

	<b>SUPPLIER, MANAGEMENT SYSTEM AND PRODUCT INFORMATION</b>	Unique Number: <b>238-104</b>
		Revision: <b>2</b>
		Associated Procedure: <b>238-101</b>

**IMPORTANT NOTES:**

- This schedule may only be completed by the organisation which was invited by Eskom to submit information, a proposal or a tender.
- All parts of this schedule have to be completed, with due regard to the applicable parts and fields.
- All sections are regarded as mandatory, except where the section heading/title is prefixed thus ^.
- In the context of this schedule, the terms “Supplier” and “Company” are used interchangeably, and shall be interpreted as referring to the “Tenderer” itself.
- Absolutely no existing text contained in any part/section of this schedule may be altered, deleted or otherwise defaced. Failure to accede to this condition will render the tender automatically disqualified.

This appendix comprises the following parts:

- Part A – Supplier Information
- Part B – Product Information
- Part C – Integrated Management System Information
- Part D – Capability & Infrastructure
- Part E – Supplier’s Additional Notes (Optional)

**PART A – SUPPLIER INFORMATION**

**1. General Supplier Details**

<b>1. General Supplier Details</b>	
Registered name of Company :	
Company’s Trading Name :	
Business Registration No :	

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Primary Company Type : (Manufacturer / Agent / Distributor)			
Principal's Name : (If a Subsidiary company)			
Licensor's Name: (If manufacturing under licence)			
Formal business association held with: (If an Agent / Distributor)			
Assigned Eskom Supplier Number: (Also indicate which "Division" registered with)			
Applicable Eskom Enquiry / Invitation No:			
(Details of Supplier's officials in overall charge of )			
	(Title)	(Full Initials & Surname)	(Position/ Designation)
Company Policy (most senior):			
Marketing / Sales:			
Design / Development:			
Production:			
Quality Assurance:			
Other:			

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<b>2. Supplier's Address Details</b>			
(Supplier's Physical Address – Head Office)			
Street Name:		Street No:	
Suburb Name:		City / Town:	
Province:		Country:	
(Supplier's Postal Address – Head Office)			
P.O. Box No:		Postal Area Name:	
or			
Private Bag No:		Postal Code:	
(Supplier's Contact Details – Head Office)			
Telephone No: (Main Switchboard)		International + Area Dialling Codes:	
Facsimile No:			
Company e-mail address :		Company Internet Web Address (URL) :	
<b>3. ^Supplier's Own Additional Geographically Dispersed Production Facilities / Operations</b>			
(Supply details concerning <u>every</u> such related facility where multiple, but only if relevant to the items offered)			
Street Name:		Street No:	
Suburb:		City / Town:	

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Province:		Country:	
Telephone No: (Main Switchboard)		International & Area Dialling Codes:	
Facsimile No:		e-mail address:	

(Note: Copy & paste the above section table, where additional facilities/operations, as required)

<b>4. Supplier's Mode of Supply Details</b>	
The following information specifically relates to the supply of products offered, per Part B table 1	
Items offered, will be supplied by the supplier, acting in the capacity as follows:	Record relevant item nos. as applicable (Refer Table 1), or mark N/A ↓
Principal Manufacturer:	
Subsidiary Manufacturer:	
Licensed Manufacturer:	
Agent:	
Distributor:	

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**5 Supplier's Scope of Responsibilities Details**

Areas of <u>Own</u> Responsibility	(Y=Yes / N=No) ↓	Record relevant item nos. (refer Table 1) ↓
Design :		
Manufacture :		
Assembly :		
Routine Insp. & Testing of Final Product :		
Final Testing and Cert. of Final Product :		
Supply of Product :		
Delivery :		

**6. Sub-supplier/ sub-contractor Details**

(The following information relates to the supply of finished products not being the Supplier's own, e.g., where production is undertaken by a sub-supplier/ sub-contractor to the supplier, incl. "Principals".)

(Sub-supplier's Details)

(Origin of Manufacture)	Manufacturer's Name:	
	Country & Town:	
	Factory Location / Physical Address:	
	Applicable Item Nos.:	
(Sub-supplier's Scope of Responsibilities)		

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Areas of Sub-supplier's Responsibility	(Y=Yes / N=No) ↓	Record applicable item nos. (refer Table 1) ↓
Design:		
Manufacture:		
Assembly:		
Routine Insp. & Testing of Final Product:		
Final Testing and Cert. of Final Product:		

*(Note 1: Complete section 6 above relevant to one Sub-supplier only).*

*(Note 2: Copy & paste the section 6 table for additional Sub-suppliers, as required).*

