



**SEPC LIMITED**  
**EXTERNAL PROVIDER ASSESSMENT /**  
**APPROVAL FORM**

<b>Format No</b>	IMS/PU/F01
<b>Rev. No</b>	02
<b>Issue No</b>	03
<b>Issue Date</b>	31.03.2021

**REGN. No. :**

**Category :** Manufacturing / Agent / Civil contractor / Logistic / Fabrication / Inspection Agency / Others.

**Item Description:**

**1.0 GENERAL**

- 1.1 Type of Company / Service
- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietor            | <input type="checkbox"/> Stocklist           |
| <input type="checkbox"/> Partnership                | <input type="checkbox"/> Distributor/Dealers |
| <input type="checkbox"/> Private Limited            | <input type="checkbox"/> Trader              |
| <input type="checkbox"/> Public Limited             | <input type="checkbox"/> Others              |
| <input type="checkbox"/> Public Sector / Jr. Sector |  |

- 1.2 Name of the Company/Service \_\_\_\_\_
- 1.3 Year of Commencement \_\_\_\_\_
- 1.4 Name of the Promoter \_\_\_\_\_
- 1.5 **Address for Correspondence:** \_\_\_\_\_

Contact Person & Cell No. \_\_\_\_\_

Telephones, Email ID. \_\_\_\_\_

**Work Address:** \_\_\_\_\_

Telephone, Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

Contact Person & Cell No. \_\_\_\_\_

**1.6 Organisation Strength**

Managers		Design & Development	
Engineers		Quality Engineer	
Supervisors		HSE Engineer	
Skilled		Finance Account	
Semi-Skilled		Admin	
Others (If any)			
		<b>Total</b>	

- 1.7 Year of Starting Business \_\_\_\_\_
- 1.8 Are you an Associate Companies: (if yes, provide Authorized letter) Yes  No
- 1.9 Are you a Dealer / Distributor (Provide Authorization letter) Yes  No
- 1.10 Statutory and regulatory compliance if any: \_\_\_\_\_

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1.11 Legal Comments If any: \_\_\_\_\_

1.12 Environment & Safety Compliance if any: \_\_\_\_\_

**2.0 FINANCIAL AND COMMERCIAL**

2.1 Turnover for current and last 3 years:

YEAR	I.N.R (in LAKHS)
CURRENT YEAR	:
	:
	:
	:

2.2 Name of the Banker & Address: \_\_\_\_\_

2.3 E.C.C. Number :

2.4 GST No. :

2.5 PAN No. :

2.6 Company Registration Number :

2.7 Copy of Income Tax Clearance Certificate :

2.8 Last 3 years balance sheet (Enclosed)

1<sup>ST</sup> YEAR :

2<sup>ND</sup> YEAR :

3<sup>RD</sup> YEAR :

**3.0 MANUFACTURE / TECHNICAL FACILITIES**

3.1 List of Plant and Machinery : Enclose Details

Installed with capacity and rating : (Attach separate Sheet)

3.2 Do you have captive power Yes  No

If YES, please mention the Capacity \_\_\_\_\_

3.3 Shop floor Particulars - Covered area: \_\_\_\_\_

Open area: \_\_\_\_\_

3.4 Details of facilities available for Manufacturing and Production (Enclosed)

3.5 Range / Capacity \_\_\_\_\_

3.6 Details of Qualified Welders \_\_\_\_\_  
(if applicable) \_\_\_\_\_

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3.7 What is the experience of the vendor in Heavy Engineering Fabrication / Manufacturing? \_\_\_\_\_  
 (Details of orders carried out and type of materials handled). \_\_\_\_\_

3.8 Documented procedure & system in place for handling raw materials, incl. - preservation, identification and traceability, use approved / appropriate material, facilities for collecting and delivering the material. \_\_\_\_\_

**4.0 QUALITY CONTROL ACTIVITIES:**

- 4.1 Is there a separate section responsible for Quality Control Yes  No
- 4.2 Whether there is a documented Quality System available? Yes  No
- 4.3 Are Reference standards available? Yes  No
- 4.4 Are you an ISO-9000/ ISO-14001/ ISO 45001 Certified Company? Yes  No

If YES, please provide details :

- 4.5 Particulars of Inspection and Testing equipment (Enclose Details)
- 4.6 Are measuring Instruments/Gauges and measuring Calibrated at regular intervals? Yes  No

4.7 What is the Average Rejection level in your production for the past 3 year's \_\_\_\_\_

4.8 Give details of testing facilities (Enclose a copy) \_\_\_\_\_

4.9 Do you redirect your work to Sub-contractors? \_\_\_\_\_  
 If YES, what is the Control over subcontractors? \_\_\_\_\_

