

# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME: \_\_\_\_\_

Bantrel Co. Project #: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPPLIER NAME: \_\_\_\_\_

D & B NUMBER: \_\_\_\_\_

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# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME: \_\_\_\_\_

## 1.0 GENERAL INFORMATION

1.1 Name of Supplier: \_\_\_\_\_

1.2 Supplier's manufacturing plant location(s):  
\_\_\_\_\_

1.3 Manufacturing plant mailing address:  
\_\_\_\_\_

1.4 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1.5 How long has this manufacturing facility/plant been in operation:  
\_\_\_\_\_

1.6 Principal products manufactured at this location:  
\_\_\_\_\_

1.7 Financial Details: Provide the following information:

1.7.1 Bonding and/or Credit Capacity: \$ \_\_\_\_\_

1.7.2 DUNS number: \_\_\_\_\_

1.7.3 Dun & Bradstreet Rating: \_\_\_\_\_

1.7.4 Previous Year's Sales Volume: \$ \_\_\_\_\_

1.7.5 Payment Terms - Indicate what your traditional terms of payment are:  
\_\_\_\_\_

1.8 Electronic Communication: Provide details on the degree to which you could communicate with the project team electronically. Indicate software in use for design and project management. Also, advise if you have video conferencing facilities:  
\_\_\_\_\_





# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME: \_\_\_\_\_

2.3 Number of Shop Employees:

A. Supervisory: \_\_\_\_\_

B. Production:

• Machining \_\_\_\_\_

• Assembling \_\_\_\_\_

• Welding \_\_\_\_\_

• Testing \_\_\_\_\_

• Planning \_\_\_\_\_

• Estimating \_\_\_\_\_

• Purchasing \_\_\_\_\_

• Expediting \_\_\_\_\_

• Packing/Shipping \_\_\_\_\_

• Other (specify) \_\_\_\_\_

C. A.S.M.E. Code Qualified Welders:

Number	Process	Type of Material for which Qualified
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Quality Assurance/Quality Control:

Quality Assurance Personnel \_\_\_\_\_

Quality Control Personnel \_\_\_\_\_

NDT Technicians \_\_\_\_\_



# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME:

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E. Technical Services:

Installation Supervisors \_\_\_\_\_

Start-up Supervisors \_\_\_\_\_

Commissioning Specialists \_\_\_\_\_

## 3.0 QUALITY PROGRAM

3.1 Do you have a QA/QC Program Manual? Yes:  No:

If yes, state scope (i.e., products covered, manufacturing areas affected).

Please enclose a copy of the manual.

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3.2 State which standards such as ISO 9000, NQA-1, ASME Section I & VIII, (etc.,) your program is designed to meet.

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3.3 Is your company certified to ISO 9001  9002  9003  1800   
If no, are you planning to apply for an ISO Certification? Yes:  No:

3.4 Do documented procedures exist to support the QA/QC manual? Yes:  No:   
If no, how is your QA/QC program implemented?

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3.5 Does the QA/QC Manager have any responsibilities other than for QA/QC? Yes:  No:   
If yes, please specify.

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## SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME:

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3.6 What are the responsibilities of the QA/QC Manager's immediate supervisor?

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3.7 Describe your program for training company personnel in the QA/QC program requirements. How is your staff made aware of changes to the program?

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3.8 Describe your training and certification program for inspectors.

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3.9 List Certificates of Authorization and/or Stamps you hold and the issuing authority. Has use of any Code Stamp ever been refused or suspended? If so, state which ones, give reasons and dates.

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3.10 Do you operate a formal review/audit of the QA/QC program? Yes:  No:

How are findings identified, documented and resolved?

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3.11 Describe your corrective action process as it relates to resolving the cause of any non-conformance or deficiencies.

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## SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

**VENDOR NAME:** \_\_\_\_\_

3.12 Indicate whether or not the following or any other special processes are performed in-house or are subcontracted.

	Process	In-House Yes / No	Subcontract Yes / No
Welding			
Heat Treatment			
Coating			
Materials Testing			
Non-destructive Testing			

3.13 Do you qualify your suppliers and subcontractors? Yes:  No:

If yes, how? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: IF WELDING IS PERFORMED IN-HOUSE, PLEASE ANSWER QUESTIONS 3.14 AND 3.15.**

**IF NDE IS PERFORMED IN-HOUSE, PLEASE ANSWER QUESTION 3.16.**

3.14 Is all welding being performed in accordance with approved written welding procedures? Yes:  No:

If no, what portion is being performed without approved procedures? Is a record maintained of approved welding procedures and revisions? Yes:  No:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

**VENDOR NAME:** \_\_\_\_\_

- 3.15 Are welders and welding operators subjected to a qualification test? Yes:  No:   
 If yes, are records maintained and available for review? Yes:  No:

