

VENDOR QUESTIONNAIRE

Subject: Subcontractor's Information Questionnaire FATA S.p.A.

Please return to us the questionnaire to allow a first overview of your esteemed Company.
All information requested shall be provided in English or in Italian language.

The questionnaire consists of 5 Sections:

- 1) MAIN DATA AND SERVICES
- 2) ORGANIZATION CHART AND MANPOWER RESOURCES
- 3) QA/QC SYSTEM
- 4) HEALTH AND SAFETY SYSTEM
- 5) MAIN REFERENCES / PROJECT EXPERIENCE

Please add any additional information of your company (Reference letters, list of special tools owned, personnel certificates, catalogues, brochures etc.) to have a complete evaluation.

If you have a certified Quality System, please attach a certificate scan copy and the Quality Assurance manual (preferably on file).

The Information provided are strictly confidential.

FATA S.p.A. shall not be responsible for any costs incurred in preparing your response to this Questionnaire or for any further costs incurred for attending meetings and/or presentations.

1) MAIN DATA AND SERVICES

General Information

Company name and date of establishment:

	date of establishment:
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VAT:	Tax number:	Capital stock (EURO):
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Main Office Address:		Country:
Telephone:	Fax:	e-mail:

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Registered Office Address (if different from Main Office):		Country:
Telephone:	Fax:	e-mail:

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Group the Company belongs to (if any):	

Main management staff, with respective position and duties:		email / mobile number:
	contact:	
	contact:	
	contact:	

Financial Information

Bank name and address

Branch :

Account Nr.:	No. codice A.B.I.:	No. codice C.A.B.:	Swift Code:

Turnover the last 3 years:

	Company (EURO & local currency)	Group (if any) (EURO & local currency)
1		
2		
3		

Company main services

mark with "x" the Services **directly** performed by the company

Civil works execution ('C')

- Site preparation (demolitions, excavations)
- Foundation
- Piling
- Earthworks
- Dewatering
- Civil construction buildings: control rooms, offices, laboratories, ...
- Infrastructures: roads (asphalt, concrete), bridges, ...
- Landscaping
- others, please specify:

Structural Steel Building erection including cladding and roofing ('SS')

Process Equipment, critical plants company has installation experience.

- Equipment covered by PED (Pressure Equipment Directive)
- Equipment covered by ATEX (*Atmosphères Explosibles*) Directives
- others, please specify:

Mechanical erection ('M'), plants the Company has installation experience.

- Steel Making Plants
- Water Treatment Plants
- Electrical Overhead Cranes
- others, please specify:

Piping erection ('P'), material the Company has experience to work with.

- Carbon Steel
- Stainless Steel
- Light Alloys
- FRP/GRP
- HDPE
- PolyPropylene
- others, please specify:

Installation of technological Refractory materials ('REF')

Piping/Ducts Insulation ('INS')

Electric systems and Instruments erection ('E')

- Electrical transmission lines (High Voltage / Medium Voltage)
- Air Insulated Substations (High Voltage)
- Gas Insulated Substations (High Voltage)
- Oil insulated transformers (High Voltage / Medium Voltage)
- Dielectric oil treatment
- Medium Voltage installations (switchboards, cable laying, cable splicing, cable termination)
- Street lighting systems
- Power socket systems
- Fire-detection systems
- Telephone systems
- CCTV systems
- Primary grounding grid installation
- Electrical tracing
- others, please specify:

Fire extinguishing systems erection ('FF')

Hot Ventilation and Air Conditioning systems erection ('HVAC')

Mobile Cranes rental ('CRANES')

- others ('O'), please specify:

Company Internal Services

mark with "x" the Internal Services performed by the Company and indicate the details

Heat Treatment Type:

Welding

Shot-blasting Type: Grit/Sand
 Metallic shot
 Plant dimensions (LxHxW): mt

Painting Own Painting Cycles: Yes
 No
 Plant dimensions (LxHxW): mt

Flushing Q.ty of units:
 Units description:

others, please specify:

If the service is external, please specify the indications for supplier/s (name, type of service, certifications):

Company Permanent Facilities

mark with "x" the Permanent Facilities owned by the Company and indicate the details.

