engineering department	
A. Engineers: Licensed/Professional:	
University Graduate:	
Technical School Graduates:	
CAD Operators	
B. Does the engineering department prepare working drawings from the customer's specifications and outline drawings?	
If yes, who reviews and approves these drawings?	
C. Who controls the distribution of customer supplied drawings and specifications?	
D. Explain Below any designs that aren't computer orientated?	
E. Identify the design analyses (stress, flexibility, etc..) which are performed using computer programs.	
F. Were these programs developed internally or by another company?	

10. Manufacturing Department	
A. Who reviews and approves manufacturing procedures?	
B. Who verifies that the manufacturing procedures welding procedures and drawings being used are the proper revision?	
C. Who reviews and approves welding procedures?	
D. Is fabrication completed at this Facility site, or is some fabrication performed at dockside or the customer's site due to space/shipping limitations?	

11. Inspection Department	
Attach a copy of your organization chart that shows to whom the head of quality control (QC) reports, and the interaction with production, engineering, and sales departments.	
A. Is there a typical inspection and test plan for this product?	
Does it identify the minimum quality standards?	
If an I&T Plan is available, please provide a copy.	
Can the I&T Plan be modified to incorporate "check points" which require that the customer's inspector be notified before production can proceed?	
B. Who would be responsible for notifying the customer's inspector?	
Name:	Telephone:
C. Does the quality control department approve the procedures for: (yes or no)	
Receiving Inspection	Welding
Fabrication	Heat Treatment
NDE	Identify others
D. Does the QC/inspection department review and approve reports/certifications for: (yes or no)	

Incoming materials		Heat Treatment	
NDE certification		Final documentation	
E. Can the QC/inspection department stop production if quality standards are not being met?			
How?			
F. Do production people make checks or inspections of materials?			
Which areas (incoming, in-process, final test, etc..) of production?			
G. Does quality control perform (1) no inspection, (2) sample inspection, (3) first piece inspection, (4) 100% inspection, or (5) a combination of these for the areas listed below:			
Receiving <input type="checkbox"/> inspection	In-process <input type="checkbox"/> inspection	Final Inspection <input type="checkbox"/>	Final Test <input type="checkbox"/>
Are these inspection plans documented?			
Are they available for review by the customer?			
H. Are there written procedures for control of material that has been rejected or is to be repaired?			
How are these materials identified?			
Is this material stored in a controlled or segregated area prior to its disposition?			
I. Does the quality control department approve repairs to non-conforming material?			
If not, who does?			
J. Under what conditions would the customer be contacted regarding use of non-conforming material or material substitutions?			
K. Does final inspection include verification/inspection of: (yes or no)			
Completeness			
Dimensional checks			
Nde			
Performance tests			
Painting/markings			
Packaging			

12. Vendor Control
A. Does this Facility evaluate its vendors prior to use to assess their ability to supply acceptable material?
B. Does this Facility perform inspections of its vendors?
How frequently?
C. If these evaluations and inspections are performed, are the results available for customer review?
D. Please advise proposed Sub-vendors for each commodity and Country Of Origin?

13. Laboratory Department
A. Does this facility have a chemical laboratory?
If yes, what analysis can be performed in-house?
B. Are any chemical analysis performed by an outside laboratory?
If yes, identify the laboratory and the elements analyzed.

Elements analyzed	Laboratory name and location
C. Does this facility have a metallurgical laboratory (e.g. PMI)?	
If yes, what tests can be performed in-house (e.g. PMI)?	
D. Are any physical tests performed by an outside laboratory?	
If yes, identify the laboratory and the test performed (e.g. PMI)	
Type of test	Laboratory name and location
E. Are chemical and physical test results included as a part of the final documentation to the customer?	

14. Welding		
A. Does this Facility employ a welding engineer?		
Name (s):		
B. Are welder qualifications performed in accordance with ASME Code Section IX?		
If not, what code is used?		
C. How many welders and welding operators are employed?		
D. Does this facility maintain records on welder's performance?		
If yes, are these records available for customer review?		
If no, how is the welder's performance evaluated?		
E. Weld procedures:		
Material welded	Number of procedures	Number of welders qualified
(Yes/no)		
Carbon steel		
Low alloy steel		
High chrome alloy steel		
Austenitic stainless		
Alloy clad steel		
Aluminum		
Others		

F. Welding equipment	Number available
Automatic Submerged Arc	
Semi - Automatic Submerged Arc	
Cored Wire Welding Machine	
Pulsed Arc	
Electroslag	
Electrogas	
Other	

G. Welding positioners:		
Number available	Size capacity	Other information

H. What type of equipment is available for preheating?

I. Does this facility have post weld heat treatment equipment?

If no, where is post weld heat treatment subcontracted?

