

Vendor Questionnaire



1 COMPANY STRUCTURE AND ORGANIZATION

1.1. Head Office

Company : _____
Product Name : _____
Address : _____
Phone number : _____
Fax number : _____
E-mail : _____
Contact person and Title : _____

1.2. Date of company was formed : _____
1.3. Principle Name : _____
Principle Address : _____
Phone : _____
Fax : _____
E-mail : _____

1.4. Organization *(Please enclose company organization chart)*

President Director : _____
Director Name : _____
Marketing Manager : _____
Engineering Manager : _____
Production Manager : _____
QA / QC Manager : _____

Representative(s) appointed for HSE : _____
(Health Safety & Enviromental)

1.5. If foreign vendor, please indicate your registered office in Indonesia. *(please check in box if it's applicable)*

Affiliate Office Representative Office Authorized Agent

Company name : _____
Address : _____
Phone number : _____
Fax number : _____
E-mail : _____
Contact person & Title : _____

1.6. Company Affiliate / Group : _____
: _____
: _____
: _____

1.7. Business Category

Manufacturer
 Agent
 Trading
 Other : _____

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1.8. Product Supply for :

- General Industry
- Power Plant
- Oil and Gas
- Petrochemical Plant
- Building Property

1.9. Brand / production / Supply Limit (preferred product with most competitive bid)

	Product	Brand Name	Cap, Size, Rating etc	Max Fab Load /month
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

2. DESIGN AND ENGINEERING

2.1. Engineering Personil

- 2.1.1. Engineer/Tech Expert incl Expat Person years experience
- 2.1.2. Drafter Person years experience

2.2. Engineering Design Capability

- Engineering design done in house without third party supervision
- Engineering design done in house with third party supervision
- Engineering design done by others, (please specify)

2.3. Applicable Code and Standart : (please specify)

- API _____
- ANSI _____
- ASME _____
- JIS _____
- DIN _____
- ASTM _____
- IES _____
- NEMA _____
- BS _____
- NFPA _____
- ACTEMA _____
- NACE _____
- OTHERS. _____

2.4. Tools

2.4.1. Engineering Software Name

Software Name	Licensed?	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.4.2. Information Technology

2.4.2.1. Computer Hardware

- Units , Type _____

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Units , Type _____

2.4.2.2. Printer or Plotter

<input type="text"/>	Units , Type	_____
<input type="text"/>	Units , Type	_____
<input type="text"/>	Units , Type	_____

2.4.2.3. Internet Connection (please choose one answer)

Broadband
 HDSL
 Dial up
 None

2.4.2.4. Firewall / internet security (please choose one answer)

Established
 None

2.4.2.5. Data Base (please choose one answer)

RMBS (Oracle, MS SQL, DB2, etc)
 Stand Alone (Access, Paradox, etc)
 Data Sheet (Exel, Formaker , etc)
 None

