

NTPC QUALITY PLAN

MANUFACTURERS NAME & ADDRESS:		MANUFACTURING QUALITY PLAN						PROJECT: _____							
		ITEM: _____				QP NO. _____		PACKAGE: _____							
		SUB-SYSTEM: _____				REV. _____		CONTRACT NO.: _____							
				DATE: _____		PAGE _____ OF _____		CONTRACTOR: _____							
SL NO.	COMPONENT OPERATIONS	CHARACTERISTICS	CLASS	TYPE OF CHECK	QUANTUM OF CHECK	REFERENCE DOCUMENT	ACCEPTANCE NORMS	FORMAT OF RECORDS	AGENCY				REMARKS		
									D*	M	C	N			
1	2	3	4	5	6	7	8	9	10				11		
		LEGEND:						FOR NTPC USE:		DOC NO.					
MANUFACTURER / SUB- CONTRACTOR		CONTRACTOR		* RECORDS IDENTIFIED WITH TICK SHALL BE ESSENTIALLY INCLUDED BY CONTRACTOR IN QA DOCUMENTATION. M: MANUFACTURER / SUB-CONTRACTOR C: CONTRACTOR NOMINATED INSPECTION AGENCY N: NTPC INDICATE " P " PERFORM " W " WITNESS AND " V " VERIFICATION AS APPROPRIATE " CHP " NTPC SHALL IDENTIFIED IN COLUMN " N "						REVIEWED BY:		NAME & SIGN OF APPROVING AUTHORITY & SEAL			
SIGNATURE:															



SUB-CONTRACTOR QUESTIONNAIRE

(To be filled in by the Contractor/Sub contractor)

Approval Desired for process/item(Rating/Size/Type)

1. Name of Company :
(Sub- Contractor)

2. Address of Regd. Office

Tel _____

Fax _____

Gram _____

TLX _____

3. Address of Factory

Tel _____

Fax _____

Gram _____

TLX _____

4. Branch/Liaison Office in Delhi:

Tel _____

Fax _____

Gram _____

TLX _____

5. Person'(S) to be Contacted

Place	Name(S)	Official Capacity	Telephone No(s)
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Regd. Off			
Factory			
Branch/ Liaison Off.			

6. Nature of Company :Proprietary/Partnership/Pv. Ltd. Public Ltd.

Works Details:

7. Year of Factory Establishment :

8. Year of Commencement of Manufacture :

9. Floor Area-Total Area :
Covered Area10. Electric Power-Connected Load :
Electric Power-Standby Argmt :11. Fiancé-Total Capital :
-Annual Turnover For pat
three years.
-Limit of Credit Facility
available From the Banks. :12. Do you have in-house Department for :
a) Design Yes/No
b) Research & Development Yes/No
c) Manufacturing/Production Yes/No



13. Shift works per day

One/Two/Three

14. Details regarding employees :

Status Division	Graduate		Diploma	Skilled	Un-Skilled	Remarks
	Technical	Non-Tech.				
Production						
Quality Control						
Admn & other Supporting Activities						

15. Please enclose a copy of company's organisation chart. :

16. Trade Name of Product(if any) :

17. Manufacturing capacity details :

Sl No.	Product	Licensed Capacity	Installed Capacity

18. Brief details of items manufactured :

Sl.No	Item & Material	Description(type/Size/Rating)	Annual Production for last three years		
			I	II	III



19. Details of foreign collaboration,

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

20. Have your product been type tested by any external agency ? If so, give details

Sl. No	Product	Test (Size Type & Class)	Test Report No.	Next Due Date

21. Indicate Approval/Certification by National/International standard/agencies applicable subject product.

Sl. No.	product	Code/Standard	License No & Date



22. Have you been approved by any third party/statutory agency? If so, indiente detail and enclose copies of approval letters.

Sl. No	Item/ Material	Description Size/Type/Class	Agency	Date of Approval	Next due Date

23. Reference list(Experience in the particular type of equipment).

Sl. No	Item/ Material	Type & Capacity	Customer(End user) With Address	Qty.Price Delivery date	Operating since Month/Year



24. (a) Specific to process & product facilities :

Sl. No	Description Of machine	Capacity Nos.	Location Shop	Make	Year of Manufg.

