

## QUESTIONNAIRE

Please fill in the blank by typing or select among the choices in the column.  
**Bold line cells** will be filled later, so you need not fill them.

<b>1. Basic Information</b>				
Vendor Name				
Address of Company (Country)				
Name of Contact				
TEL No. (INT. +)		E-mail address		
FAX No. (INT. +)		Number of Employee		
Sales Amount in the last fiscal year				
Parent Companies and Ownership(%)				
Foreign Capital	<input type="checkbox"/> UNDER 30% <input type="checkbox"/> UNDER 50% <input type="checkbox"/> UNDER 70% <input type="checkbox"/> OVER 70%			
Date of Establishment				
Main Product			Product Code	
Number of Permanent Employees	<input type="checkbox"/> UNDER 10 <input type="checkbox"/> UNDER 50 <input type="checkbox"/> UNDER 100 <input type="checkbox"/> OVER 101 (approximate number : )			
English Capability -Please check the below.				
-Speaking and writing/reading documents & drawings	<input type="checkbox"/> very smooth <input type="checkbox"/> Normal <input type="checkbox"/> difficult			
-Availability of QA documents in English	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Design Capability - If Yes, please fill in the Number of Engineers below.				
-Engineers	<input type="checkbox"/> UNDER 10 <input type="checkbox"/> UNDER 50 <input type="checkbox"/> UNDER 100 <input type="checkbox"/> OVER 101			
-Designer / Technical Staff	<input type="checkbox"/> UNDER 10 <input type="checkbox"/> UNDER 50 <input type="checkbox"/> UNDER 100 <input type="checkbox"/> OVER 101			
-Drawer / Drafter / CAD Operators	<input type="checkbox"/> UNDER 10 <input type="checkbox"/> UNDER 50 <input type="checkbox"/> UNDER 100 <input type="checkbox"/> OVER 101			
Main Clients (Name)				
Dun & Bradstreet rating (if any)				
Rating of other rating company (if any)				
Financial Status	Currency (                    )			
	Latest	one year before	two years before	
-Sales				
-Gross Profit / (Loss)				
-Operating Profit / (Loss)				
-Net Profit / (Loss)				
QA Certificate				
-ISO	<input type="checkbox"/> ISO9000 <input type="checkbox"/> ISO14000			
-Other Certificate(please fill in the box, if any)				
<b>2. General Experience of Project Work</b>				
Experience in Plant Type	Number of Order (within past XX years)			
		10years	5years	1year
-Power (Thermal)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Power (Nuclear)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Petrochemical Plant	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Others	Specific Category (                    )			
Experience in Work Category	Number of Order (within past XX years)			
		10years	5years	1year
-Engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Manufacturing	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Procurement	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Trading Only (as agent)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
-Others	Specific Category (                    )			
Experience with Russian and Japanese Companies (Company/Project/Work Category/Completion Year)	Company Name (                    ) Detailed Information (                    )			
<b>3. Submittal Documents: Please enclose the following documents when you reply to this questionnaire.</b>				
<b>1) Company brochure book (English)</b>				
<b>2) Product Catalog (English)</b>				
<b>3) Experience record (English)</b>				
<b>4. Technical Information:</b>				
1) Location of Main Factory *				
2) Number of Factory Worker				
3) Number of Qualified worker and inspector (Please also indicate specific qualification name ex. welding: 10 workers/ASME BPVC Sec.IX etc.)				
4) Number of QC Engineer				
5) Dimension of the Factory (Number of Building, m2, m3, etc. )				
6) Facilities of Factory (roller, press machine, welding machine, equipment for NDE, etc. )				
7) Information of Facilities of Shop Test				
8) Manufacturing Capacity (maximum thickness, maximum size, maximum weight of a block, overhead crane capacity etc.)				
9) Manufacturing Capability (ton per month, pc per month etc.).				
10) Design and Manufacturing period for main product				
*If you have two or more factory, please provide us with the above information of each location.				