J. Annealing Furnace characteristics (yours and your vendors)

Length

Width

Height

Maximum temperature

Controls (manual or automatic)

Method of heating

Temperature recorder type

Max number of thermocouples

Locations of thermocouples

K. Does this facility have portable equipment for localized heat treatment?

15. Material Control

A. Is material identified and controlled to a specific job/order number?

How?

B. Is in-coming material placed in a hold area until released for production?

C. How is unidentified material handled?

D. Does the quality control/inspection department verify the transfer of material markings?

16. Non-destructive testing equipment and personnel

A. Radiographic

Does this facility do its own radiography?

If no, to whom is it subcontracted?

If the radiography is subcontracted, who reviews the radiography to determine if the results are acceptable?

Is the reviewer certified? to what?

	If the facility does its own radiography, list the energy level of all the sources available.				
	Is it possible for radiographic personnel to work after normal working hours (night shift)?				
	Is this a normal practice?				
	How many years are radiographic films kept?				
	What types of penetrameters are used?				
B.	Ultrasonics				
	Does this facility do its own ultrasonic testing?				
	If no. To whom is it subcontracted?				
	If this facility does its own ultrasonic testing, list the number and types of equipment available?				
	What types of calibration peripherals are available?				
C.	Liquid Penetrants				
	Does this facility do its own liquid penetrant inspection?				
	If no, to whom is it subcontracted?				
	If liquid penetrant inspection is subcontracted, who determines if the results are acceptable?				
D.	Magnetic Particle				
	Does this facility do its own magnetic particle inspection?				
	If no, to whom is it subcontracted?				
	If magnetic particle inspection is subcontracted, who determines if the results are acceptable?				
	If this facility does its own magnetic particle inspection, list the number and types of equipment used for each method including amperage/voltage ranges.				
	Is dry powder or wet fluorescent used?				
E.	Other				
	List the hardness testing equipment used.				
	List the types and number of eddy current equipment used.				
	List the types of halogen leak testing equipment used.				
	List other non-destructive testing equipment used including electrical test equipment.				
F.	Please indicate the numbers of NDE technicians for each range of years experience shown below (note that an individual may be included in more than one nde discipline):				
	NDE Discipline	Number of technicians per years of experience			Qualification Per
		<input type="checkbox"/> 0-2	<input type="checkbox"/> 2-10	<input type="checkbox"/> 10 or more	
	Radiography				
	Ultrasonics				
	Liquid Penetrant				
	Magnetic Particle				
	Others				

17.	Cleaning and Coatings
A.	List the cleaning processes used by this facility (sand or grit blast, pickling, etc..)
B.	Is all the painting or coating done by this facility?
	If no, what percentage of it is subcontracted?

For this facility, is painting done under cover or in the open?
C. What types of paints and coating are you familiar with?
D. Does this facility have hot dip galvanizing equipment?
If yes, list the number and sizes of the tanks.
If not, provide the name and location of your subcontractor.

<b>18. Machine Tools</b>			
Complete the following information.			
	Number	Maximum Size Capacity	Approx. Age, (Years)
Boring Mills			
Lathes			
Drill Presses			
Punches			
Gear Cutters			
Lapping Machines			
Power Saws			
Milling Machines			
Plate Benders (3/4"~)			
Others (relative to this product)			

<b>19. Shipping Facilities - maximum size:</b>					
A.	Method	Width	Height	Length	Weight
	Road				
	Rail				
	Sea				
B. If road shipment, what are size limitations to nearest dock, i.e. bridge weight, underpass height?					
C. Is packing carried out inhouse or by an outside agency?					

<b>20. Supply Experience:</b>	
a) List of relevant and recent experience in providing what is being purchased and or subcontracted of similar quality , order size and specification.	
b) List of experience with major customers in providing Materials in the Gulf region in general and Qatar in particular and types of equipment supplied.	



c) List of experience in providing Materials or services for the particular application or scope of work. State the particular application of Materials to be supplied:

21. Financial Information, please provide your financial statement for the last 3 years/3 fiscal years					
A. Statement	20	20	20	20	
B. Capital	Currency	Exchange Rate ( /US\$)		Capital	
Original Currency					
Equivalent in US\$ (Exchange rate: /US\$)	US\$				

22. Please advise any Annual Shutdowns or Holidays:

23. Experience in providing Spare Parts and Aftermarket service especially in the Gulf Region:		
Type of Materials/Equipment	Type of service (spare parts, aftermarket service eg. training, commissioning, others)	Customer Name and Location

Prepared and signed by:	
Title:	
Data reviewed and appraised by:	