Warehouse Surface [m²]:

Workshop Surface [m²]:
 Main equipment:

Main lifting and transport means owned by the Company

mark with "x" the means owned by the Company and specify the quantities

<input type="checkbox"/>	Bridge crane max capacity	<input type="text"/>	t		Q.ty	<input type="text"/>
<input type="checkbox"/>	Jib crane max capacity	<input type="text"/>	t		Q.ty	<input type="text"/>
<input type="checkbox"/>	Mobile crane up to 30t				Q.ty	<input type="text"/>
<input type="checkbox"/>	Mobile crane up to 60t				Q.ty	<input type="text"/>
<input type="checkbox"/>	Mobile crane up to 100t				Q.ty	<input type="text"/>
<input type="checkbox"/>	Mobile crane up to 200t				Q.ty	<input type="text"/>
<input type="checkbox"/>	Mobile crane up to 400t				Q.ty	<input type="text"/>
<input type="checkbox"/>	Mobile crane up to	<input type="text"/>	t		Q.ty	<input type="text"/>
<input type="checkbox"/>	Manlift up to 15m				Q.ty	<input type="text"/>
<input type="checkbox"/>	Manlift up to 25m				Q.ty	<input type="text"/>
<input type="checkbox"/>	Manlift up to 40m				Q.ty	<input type="text"/>
<input type="checkbox"/>	Others, please specify:	<input type="text"/> <input type="text"/>				

3) QA/QC SYSTEM

Please attach the QA/QC Certificates owned by the Company and the Quality Manual.

mark with "x" the Certificates owned by the Company or the Procedures carried out and the planning instrument used to follow up manufacturing and site activities.

Has the company set up and does it maintain a documented quality system?

The quality system is in compliance with the following standards:

<input type="checkbox"/>	ISO 9001	Expiring on:	<input type="text"/>	Certification body:	<input type="text"/>
<input type="checkbox"/>	ISO 14001	Expiring on:	<input type="text"/>	Certification body:	<input type="text"/>
<input type="checkbox"/>	SOA	Expiring on:	<input type="text"/>	Category & Class:	<input type="text"/>
<input type="checkbox"/>	Other ... <input type="text"/>	Expiring on:	<input type="text"/>	Certification body:	<input type="text"/>
		Expiring on:	<input type="text"/>		

a) Has the company a Quality Control Plan ?

No
 Yes (please attach a copy of your Plan)

b) Does the Company carry out periodical calibration of instruments?

(if 'Yes' enclose the list of instruments utilized to carry out inspection and testing)

No
 Yes

c) Do you have procedures for identifying the product during all stages of production, delivery and installation?

No
 Yes

d) Do you use a manufacturing planning?

No
 Yes (please attach an example of your planning)

e) Do you register the Non Conformities occurred during the activities?

No
 Yes

f) Do you record the corrective and preventive actions?

No
 Yes

g) Please explain how you asses and control your suppliers:

Do you develope an Erection/Construction planning

for site activities follow-up ?

No
 Yes, what software do you used ?

Primavera Enterprise
 MS Project
 Other ...

4) HEALTH AND SAFETY DOCUMENTS

Please attach HSE Certificates owned by the Company (if any) and the Safety Plan.

Are you certified to ISO 45001?

<input type="checkbox"/>	Yes (please attach a copy of your certificate)
<input type="checkbox"/>	No
<input type="checkbox"/>	others, please specify:

How many accidents have been occurred to your personnel during last 5 years?

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Describe the five biggest accidents occurred to your personnel in the last 5 years:

1)	
2)	
3)	
4)	
5)	

How many people have been involved in the above described accidents:

1)	
2)	
3)	
4)	
5)	

How many mortal accidents have been occurred during last 5 years?

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Which is the average number of days in which personnel is absent from work due injury?

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5) MAIN REFERENCES / PROJECT EXPERIENCE

Please forward the list of Main Jobs completed during the last 3 years and/or currently in progress.

Customer Name	Project	Year	Location	Scope of works	Contract amount