2.4.2.6. ERP's System (please choose one answer)

Implemented
 On going implementation
 On planning
 None

3. QUALITY ASSURANCE(QA) / QUALITY CONTROL(QC) PROCEDURE

3.1 Quality Management System

3.1.1 Quality System

3.1.1.1 Does the company have a Quality Management System?

Yes
 No

3.1.1.2 Does the company have a Quality Management certified?

Yes Please provide copy of certificate
 No Please provide copy of Quality Manual

3.1.2 State if the following control procedure is available

3.1.2.1 Control of project documents

Yes
 No

3.1.2.2 Control of Quality Record

Yes
 No

3.1.2.3 Internal Audit

Yes
 No

3.1.2.4. Control of non conformity

Yes

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No

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3.1.2.5. Corrective Action

- Yes
- No

3.1.2.6 Preventive Action

- Yes
- No

3.1.2.7 Design Control (if Applicable)

- Yes
- No

3.1.2.8 Procurement Control

- Yes
- No

3.1.2.9 Relevant Project Quality Plan (if applicable)

- Yes
- No

3.1.2.10 If no detail, Please mention how the activity is controlled?.(for mention above)

3.1.2.11 Please briefly describe if the company have other Control Procedure

3.1.3 Previous supply of goods to JIND

3.1.3.1 Name of Project & Year

3.1.3.2. Equipment / product Service

3.1.4 Were the audits conducted by JIND?

- Yes When (dd/mm/yy) _____
- No

3.1.5 Performance Measurement

3.1.5.1 Does the company have management system objectives?

- Yes
- No

3.1.5.2 Does the company's quality management system measured and evaluated periodically?

- Yes
- No

3.1.5.3 Does the company have method to measure company's performance?

- Yes
- No

3.1.5.4. If yes, briefly describe to what approach and please provide the latest measurement



3.2 Quality Control

3.2.1. Does the company have the Inspection and Test Plan?

Yes
 No

3.2.2. Does the company have WPS / PQR document?

Yes Please provide the WPS / PQR list
 No

3.2.3. Inspection tools / Equipment Possessed

1 _____
2 _____
3 _____

3.2.4. Inhouse testing Facilities

1 _____
2 _____
3 _____

3.2.5. if testing by others, please specify _____

3.2.6. Calibration Validity

Yes
 No

3.2.7. rejection ratio (please specify based on what activities)

0%- 10%
 11%- 15%
 16%-25%
 Over 25%

3.2.8. Product Quality Guarantee

State By written
 No Statement (believable)
 No Guarantee

4. PRODUCTION

4.1. ManPower

4.1.1. Production Engineer	<input type="text"/>	<input type="text"/> years experience
4.1.2. Supervisor	<input type="text"/>	<input type="text"/> years experience
4.1.3. Welder	<input type="text"/>	<input type="text"/> years experience
4.1.3.1. Welder Local Indonesia		
4.1.3.1.1. Qualification AWS D 1.I		
4.1.3.1.1.1. Certified DEPNAKER	<input type="text"/> Person	<input type="text"/> years experience
4.1.3.1.1.2. Certified MIGAS	<input type="text"/> Person	<input type="text"/> years experience
4.1.3.1.2. Qualification ASME IX		
4.1.3.1.2.1. Certified DEPNAKER	<input type="text"/> Person	<input type="text"/> years experience
4.1.3.1.2.2. Certified MIGAS	<input type="text"/> Person	<input type="text"/> years experience
4.1.3.2. Welder Foreign		
4.1.3.2.1. Qualification AWS D 1.I	<input type="text"/> Person	<input type="text"/> years experience
4.1.3.2.2. Qualification ASME IX	<input type="text"/> Person	<input type="text"/> years experience
4.1.4. Fitter	<input type="text"/> Person	<input type="text"/> years experience
4.1.5. Tester Technician	<input type="text"/> Person	<input type="text"/> years experience
4.1.6. Painter	<input type="text"/> Person	<input type="text"/> years experience

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4.1.7. Packager
4.1.8. Other Labour

<input type="text"/>	Person
<input type="text"/>	Person

<input type="text"/>	years experience
<input type="text"/>	years experience

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4.2. Manufacturing

- 4.2.1 Manufacturing Procedure
- 4.2.2 Production Control Procedure
- 4.2.3 Shop Facility

4.2.3.1 Tools and Equipment

4.2.3.1.1 Cutting Machine	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.2 Rolling Machine	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.3 Drilling Machine	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.4 Bending Machine	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.5 Overhead Crane	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.6 Lathe Machine	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.7 Sawing Machine	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.8 Punching Machine	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.9 Scraping Machine	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.10 Forklift	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.11 Mobile Crane	Qty / unit	_____	Capacity	_____	Year	_____
4.2.3.1.12 Welding Machine (Type . Please specify)		_____		_____		_____

4.2.3.1.13 Others (Type . Please specify)

4.2.3.2 Working Area

4.2.3.2.1 Plate work	_____	sqm
4.2.3.2.2 Assembly	_____	sqm
4.2.3.2.3. Testing	_____	sqm
4.2.3.2.4 Sand Blast & Painting	_____	sqm
4.2.3.2.5. Others	_____	sqm
Total	_____	sqm