24. (b) Other/General facilities :

Sl. No.	Description Of machines	Capacity Nos.	Location (Shop)	Make	Year of Manufg.
1)	Material Handling Mobile Crane Fork Lift Over Head Cranes				
2)	Metal Cutting & Bending				
3)	Casting				
4)	Forging				
5)	Fabrication				
6)	Welding				
7)	Machining				
8)	Heat Treatment				
9)	Sheet Metal				
10)	Fettling & Cleaning Sand Blasting Shot Blasting Pickling				
11)	Painting				
12)	Metal Coating				
13)	Protection before packing				
14)	Packing				
15)	Other				

25. (a) Facilities for Testing & Inspection :

Sl. No.	Description	Capacity Nos.	Nos.	Year of Manufg.	Make	Approval Qualification

25. (b) If In-house testing facilities are not available, indicate source (a) of testing with relevant details :

Sl. No.	Source of Testing	Description	Capacity	Nos.	Year of Manufg.	Make	Approval Qualification

25. (c) Details of any other laboratory :

26. (a) Details of any Govt. laboratory facilities available in area :

26. (b) Product related testing facilities(Type/Performance/Routine/Acceptance Tests):

27. Source of Row Materials (including imported raw materials) :

a) Type	Source
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 b) Raw material storage & identification :

28. QUALITY MANAGEMENT

28.1 General

28.1.1 Organisation Chart of Quality Management : Attached : (Y/N)

28.1.2 Head of QC Department reports to :

28.1.3 Do you have a written Quality Control

28.1.4 Are written Quality Control Instruction sheets prepared and properly used ?

28.1.5 Are records generated during inspection maintained & available for review ?

28.1.6 Are final inspection areas clean, adequately lighted & of suitable size ?

28.1.7 Are written procedure defining stage wise operations and functions on shop floor established and followed ?

28.1.8 Are Quality Control checks adequate to maintain desired quality right from incoming stage to final operation ?

28.1.9 In 100% of adequate sampling inspection used ?

28.1.10 Are statistical quality control techniques used ?

28.2 **Corrective Action**

28.2.1 Dose the system provide for proper detection of inferior quality and correction of its assignable causes ?

28.2.2 Is adequate action taken to correct the causes of defects in product ?

28.2.3 Are analysis made to identify trends to wards product deficiencies ?

28.2.4 Dose corrective extend to products ?

28.3 **Documentation control**

28.3.1 Dose the system for clear and precise stipulation of responsibilities for documentation issue & change control ?

28.3.2 Re change made in writing ?

28.4 **Control of inspection, measuring & Testing equipment's**

28.4.1 Are necessary gauges,testing and measuring equipment's. available and used ?

28.4.2 Are testing and measuring equipment's properly maintained ?

28.4.3 Is there recorded control on calibration of equipment's ?

28.5 **Control of procured supplies & services**

28.5.1 Do the vendor sub-contractor's purchasing document refer to specific design manufacturing and testing requirements ?

28.5.2 Do purchasing documents also contain special requirements ?

28.5.3 Are requirements for necessary tests and inspection of row material specified in purchasing document ?

29. CONSISTENCY IN SUPPLY

29.1 Has the vendor/sub-contractor produced items of similar nature in past ?

29.2 Has the vendor/sub-contractor maintained delivery commitments in past ?

29.3 Has there been frequent labour trouble in past?

29.4 Has there been major upset due to fault material management ?



- 29.5 In the system of planing & scheduling resilie nt enough to overcome temporary setbacks and make up lost time?
- 29.6 Can the vendor/sub-contractor quickly off load the work to other reliable sub-vendors:
If Yes, the name of sub-vendor:
- 30. Order booking position as on date in terms of:
 - a) Value
 - b) Time
- 31. Any special information
- 32. I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGE ATTACHED) IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SEAL

SIGNATURE.....

NAME

DESIGNATION

M/S

PLACE

DATE

LIST OF ENCLOSER

- 1.
- 2.
- 3.
- 4.