

VENDOR SUBCONTRACTOR SURVEY

Please complete this questionnaire and attach the requested information. This will allow us to consider placing your Company on our Approved Vendor/Subcontractor List as a major Vendor/Subcontractor, or to update our current listing.

Send completed form to: Innovative Steam Technologies
549 Conestoga Blvd.
Cambridge, Ontario, Canada
N1R 7P4
Fax: (519) 624-8781
Phone: (519) 740-0036
www.otsg.com
Attention: _____

SECTION I - GENERAL

a) Company Name: _____

b) Mailing Address: _____

Telephone No.: _____ Fax: _____

Email Address: _____

c) Facility Address: _____
(if different from b) _____

d) Attach the following information (names and addresses):

- Parent company, divisions, subsidiaries or affiliates, worldwide representatives, licensees or licensors (product).

e) Company Background:

- Length of time in business: _____
- Number of employees associated with:

Production _____ Engineering _____ QA _____ Total _____

f) Provide 3 references and contacts:

1) _____

2) _____

3) _____

SECTION II – PRODUCTS/SERVICES

a) Products

List the products which you can manufacture as a vendor.

b) Services

List in detail the services which you can offer vendor or subcontractor (describe your capabilities and limitations).

SECTION III

a) Production Workers

1) List all Union or Labour Agreements and Contract expiration dates:

_____	_____
_____	_____

2) Discuss brief labour history in last five years (strikes or work interruptions):

3) Attach a list of your key craft skills at this location. Include a composite list of personnel by principal craft skill groupings such as welders, machinists, fitters, etc. (indicate for each skill the number of personnel you employ).

4) List your key management personnel at this location by name and title.

5) List your key technical skills by title and number of personnel (example: welding engineers, NDT technicians, etc.).

6) Describe your Engineering/Drafting capabilities.

7) Do you have a Materials Management or Master Scheduling system in place for control of procurement, manufacturing and shipping schedules?

8) At what organization level in the plant management structure does the head of this function report?

SECTION IV – FACILITIES (Complete for each manufacturing location)

1) Facility Location: _____

Telephone No.: _____ Fax No.: _____

2) Total area under roof: _____

Total area outside of buildings: _____

Are work areas affected by inclement weather? Yes No

3) Do you export package at this location? Yes No

- 4) List your shipping and transportation facilities (size and weight limitations for each):
- Truck _____
 - Rail _____
 - Water _____
 - Air _____
- 5) Identify port/pier used for export shipments: _____
- 6) Is fabricating and welding equipment maintained on a regular basis? Yes No
- 7) Can you provide a complete set of your product and facilities brochures?
- 8) Attach a list of your subcontractors, including addresses and services provided (these services include engineering, fabricating, painting, machining, heat treatment, erection, etc.).

SECTION V – MANUFACTURING EXPERIENCE

Supply a list of major contracts completed over the previous five years with Canadian \$ or US \$ value, plus telephone and fax numbers of a responsible person who can be contacted for a reference for each contract.

SECTION VI – FINANCIAL

- 1) Attach a copy of your latest audited financial statement.
- 2) Banking references (name and address) _____

- 3) List annual sales in Canadian \$ or US \$ for the past three years:

List insurance coverage.

SECTION VII – QUALITY ASSURANCE

- 1) Does your company have a written or documented quality system?

Individual responsible for your quality program. _____
If yes, indicate the quality requirements that the system is intended to meet:

Is your quality program approved by any recognized authority, i.e. ASME Code, CSA, etc.

Will IST and/or their Representative have right of access to your premises to verify compliance to an order through P.T.O., inspection, document review, survey and/or audit.

- 2) Indicate the essential elements contained and controlled by written documents in your Quality Program.

- a) welding
- b) brazing
- c) heat treatment including postweld heat treatment
- d) non-destructive examination
- e) plating
- f) bending and forming
- g) cleaning
- h) other

3) Do you have third party inspection in your plants covering your QA Program on pressure parts (such as Lloyds, Travellers, Provincial jurisdiction, etc.)?

4) Do you have a supplier qualification program for major materials?

5) Do you evaluate and audit or otherwise check your major suppliers to ensure continuous product acceptability?

6) Is non-destructive examination performed on your products or involved in your services?

6.1) Are non-destructive examinations performed by your company or subcontracted?
Explain:

6.2) Check the type of non-destructive examination methods used by your company:

6.3) Are non-destructive examination procedures qualified to ASME or other standards?

6.4) Are NDE personnel qualified to any of the following:

6.5) Is an uncontrolled copy of your QA manual provided?

SECTION VIII – MANUFACTURING

1) Please check types of welding processes used by your company:

- | | | |
|----------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Gas Welding (FGW) | <input type="checkbox"/> Plasma Arc (PAW) | <input type="checkbox"/> Electroslag (ESW) |
| <input type="checkbox"/> Shielded Metal Arc (SMAW) | <input type="checkbox"/> Submerged Arc (SAW) | <input type="checkbox"/> Electrogas (EGW) |
| <input type="checkbox"/> Gas Metal Arc (GMAW) | <input type="checkbox"/> Gas Tungsten Arc (GTAW) | <input type="checkbox"/> Electron Beam |

2) Indicate which of the following Welding Codes and Regulations your company can and does comply with:

- ASME Code Section IX
- Special Requirements of ASME:
 - Section I
 - Section II
 - Section III
- American Welding Society (AWS) Codes:
 - D 1.1
- Canadian Welding Bureau W .59 1989
- ANSI B31.1
- Other: _____

Name and title of your Representative completing this survey form:

(Company)

(Name)

(Title)

(Date)