



COMPANY INFORMATION FORM

CONFIDENTIAL

Reference No.: 238-122

Revision: 1

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Associated
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- 1) Accurate response to the following is requested to provide Nuclear Operating Unit with sufficient data to evaluate the company's potential ability to comply with technical and quality requirements applicable to Nuclear Power Plants.
- 2) The Questionnaire will also serve to provide other basic information, which may lead to your company's inclusion on the "Approved Suppliers List".
- 3) Except where requested, answers should relate to the Company named in Section 1 and should exclude activities of parent, associate or subsidiary companies.
- 4) Please answer all sections – use the words N/A (not applicable) where the questions are not relevant.

NAME OF COMPANY

:


QA FILE REFERENCE

:

PLEASE CHECK ALL SECTIONS


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1. ORGANISATION DETAILS				
NAME OF COMPANY:				
REGISTRATION NUMBER:		DATE:		
ADDRESS (STREET) :		ADDRESS (POSTAL):		
TELEPHONE NUMBER		FAX NUMBER		
CONTACT PERSON TECHNICAL		TITLE		
CONTACT PERSON QUALITY		TITLE		
WEB-SITE		E-MAIL		
2. DESCRIPTION OF MATERIAL, EQUIPMENT, SERVICES SUPPLIED				
List Primary Product or Service Types				
List Sub-categories of each (if applicable)				
List Percentage Product or Service Split				
List any specialist (or patented) Product or Services				
IF YOUR COMPANY IS NOT THE PRIME MANUFACTURER OF THE PRODUCTS LISTED, PLEASE PROVIDE NAME OF THE PRIME MANUFACTURERS:-				
a)				
b)				
c)				
3. ORGANISATION HISTORY				
LENGTH OF TIME IN BUSINESS		TYPE OF OWNERSHIP (INDIVIDUAL, PARTNERSHIP, LIMITED COMPANY etc.		
SUBSIDIARY OF				
CORPORATE TIES WITH (NAME& ADDRESS):-				
a)		b)		c)
SUPPLY DETAILS OF MAJOR LICENSING AGREEMENTS ETC:-				

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4. ORGANISATION PERSONNEL (PLEASE ATTACH COPY OF YOU COMPANY ORGANOGRAM (SHOWING RESPONSIBILITIES))					
PROVIDE NAMES AND POSITIONS HELD OF SENIOR EXECUTIVES / DIRECTORS/MEMBERS/PARTNERS/PROPRIETORS:					
a) _____		_____			
b) _____		_____			
c) _____		_____			
d) _____		_____			
PROVIDE NAME OF QUALITY MANAGER / REPRESENTATIVE		_____			
PROVIDE NAME OF WORKS MANAGER		_____			
PROVIDE NAME OF TECHNICAL MANAGER		_____			
PROVIDE QUALIFICATION OF TECHNICAL STAFF BELOW:-					
NAME		QUALIFICATION	EXPERIENCE	DESIGNATION	
_____		_____	_____	_____	
_____		_____	_____	_____	
_____		_____	_____	_____	
_____		_____	_____	_____	
WORKS EMPLOYEES (LIST BELOW PRINCIPLE TRADES AND NUMBERS EMPLOYED):-					
TRADE		SKILLED	SEMI-SKILLED	UNSKILLED	APPRENTICES
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
PROVIDE NUMBER OF TECHNICAL STAFF EMPLOYED IN THE FOLLOWING:-					
DESIGN AND DEVELOPMENT	DESIGNATION	MECHANICAL	ELECTRICAL	ELECTRONIC INSTR.	OTHER (LIST TYPE)
	ENGINEERS	_____	_____	_____	_____
	TECHNICIANS	_____	_____	_____	_____
PRODUCTION AND CONTROL	ENGINEERS	_____	_____	_____	_____
	TECHNICIANS	_____	_____	_____	_____
	INSPECTORS	_____	_____	_____	_____
	SUPERVISORS	_____	_____	_____	_____
QUALITY ASSURANCE:		_____	_____		_____
ADMINISTRATION:		_____	TOTAL		_____
CONSULTANTS:		_____	_____		_____
INDICATE BELOW THE DETAILS OF CERTIFICATION RECEIVED FROM ANY ORGANISATION WHICH ATTESTS TO THE FACT THAT YOUR COMPANY HAS ADEQUATE PROGRAMMES, SKILLS, EQUIPMENT AND FACILITIES FOR THE PRODUCTION OF ITEMS OR SERVICES PRODUCED BY YOU. (e.g. SABS LISTING, ASME, TUV, LLOYDS, etc.).					
CERTIFICATE TITLE					ISSUE DATE
_____					_____
_____					_____
_____					_____
_____					_____