3.16 Number of ASNT-TC-1A / CGSB Certified Non-destructive Examination Personnel:

Method	Level I	Level II	Level III
RT	_____	_____	_____
MT	_____	_____	_____
PT	_____	_____	_____
UT	_____	_____	_____
ET	_____	_____	_____
VT (CSA 178.2/AWS)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### 4.0 SUPPLIER / CONTRACTOR INFORMATION

4.1 Past Bantrel/Bechtel/*Client name* work supplied by supplier's shop:

PO No.	Project Name	Material Description	Year Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.2 What major clients has supplier done work for in the past 3 years:  
 (name and address, noting the most current first)

Client	Project Name	Material Description	Year Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





## SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

**VENDOR NAME:** \_\_\_\_\_

4.3 Current major work in process or committed:

Customer	Material Description	Quantity	Scheduled Completion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.4 Is subcontracted work subjected to the same quality control as own shop work?      Yes:       No:       N/A:

4.5 Who has responsibility for quality control of subcontracted work?

\_\_\_\_\_

4.6 Will supplier authorize Bantrel Co. / Bechtel / *Client name* representatives to visit supplier shop as well as sub supplier shops?      Yes:       No:       N/A:

4.7 Will supplier provide production schedule and status reports?      Yes:       No:       N/A:

4.8 Additional Information (i.e., manpower facilities and equipment; work load; observation of QC system implementation; quality of records and documentation).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 5.0 SCOPE OF FABRICATION

5.1 Confirm your firm is qualified to furnish construction to following codes:

Authority	Sections	Divisions	Stamps Held
A.S.M.E.	_____	_____	_____
A.P.I.	_____	_____	_____
A.W.S.	_____	_____	_____
C.S.A.	_____	_____	_____
DIN	_____	_____	_____
Others	_____	_____	_____



# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

**VENDOR NAME:** \_\_\_\_\_

A.S.M.E. Stamp Renewal Dates: \_\_\_\_\_

State year and addenda of copies of above codes held:

Code	Year	Addenda

A. Minimum and maximum sizes handled:

Material	Minimum T	Maximum T	Minimum O.D.	Maximum O.D.

B. Approximate Monthly Tonnage - Production Man/Hours:

Tonnage \_\_\_\_\_  
 Shop Man-hours \_\_\_\_\_

5.2 Engineering/Design:

Can you design the following if given Performance Data?

- |    |                        |                               |                              |
|----|------------------------|-------------------------------|------------------------------|
| A. | Heat Exchangers        | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| B. | Fractionating Tower    | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| C. | Fabricated Piping      | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| D. | Structural Steel       | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| E. | Boilers                | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| F. | Other Equipment (Name) | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |



# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME: \_\_\_\_\_

## 6.0 FACILITIES

6.1 Approximate total square footage of working space is: \_\_\_\_\_

- A. Supervisory \_\_\_\_\_
- B. Machine Shop \_\_\_\_\_
- C. Assembly \_\_\_\_\_
- D. Testing \_\_\_\_\_
- E. Other \_\_\_\_\_

6.2 Building Bay and Crane Area:

No.	Width	Lift	Length	Capacity	Manual Lift	Electrical
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

6.3 Sandblast and Painting:

Approximate Total Square Footage: \_\_\_\_\_

- A. Indoor \_\_\_\_\_
- B. Heated \_\_\_\_\_
- C. Covered \_\_\_\_\_
- D. Outdoor \_\_\_\_\_



# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

**VENDOR NAME:** \_\_\_\_\_

**6.4 Heat Treating Furnace:**

Inside Dimension \_\_\_\_\_

Automatic Control or Manual \_\_\_\_\_

Number of Thermocouples & Location \_\_\_\_\_

Number of Readings Recorded \_\_\_\_\_

Method of Loading \_\_\_\_\_

Maximum Temperature \_\_\_\_\_

**6.5 Shipping Facilities:**

Is the facility serviced by:

- |    |       |                               |                              |                                    |
|----|-------|-------------------------------|------------------------------|------------------------------------|
| A. | Road  | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Capacity: <input type="checkbox"/> |
| B. | Rail  | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Capacity: <input type="checkbox"/> |
| C. | Water | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Capacity: <input type="checkbox"/> |
| D. | Air   | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Capacity: <input type="checkbox"/> |

**7.0 PROCEDURES**

7.1 Quality Control Procedure \_\_\_\_\_

7.2 Document Control Procedure \_\_\_\_\_

7.3 Packaging and Shipping Procedure \_\_\_\_\_

7.4 Code Qualified Welding Procedures \_\_\_\_\_

Process	ASME IX	AWS	CWB	Other
S.M.A.W.	_____	_____	_____	_____
S.A.W.	_____	_____	_____	_____
G.M.A.W.	_____	_____	_____	_____
F.C.A.W.	_____	_____	_____	_____
G.T.A.W.	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____



## SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

**VENDOR NAME:** \_\_\_\_\_

- 7.5 N.D.T. Procedures \_\_\_\_\_
- 7.6 Testing Procedures \_\_\_\_\_
- 7.7 Heat Treating Procedures \_\_\_\_\_
- 7.8 Painting Procedures \_\_\_\_\_
- 7.9 Other (specify) \_\_\_\_\_