**PART B – PRODUCT INFORMATION**

**Table 1**

**IMPORTANT NOTE:**

Only those products / items, for which an offer is being made, should be listed in the table below. When completing the said table, kindly ensure that the selected / chosen items are recorded with exact reference to the relevant item numbers, etc. as contained in the invitation price schedules. Take particular care **NOT** to effect any re-numbering of any items whatsoever. The first four fields of every row shall be completed in full. Furthermore, at least one field thus designated"\*", shall be completed as applicable. Fields designated with ">" only need completion if the Supplier is not the Manufacturer

Item No #	Eskom's SAP Material #	Eskom's Item Description	Size / Rating	*Supplier's Type Designation	*Supplier's Part No	*Supplier's Cat No	>Manufacturer's Name	>Manufacturer's Product Code

(Insert extra lines as required)

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PART C – INTEGRATED MANAGEMENT SYSTEM INFORMATION		
IMPORTANT NOTES :		
<ul style="list-style-type: none"> <li>• This Schedule is to be completed by the organisation invited by Eskom to submit a tender.</li> <li>• Kindly note that a reply to every question / statement signified by “(Please Select)” in the Supplier’s Response” column, including the “Respondent’s Details” and Supplier names, is mandatory.</li> <li>• Please complete the appropriate answer, namely “YES”, “NO” or “N/A”. Other responses where relevant.</li> <li>• A non-response to any of the mandatory fields described above will constitute sufficient grounds for the summary disqualification of the applicant</li> </ul>		
NO	CRITERIA	SUPPLIER’S RESPONSE
1.	<b>SYSTEM DOCUMENTATION</b> Our Integrated Management System (IMS):	
1.1	-Has been fully documented? <b>(If YES, provide a copy of your IMS Manual.)</b>	(Please Select)
1.2	-Has only been partially documented? If Yes for 1.2, state extent of completion in % of your IMS documentation for the following: <ul style="list-style-type: none"> <li>• Policy Manual/s</li> <li>• Process Documentation</li> <li>• Work Instructions.</li> </ul>	(Please Select)
1.3	-Has the safety management system <b>not</b> been <b>fully</b> integrated into the quality management system? IF Yes for 1.3, state the extent of integration in % of your IMS documentation for the nuclear safety and quality Policy Manual(s)	(Please Select)
2.	<b>MANAGEMENT SYSTEM SCOPE OF APPLICABILITY</b> Our IMS documentation currently:	
2.1	-Fully extends to include all the necessary controls, applicable to the product(s) applying for, with due regard to our scope of supply responsibility, as indicated in Part A section 4 and Part B Table 1 above.	(Please Select)
2.2	- Do not yet fully provide for the inclusion of the product(s) covered by this application. If Yes for 2.2, state the extent of the system documentation's shortcomings in respect process, procedures and work instructions etc.	(Please Select)

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<p><b>3.</b></p> <p>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p> <p>3.2</p> <p>3.2.1</p> <p>3.2.2</p> <p>3.2.3</p> <p>3.2.4</p> <p>3.2.5</p> <p>3.2.6.</p> <p>3.2.7</p> <p>3.3</p>	<p><b>SYSTEM CONFORMITY</b></p> <p>Our IMS fully complies with the requirements of an International standard:</p> <ul style="list-style-type: none"> <li>• IAEA Safety Requirements GS-R-2</li> <li>• IAEA INSAG Series No 4</li> <li>• IAEA INSAG Series No 13</li> </ul> <p>Quality Management System Standards</p> <ul style="list-style-type: none"> <li>• ISO 9001:2015</li> <li>• ASME Section III Sub-Section NCA-4000</li> <li>• ASME Section III Sub-Section NCA-3800</li> <li>• ASME NQA-1</li> <li>• IAEA GS-R-3</li> <li>• IEEE 467</li> <li>• ASME N45.2</li> </ul> <p><i>Other Standards</i></p> <p>If Yes for 3.3, provide details of the relevant standards, i.e.</p> <p>-Title</p> <p>-Reference</p> <p>-Standards organization's name</p>	<p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p>
<p><b>4.</b></p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p><b>SYSTEM IMPLEMENTATION</b></p> <p>Our IMS currently is:</p> <p>Fully implemented</p> <p>If yes for 4.1 state, the time period for which your IMS has been in full operation.</p> <p><b>Also, provide a copy of your current IMS internal, external and supplier audit schedule.</b></p> <p>Partially implemented</p> <p>IF Yes for 4.2, state the extent of system implementation/operation, relative to the components per 1.2 above.</p> <p>-Not implemented as yet.</p>	<p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p>
<p><b>5.</b></p> <p>5.1</p> <p>5.2</p>	<p><b>SYSTEM CERTIFICATION</b></p> <p>Our IMS has been assessed and currently enjoys certification by an internationally accredited certification body:</p> <p>If Yes to 5.1 state:,</p> <ul style="list-style-type: none"> <li>• The registrar's name,</li> </ul>	<p>(Please Select)</p>