4.2.4 Shop Product Capability _____ (Ton)/(Month)

5. HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE

5.1 HSE Management System

5.1.1 Does the company operate an HSE Management System?

- Yes
- No

if yes, please provide a copy of content index of the company HSE manual

Please state SHEMS standard :

- SMK3
- OHSAS 1800:1999
- Others

5.1.2 How long has your HSE Management System being in operation? year(s)

5.1.3 Is your HSE Certified?

- Yes
- No

By which certification body? _____

5.1.4 Does the company have HSE policy ?

- Yes
- No

If yes, please provide a copy of HSE policy statement

5.1.5 Do you have an equipment inspection and maintenance procedure?

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- Yes
- No

If yes, please provide a copy of content index

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5.1.6 Do you have a housekeeping procedure?

- Yes
 No

If yes, please provide a copy of content index

5.1.7 Do you operate equipment that requires government certification?

- Yes
 No

If yes, please provide a copy of certification

5.1.8 Are Safety meeting held? Eq Toolbox talks, local meeting ?

- Yes
 No

If yes, please provide a copy sample of the safety minutes of meeting?

5.1.9 Has emergency response plan been established?

- Yes
 No

5.1.10 Has emergency response organization being established?

- Yes
 No

5.1.11 Has emergency response procedure being develop and issued ?

- Yes
 No

5.1.12 Please provide copy of details of accident / incident performance for last 5 years.

6. DELIVERY

6.1 Location

- Workshop
 Stock Warehouse

Address : _____
Phone number : _____
Fax number : _____
E-mail : _____
Contact person & Title : _____
Distance with Port of Loading : _____ Kilometer(s)

6.2 Packing Procedure

- Yes
 No

6.3 Shipping Procedure

- Yes
 No

6.4 Traffic/ Logistic Staff

- Yes _____ person(s)
 No

6.5 if packaging and transportation by others please specify ?

6.6 Schedule (please choose only one answer)

- delay less than 1 week
 Delay 1 week up to 2 weeks

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- Delay 2 week up to 3 weeks
- Delay more than 3 weeks

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6.7 Scope of supply (please choose only one answer)

- Always meet requirement (evidence to be provided when required)
- Have deviation due to unclear requirement/ specification
- Have deviation due to misunderstanding requirement/ specification

6.8. Packing (you may choose more than one)

- Have own standard packing style
- can comply with customer's packing style
- International standart packing style

7. FINANCIAL

7.1 Bank Name : _____

7.2 Annual Sales Value in USD

- 7.2.1 Previous year (yr 1) : _____
- 7.2.2 One year prior to yr 1 : _____
- 7.2.3 Two year prior to yr 1 : _____

7.3 Total Asset

- 7.3.1 Paid up capitals : _____
- 7.3.2 net capital assets : _____

7.4 Latest Financial Statement Audited : _____

7.5 Tax Registratation number

- Yes
- No

8. PRICING

8.1. Quotation / Bid Preparation

- 5.1 .1. Preparation time _____ day(s) from Inquiry
- 5.1.2. Product Delivery (Normal) _____ week(s) After Receive Order (ARO)

8.2. Pricing

8.2.1. Negotiation range
(please choose only one answer)

- 0% - 10%
- 11% -20%
- 21% - 25%
- More than 25%

8.2.2. Normal Payment Terms (please choose only one answer)

- Letter of Credit (L/C)
- Cash on delivery
- Down Payment and Progress Terms
- Progress and net 30 days cash transfer

8.3 Service and Response

8.3.1. Communication by Phone (you may choose more than one)

- Will provide all contact person's mobile phone number
- Will provide all contact person's extension number
- Will provide telephone number of sub-vendor's contact person

8.3.2. Communication by Facsimile (please choose only one answer)

- Respond within 1 day
- Respond within 2 days
- Respond within 3 days

8.3.3. Communication by E-mail (please choose only one answer)

- Respond promptly
- Respond within 1 day
- Respond more than 1 day
- Not available

8.3.4 Document & Drawing submission (please choose only one answer)

- All submission are under document Control Department
- Having Document Control System
- Handled directly by contact person

9. EXPERIENCE

9.1 Experience List Attachment

- Yes
- No