**8.0 EQUIPMENT**

8.1 Mobile Cranes:

Number	Capacity	Condition

8.2 Cutting Equipment:

	Maximum Capacity	Number	Condition
Plate Shears			
Plate Edge			
Automatic Flame Cutting			
Automatic Plasma Cutting			
Power Cutting			
Saw			
End Mill			
Other (e.g., water jet)			



# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME: \_\_\_\_\_

8.3 Welding Equipment:

A. Welding Equipment:

**Power**

**Current Range**

_____	_____
_____	_____
_____	_____

B. Automatic Welding Equipment:

**Number**

**Type**

_____	_____
_____	_____

C. Welding Positioners:

**Number**

**Capacity**

_____	_____
_____	_____

D. Turning Rolls:

**Number**

**Capacity**

_____	_____
_____	_____

E. Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8.4 Size and number of level beds for horizontal tower and pressure vessel construction:

\_\_\_\_\_

\_\_\_\_\_



# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME:

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8.5 Forming Equipment:

Hydraulic Press

Type

Capacity

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---

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8.6 Plate Rolls:

Type

Maximum Plate  
Thickness

Length

Minimum I.D.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8.7 Brakes:

Type

Capacity

Plate Thickness

Length

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8.8 Angle Rolls:

Type & Capacity

---

8.9 Tube and Pipe Bending:

Facilities for cold bending including table, machines and limitations:

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Facilities for hot bending including furnace description and sand loading equipment:

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# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

**VENDOR NAME:**

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8.10 Machine Tools (Number, Maximum, Size and Type):

Boring Mills-Vertical

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Clearance Under Crosshead

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Boring Mills-Horizontal

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Lathes

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---

Radial Drill Presses

---

---

Punches

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8.11 List any other machines of interest (give number, type and size):

<b>Machine</b>	<b>Number</b>	<b>Type</b>	<b>Size</b>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

## 9.0 TESTING FACILITIES AND EQUIPMENT

9.1 Non-Destructive Testing Equipment:

X-Ray Machine:

Number

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Capacity

---

Voltage & Penetration:

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Gamma Ray:

Number

---

Capacity

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# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME: \_\_\_\_\_

Magnetic Particle Inspection Machines:

Number \_\_\_\_\_ Type \_\_\_\_\_

Liquid Penetrant Inspection Equipment:

Type \_\_\_\_\_

PMI Inspection Equipment:

Type \_\_\_\_\_

Hardness Testing Inspection Equipment:

Type \_\_\_\_\_

Ultrasonic Testing Inspection Equipment:

Type: \_\_\_\_\_

9.2 Physical Test Equipment:

Tensile Testing:

Type \_\_\_\_\_ Capacity \_\_\_\_\_

Bending Facilities: \_\_\_\_\_

Impact Testing:

Type \_\_\_\_\_ Capacity \_\_\_\_\_

Lowest Temperature: \_\_\_\_\_

9.3 Pressure Testing Facilities:

A. Hydrostatic: \_\_\_\_\_ Maximum Pressure: \_\_\_\_\_ PSI

B. Air: \_\_\_\_\_ Maximum Pressure: \_\_\_\_\_ PSI



**SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE**

**VENDOR NAME:**

---

C. Other:

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**10.0 SHOP LOADING / CAPACITY**

10.1 What is your capacity per month for the coming year in your production shop?

First Quarter

---

Second Quarter

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Third Quarter

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Fourth Quarter

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10.2 What is the present production shop loading committed for the coming one year period?

First Quarter

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Second Quarter

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Third Quarter

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Fourth Quarter

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**11.0 MANUFACTURING LIMITATIONS / RECOMMENDATIONS**

(Indicate Material, Size, Thickness, Weight Limitations; Shipping Limitations, etc.)

11.1 Vessels:

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# SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME:

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11.2 Columns:

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11.3 Exchangers:

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11.4 Pipe Spools:

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11.5 Other:

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## SUPPLIER QUALITY SCOPE AND FACILITY QUESTIONNAIRE

VENDOR NAME:

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### 12.0 SUPPLIERS AUTHORITY

Completed and signed on this the \_\_\_\_\_ day of \_\_\_\_\_, 201

For and on behalf of \_\_\_\_\_ (Supplier)

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

### 13.0 RESPONSE INSTRUCTIONS

Once the above information is complete, also complete the "Pre-Qualification Form – Health, Safety and Environment Questionnaire" document found on the [Bantrel Suppliers & Contractors](http://www.bantrel.com/suppliers-and-contractors) (<http://www.bantrel.com/suppliers-and-contractors>) website listed in the helpful links section. The "Contractor & Supplier Registration Workflow" document illustrates the working steps to both register and pre-qualify your company.

Then

Please email your response to Bantrel with both pre-qualification documents attached to the attention of the contact listed in the 'Key Contacts' document found in the helpful links section of the above website. You should receive confirmation that your documents have been received.

