

VENDOR'S NAME & ADDRESS:		MANUFACTURING QUALITY PLAN							QP. NO.:				
		CUSTOMER: BHEL, HYDERABAD – 32.				BHEL P.O.NO.:			REV NO:		DATE:		
		PROJECT: PRODUCT:				P.O.DATE: BHEL SPEC:			REV:		PAGE 1 OF 1		
SL NO	COMPONENTS	CHARACTERISTICS	CLASS	TYPE OF CHECK	QUANTUM OF CHECK	REFERENCE DOCUMENT	ACCEPTANCE NORMS	FORMAT OF RECORD	* D	AGENCY P W V			REMARKS
1.0	RAW MATERIALS & BOUGHT OUT ITEMS												
2.0	INPROCESS INSPECTION												
3.0	FINAL INSPECTION & TESTING												
4.0	PRESERVATION & PACKING												

VENDOR TO NOTE: THIS FORMAT IS IN MICROSOFT WORD. HEADER & FOOTER SHALL BE AVAILABLE IN EACH PAGE OF QP. QP SHALL BE IN LANDSCAPE & A4 SIZE ONLY. FONT SIZE SHALL BE MIN 10. VENDOR SHALL SIGN & STAMP IN EACH PAGE OF QP. LOI REF. & DATE ARE NOT ACCEPTABLE. P.O.NO. & DATE SHALL BE INDICATED. QP NO. SHOULD BE UNIQUE AND SHALL NOT REPEAT. ALL THE TESTS / CHECKS INDICATED IN THE BHEL SPEC. SHALL BE INDICATED IN THE QP.

LEGEND: P: PERFORM, W: WITNESS, V: VERIFICATION. INDICATE 1 FOR BHEL/BHEL NOMINATED INSPECTION AGENCY & 2 FOR VENDOR/SUB VENDOR AS APPROPRIATE AGAINST EACH COMPONENT /CHARACTERISTIC UNDER P, W & V COLUMNS. * FOR ITEMS MARKED ✓ (TICK) IN COLUMN 'D', TEST CERTIFICATES SHALL BE SUBMITTED TO BHEL FOR RECORDS.	PREPARED BY	APPROVED BY	APPROVED BY
	VENDOR'S SIGNATURE & STAMP	BHEL QA SIGNATURE & STAMP	CUSTOMER'S SIGNATURE & STAMP