**Annexure-1**
*Checklist No. QA.PC.WD011/1-R-1*

# CHECKLIST FOR EVALUATION OF SUBCONTRACTORS

[*To be filled and submitted by the contractor*]

| | | | |
|---|---|---|---|
| Contractor: | BHEL | W.O.Number | 400442 |
| Package: | TSS Package | | |
| Item: | | BOQ/WD No | |

| PART 1: SUBCONTRACTOR DETAILS | | | |
|---|---|---|---|
| Registered Company Name: | | | |
| | | | |
| Registered Address: | | | |
| | | | |
| | | | |
| | | | |
| Phone: | | | |
| Fax: | | Website: | |
| Details of 'scope of work to be subcontracted': | | | |
| Erection of static and rotary equipments in TG building of KKNPP unit-3 | | | |
| | | | |
| | | | |
| | | | |
| Number of years in business: | | | |
| Employee Strength:<br>(Please attach the Organization Chart of the Company) | | | |
| Key persons to be contacted: | | | |
| Top management: | | | |
| Quality Assurance: | | | |
| Marketing: | | | |
| Does the Subcontractor have several plants/branches? | | Yes/No | |
| If Yes, please provide details: | | | |
| Company Name: | Location: | Field of Activity: | |
| | | | |
| | | | |

<table>
<tr><th colspan="5">PART 2: CONTRACTS MANAGEMENT SYSTEM</th></tr>
<tr><th>Part 2</th><th>Contracts Management</th><th>Yes</th><th>No</th><th>Comments</th></tr>
<tr><td rowspan="4">2.1</td><td>Do you have a procedure on Contract review processes?</td><td></td><td></td><td></td></tr>
<tr><td>• Are interface mechanisms (point of contacts for each discipline) between contractor and subcontractor are clear?</td><td></td><td></td><td></td></tr>
<tr><td>• Are the QA requirements clearly understood?</td><td></td><td></td><td></td></tr>
<tr><td>• Whether NPCIL jobs executed earlier?</td><td></td><td></td><td></td></tr>
<tr><td>2.2</td><td>Recognition details if any (code stamps like U1, U2 or certification like ISO etc. verify the records)</td><td></td><td></td><td></td></tr>
<tr><td rowspan="2">2.3</td><td colspan="4">Is the Company a Limited Liability, Partnership, Sole Trader, Public ltd., Other? Please specify:</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="2">2.4</td><td>What was the company's turnover for last 3 years?</td><td colspan="3"></td></tr>
<tr><td>What is the combined value of orders received over the last 3 years?</td><td colspan="3"></td></tr>
<tr><td rowspan="3">2.5</td><td>Floor space availability for present activities</td><td colspan="3"></td></tr>
<tr><td>Level of House Keeping</td><td colspan="3"></td></tr>
<tr><td>General delivery Schedule</td><td colspan="3"></td></tr>
<tr><td rowspan="8">2.6</td><td colspan="4">Major clients preferably Govt/PSU for whom you have executed similar works in last 3 years(List can be attached)</td></tr>
<tr><td>Company Name</td><td colspan="2">Contract Details with schedule</td><td colspan="2">Address</td></tr>
<tr><td></td><td colspan="2"></td><td colspan="2"></td></tr>
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| PART 3: QUALITY MANAGEMENT SYSTEM | | | | |
|---|---|---|---|---|
| Part 3 | Quality Management System | Yes | No | Comments |
| 3.0 | Do you have valid ISO: 9001 certification? | | | Enclose copy |
| 3.1 | Do you have a Quality Manual? | | | |
| 3.2 | Do you have an internal and external audit programme in place? | | | |
| 3.3 | Do you have a staff training programme in place? | | | |
| 3.4 | Purchasing Process:<br>• Do you have a controlled list of approved suppliers? | | | |
| | • Are your suppliers assessed and monitored? | | | |
| | • Are order quality requirements clearly defined? | | | |
| 3.5 | Inspection Process:<br>• Are there documented procedures for the inspection and testing of items? | | | |
| | • Are there documented procedures for inward, in-process and final inspection? | | | |
| | • Are incoming items and raw material inspected upon receipt? | | | |
| | • Is acceptance/rejection criteria defined? | | | |
| | • Are rejected items identified and segregated? | | | |
| | • Are process cards used for monitoring product inspection and test activities at each stage? | | | |
| | • Are QA stamps/stickers used and controlled? | | | |
| 3.6 | Are QA records pertaining to item maintained? | | | |
| 3.7 | Are monitoring and measuring devices controlled, calibrated and records available? | | | |

| | | | | |
|---|---|---|---|---|
| 3.8 | Records of NDE qualification of QC personnel available? | | | |
| 3.9 | Do you have full/partial identification and traceability of item? Please specify:<br>[*full traceability required for QA1,QA2 and QA3 category items*] | | | |
| | | | | |
| 3.10 | Product Handling Process:<br>• Do you have a procedure on handling and storage of items? | | | |
| | • Are shelf life items controlled and monitored? | | | |
| 3.11 | Do you have a procedure for controlling customer property? | | | |
| 3.12 | Do you have a procedure to confirm customer documents are of latest revision before being issued for use? | | | |
| 3.13 | Do you have a procedure for controlling deviations to customer specification? | | | |
| 3.14 | Control of records (process cards, test results, etc.). How long do you retain quality records? | | | |
| 3.15 | Is non-conforming item clearly identified? | | | |
| 3.16 | Is there a documented NC control procedure? | | | |
| 3.17 | Do you have a documented customer complaint procedure? | | | |
| 3.18 | Are there documented procedures for corrective actions? | | | |
| 3.19 | Would you permit access to NPCIL personnel for QS/audit of your Quality Management System and processes as per | | | |

| | | | | |
|---|---|---|---|---|
| | approved QPs, without additional charges? | | | |

| Specific to item to be supplied | |
|---|---|
| Understanding of scope of work | |
| Availability and understanding of related standards. | |
| Capacity of the Subcontractor to inspect/test the work/item | |
| Understanding of special Examination/testing *(e.g Ultrasonic Examination/Helium Leak testing etc. as applicable)* | |
| Availability of special facilities required for the item | |
| Availability of trained personnel specific to item to be supplied | |
| Availability of inspection/test facilities | |
| Availability of QP and procedures | |
| Independence of Head of QA/QC group | |
| Availability of test reports for the item/items for the past 1 year | |

| | |
|---|---|
| Submitted by<br>(Subcontractor) | Signature,(with name, designation and date) |

| | |
|---|---|
| Assessed and forwarded to NPCIL<br>(Contractor: Head QA & PE ) | Signature,(with name, designation and date) |