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5. QUALITY ASSURANCE

(IF NEED TO GIVE FURTHER INFORMATION ATTACH ADDITIONAL SHEETS)

YES/NO where applicable

DOES YOUR COMPANY IMPLEMENT A FORMAL QUALITY ASSURANCE PROGRAMME?

IF YES, TO WHAT NATIONAL/INTERNATIONAL STANDARD?

DOES YOUR COMPANY HAVE A QUALITY ASSURANCE/QUALITY CONTROL MANUAL?

STATE SCOPE OF APPLICATION (e.g. MANUFACTURING/ENGINEERING WORKS, PRODUCT RANGE etc):

HAVE ANY OTHER CUSTOMERS REVIEWED AND ACCEPTED IT?

IF SO, WHO AND WHEN?

CAN YOU FORWARD AN UNCONTROLLED COPY FOR OUR REVIEW?

IF NOT, CAN YOU FURNISH OTHER EVIDENCE OF IMPLEMENTING A FORMAL QUALITY PROGRAMME?

HAS YOUR COMPANY BEEN FORMALLY AUDITED FOR IMPLEMENTATION BY OTHER CUSTOMERS?
(IF YES, ATTACH COPY OF LAST AUDIT REPORT)

WORK PERFORMED TO WHAT CODES/STANDARDS?

IF YOUR COMPANY DOES NOT HAVE A FORMALLY DOCUMENTED QUALITY PROGRAMME, DESCRIBE THE
CURRENT PRACTISE USED TO ASSURE QUALITY OF ITEMS/SERVICE.
(ATTACH DESCRIPTION AND COPIES OF WRITTEN INSTRUCTION)


WOULD YOU BE WILLING TO DEVELOP A FULLY DOCUMENTED QUALITY ASSURANCE PROGRAMME THAT
MEETS THE REQUIREMENTS OF THE ESKOM AND/OR INTERNATIONAL/NATIONAL QUALITY STANDARDS?

IF YES, STATE INTENTION AND PLANS TO DO SO:-

DOES YOUR COMPANY HAVE ANY OBJECTION TO IN-PROCESS AND FINAL INSPECTION BY ESKOM REPS?

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6. SUPPLY HISTORY (REFERENCES)				
PLEASE LIST FIVE MOST RECENT SIGNIFICANT CONTRACTS FOR THOSE PRODUCT/SERVICES FOR WHICH YOU WISH TO BE CONSIDERED AS A SUPPLIER				
PRODUCT/SERVICE	CUSTOMER & CONTACT DETAILS	YEAR	VALUE OF CONTRACT	
COMMENTS:- _____ _____ _____ _____ _____ _____ _____				
(PLEASE USE BLOCK CAPITALS)				
COMPILED ON BEHALF OF:				
NAME OF COMPANY:				
NAME:		DESIGNATION:		
SIGNATURE:		DATE:		
<p style="text-align: center;"> Return Company Information Form and Attachments to: NUCLEAR COMMERCIAL DEPARTMENT Attention: COMMERCIAL SUPPLIER QUALITY MANAGEMENT </p>				

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