



# COMPANY INFORMATION FORM

**CONFIDENTIAL**

Reference No.: 238-122

Revision: 1

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Associated  
Procedure: 238-105

- 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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|                                       | <b>COMPANY INFORMATION FORM</b><br><b>CONFIDENTIAL</b> |                                                                     | Reference No.: 238-122        |              |
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| <b>1. ORGANISATION DETAILS</b>                                                                                         |                                                        |                                                                     |                               |              |
| 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                                                              |                               |              |
| <b>2. DESCRIPTION OF MATERIAL, EQUIPMENT, SERVICES SUPPLIED</b>                                                        |                                                        |                                                                     |                               |              |
| 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)                                                                                                                     |                                                        |                                                                     |                               |              |
| <b>3. ORGANISATION HISTORY</b>                                                                                         |                                                        |                                                                     |                               |              |
| LENGTH OF TIME IN BUSINESS                                                                                             |                                                        | TYPE OF OWNERSHIP<br>(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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|                                                                                                                                                                                                        | <b>COMPANY INFORMATION FORM</b><br><b>CONFIDENTIAL</b> |               | Reference No.: 238-122        |                   |                   |
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| <b>4. ORGANISATION PERSONNEL</b> (PLEASE ATTACH COPY OF YOU COMPANY ORGANOGRAM (SHOWING RESPONSIBILITIES))                                                                                                                                                                              |                                                        |               |                               |                   |                   |
| <b>PROVIDE NAMES AND POSITIONS HELD OF SENIOR EXECUTIVES / DIRECTORS/MEMBERS/PARTNERS/PROPRIETORS:</b>                                                                                                                                                                                  |                                                        |               |                               |                   |                   |
| a) _____                                                                                                                                                                                                                                                                                |                                                        | _____         |                               |                   |                   |
| b) _____                                                                                                                                                                                                                                                                                |                                                        | _____         |                               |                   |                   |
| c) _____                                                                                                                                                                                                                                                                                |                                                        | _____         |                               |                   |                   |
| d) _____                                                                                                                                                                                                                                                                                |                                                        | _____         |                               |                   |                   |
| <b>PROVIDE NAME OF QUALITY MANAGER / REPRESENTATIVE</b>                                                                                                                                                                                                                                 |                                                        | _____         |                               |                   |                   |
| <b>PROVIDE NAME OF WORKS MANAGER</b>                                                                                                                                                                                                                                                    |                                                        | _____         |                               |                   |                   |
| <b>PROVIDE NAME OF TECHNICAL MANAGER</b>                                                                                                                                                                                                                                                |                                                        | _____         |                               |                   |                   |
| <b>PROVIDE QUALIFICATION OF TECHNICAL STAFF BELOW:-</b>                                                                                                                                                                                                                                 |                                                        |               |                               |                   |                   |
| NAME                                                                                                                                                                                                                                                                                    |                                                        | QUALIFICATION | EXPERIENCE                    | DESIGNATION       |                   |
| _____                                                                                                                                                                                                                                                                                   |                                                        | _____         | _____                         | _____             |                   |
| _____                                                                                                                                                                                                                                                                                   |                                                        | _____         | _____                         | _____             |                   |
| _____                                                                                                                                                                                                                                                                                   |                                                        | _____         | _____                         | _____             |                   |
| _____                                                                                                                                                                                                                                                                                   |                                                        | _____         | _____                         | _____             |                   |
| <b>WORKS EMPLOYEES (LIST BELOW PRINCIPLE TRADES AND NUMBERS EMPLOYED):-</b>                                                                                                                                                                                                             |                                                        |               |                               |                   |                   |
| TRADE                                                                                                                                                                                                                                                                                   |                                                        | SKILLED       | SEMI-SKILLED                  | UNSKILLED         | APPRENTICES       |
| _____                                                                                                                                                                                                                                                                                   |                                                        | _____         | _____                         | _____             | _____             |
| _____                                                                                                                                                                                                                                                                                   |                                                        | _____         | _____                         | _____             | _____             |
| _____                                                                                                                                                                                                                                                                                   |                                                        | _____         | _____                         | _____             | _____             |
| _____                                                                                                                                                                                                                                                                                   |                                                        | _____         | _____                         | _____             | _____             |
| <b>PROVIDE NUMBER OF TECHNICAL STAFF EMPLOYED IN THE FOLLOWING:-</b>                                                                                                                                                                                                                    |                                                        |               |                               |                   |                   |
| 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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| <b>6. SUPPLY HISTORY (REFERENCES)</b>                                                                                                                                  |                                                        |              |                               |              |
| 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:- _____<br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                          |                                                        |              |                               |              |
| (PLEASE USE BLOCK CAPITALS)                                                                                                                                            |                                                        |              |                               |              |
| COMPILED ON BEHALF OF:                                                                                                                                                 |                                                        |              |                               |              |
| NAME OF COMPANY:                                                                                                                                                       |                                                        |              |                               |              |
| NAME:                                                                                                                                                                  |                                                        | DESIGNATION: |                               |              |
| SIGNATURE:                                                                                                                                                             |                                                        | DATE:        |                               |              |
| <p>Return Company Information Form and Attachments to:</p> <p><b>NUCLEAR COMMERCIAL DEPARTMENT</b></p> <p>Attention: <b>COMMERCIAL SUPPLIER QUALITY MANAGEMENT</b></p> |                                                        |              |                               |              |

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