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5.3	<ul style="list-style-type: none"><li>• Country of origin and</li><li>• Registration number</li><li>• Accreditation body</li></ul> <p><b>Also provide a copy of the registration certificate/s and accompanying schedules.</b></p> <p>If No to 5.1 state any other approvals from other bodies/customers</p>	
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<p><b>6.</b> 6.1  6.2 6.3  6.4</p>	<p><b>SYSTEM CERTIFICATION – SUB SUPPLIER/S</b></p> <p>The IMS of our sub-supplier / sub-contractors responsible for finished / semi-finished SSC, products or services fully comply with the requirements of the International codes and standards listed in 3 above.</p> <p>-Our sub-suppliers / sub-contractors IMS has been assessed, and currently enjoy certification by an internationally accredited certification body:</p> <p>If Yes to 6.2 state:,</p> <ul style="list-style-type: none"> <li>• The registrar’s name,</li> <li>• Country of origin and</li> <li>• Registration number.</li> <li>• Accreditation body</li> </ul> <p><b>Also provide a copy of the registration certificate and accompanying schedules.</b></p> <p>If No to 6.2, provide details</p>	<p>(Please Select)</p> <p>(Please Select)</p>
<p><b>7.</b> 7.1  7.1.1  7.1.2  7.1.3  7.2</p>	<p><b>DECLARATION OF UNDERSTANDING AND INTENT</b></p> <p>-We acknowledge having familiarized ourselves with all the requirements of 238-101, and particularly those provisions as listed hereunder:</p> <p>-Preparation and submission of a Safety Culture Enhancement Programme and Plan. (238-101, Section 3.4)</p> <p>-Preparation and submission of a Contract Quality Management Plan. (238-101, Section 3.7.3 and 3.10.2)</p> <p>-Preparation and submission of a Quality Control Plan. (238-101, Section 3.7.3 and 3.15)</p> <p>- We accept the requirements of 238-101, and confirm our intent to comply fully as required.</p> <p><b>Also, provide a compliance matrix that is based on a gap analysis study of your IMS with each requirement of this specification (238-101) to identify the gaps and associated actions for resolution.</b></p>	<p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p>

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**PART D–CAPABILITY & INFRASTRUCTURE**

<b>8.</b>	<b>INFRASTRUCTURE &amp; RESOURCES</b>	
8.1	<p>- The required production plant &amp; equipment are owned by us, are currently available, completely installed and fully operational.</p> <p>- <b>If No to 8.1, provide details of insufficiency.</b></p>	(Please Select)
8.2	<p>-The necessary inspection &amp; testing equipment to conduct both routine and final tests as required by the specified technical specification(s) is owned by us, is fully operational and permanently available at our production works.</p> <p>- <b>If No to 8.2, provide details of insufficiency.</b></p>	(Please Select)
8.3	<p>- The required human resources (staff) to undertake the tasks / work relevant to all areas of our supply responsibility are currently available, continually participating in the SCEP, fully competent and in our permanent employ.</p> <p>- <b>If No to 8.3, provide details of insufficiency.</b></p>	(Please Select)
8.4	<p>-We currently possess the necessary technical design resources to support all the product(s) being offered. Such design staff members are fully qualified, continually participating in the SCEP and are currently in our permanent employ.</p> <p>- <b>If No to 8.4, provide details of insufficiency.</b></p>	(Please Select)
8.5	<p>- We have a formal agreement in place, for the provision of the necessary technical design resources by an associate / sub-supplier/ sub-contractor, in support of the product(s) being offered.</p> <p><b>If Yes, submit a copy of the formal sub-supplier/ sub-contractor agreement.</b></p>	(Please Select)
8.6	<p>- All organisations to which work is being subcontracted have been formally assessed and approved in terms of their capability &amp; capacity to perform the required work according to specified Eskom requirements.</p> <p>- If Yes, are such supplier evaluation / assessment reports available for review upon request?</p>	(Please Select)  (Please Select)
<b>9.</b>	<b>CURRENT BUSINESS RELATIONSHIP WITH ESKOM</b>	
9.1	<p>- We currently hold Eskom contracts / acceptance for the supply of items other than covered by this formal invitation.</p>	(Please Select)
9.2	<p>- If Yes to 9.1 above, list the applicable material groups, incl. details</p>	(Please Select)

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	regarding type / size. (Annex info if required.).	
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<b>RESPONDENT'S DETAILS</b>	
<p>The respondent, who completes this Schedule A, is deemed to be an official who holds a current and permanent appointment in the company referred in Part A, Sect. 1 above. Furthermore, this official is currently charged with full delegated authority and responsibility for matters concerning the supplier's IMS.</p>	
Full Names (incl. title):	Mr/Ms/Dr/Prof/Etc
Designation / Official Position Held:	
(Respondent's Contact Details)	
<u>Telephone Details</u>	
International dialling code:	
Area dialling code:	
Personal telephone number:	
Personal telephone extension no:	
Department / Section facsimile no:	
Personal e-mail address :	

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