4.10 How do you assure Quality of work from subcontractors? \_\_\_\_\_

4.11 What is the procedure adapted by you for checking Quality of work from subcontractors \_\_\_\_\_

4.12 Nature of Activities –Third Party inspection Fabrication/ Machining/ Erection/ Commissioning/ Testing/ Calibration \_\_\_\_\_



Engineering the Future

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- 4.13 Codes & Standards followed \_\_\_\_\_  
\_\_\_\_\_
- 4.14 Any Quality plan for the manufacture of the product seeking registration last 3 years \_\_\_\_\_  
\_\_\_\_\_
- 4.15 Approval of Quality Plan from Third party, such as LRIS/ BHEL/ EIL/ NTPC/ etc. \_\_\_\_\_  
\_\_\_\_\_
- 4.16 What is the customer complaint level for the last 3 years?  
**1<sup>ST</sup> YEAR :** \_\_\_\_\_  
**2<sup>ND</sup> YEAR :** \_\_\_\_\_  
**3<sup>RD</sup> YEAR :** \_\_\_\_\_

**5.0 HEALTH & SAFETY:**

- 5.1 Do you have Health & Safety policy? Yes  No   
If YES (Please attach a copy) \_\_\_\_\_
- 5.2 A person, who is responsible for Health & Safety Management System in your organisation? Yes  No   
If YES (mention details) \_\_\_\_\_
- 5.3 What is the procedure followed for Health & Safety Management System in your organisation? Yes  No   
If YES (mention details) \_\_\_\_\_
- 5.4 How you complied with your local legal Health & Safety regulations in the last 12 months? If YES (mention details & enclose sample evidence) Yes  No
- 5.5 Do you have Health & Safety objectives for the current year? Yes  No   
If YES (mention details) \_\_\_\_\_
- 5.6 Do you have Health & Safety training for the year? Yes  No   
If YES (mention details) \_\_\_\_\_
- 5.7 Do you have a plan, how to minimize your potential hazards in your organisation? Yes  No   
If YES (mention details) \_\_\_\_\_
- 5.8 Has your organization served with any prosecutions by Directorate of Industrial Safety or similar bodies in the past 3 years? Yes  No   
If YES (mention details) \_\_\_\_\_
- 5.9 Do you have any Risk Reduction program in your process / project management system? Yes  No   
If YES (mention details) \_\_\_\_\_

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5.10 What procedure that your organization follows for Hazard Identification & Risk Assessment in your process / project?

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5.11 What is the Health & Safety incident level for the last 3 years?

**1<sup>ST</sup> YEAR :** .....

**2<sup>ND</sup> YEAR :** .....

**3<sup>RD</sup> YEAR :** .....

**6.0 ENVIRONMENT:**

6.1 Do you have an Environmental policy? Yes  No

If YES (Please attach a copy) .....

6.2 A person, who is responsible for Environment Management System in your organisation? Yes  No

If YES (mention details) .....

6.3 What is the procedure followed for Environmental Management System in your organisation? Yes  No

If YES (mention details) .....

6.4 How you complied with your local legal environmental regulations in the last 12 months? If YES (mention details & enclose sample evidence) Yes  No

.....

6.5 Do you have Environmental objectives for the current year? Yes  No

If YES (mention details) .....

6.6 Do you have environmental training for the year? Yes  No

If YES (mention details) .....

6.7 Do you have a plan how to minimize your significant environment impacts in your organisation? Yes  No

If YES (mention details) .....

6.8 Has your organization served with any prosecutions by pollution control board or similar bodies in the past 3 years? Yes  No

If YES (mention details) .....

6.9 Do you have any recycle, reduce and reuse system in your materials management system? Yes  No

If YES (mention details) .....

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6.10 What procedure that your organization follows for waste Management / Disposal?

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.....

.....

6.11 What is the Environmental incident level for the last 3 years?

**1<sup>ST</sup> YEAR :** .....

**2<sup>ND</sup> YEAR :** .....

**3<sup>RD</sup> YEAR :** .....

7.0 **Attach relevant documents with separate sheet:**

Company Profile		Current year balance sheet	
Company Registration		Dealer Appointment	
PAN Card		Third party approval	
GST Certificate		Manufacturing facility	
Cancelled Cheque		Branch list	
ISO certificate		List of Plant & Machinery	
ISI Certification		Quality measuring instruments	
Client List		Relevant PO Copies	
Organization Chart		QAP & TCS by reputed TPI	

Place : .....

Signature : .....

Date : .....

Name of Signatory : .....

Note :

1. Attach separate sheets wherever necessary.
2. Inform immediately in case of any change in the information furnished here.
3. Please fill up the Annexure attached.

**FOR OFFICE USE ONLY**  
(Please turn over to Pg. 07)

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**FOR OFFICE USE (SEPC)**

1. Name of QC / QA TPI Engineer who made assessment at Vendor's place

\_\_\_\_\_

2. Rating for the Vendor

Excellent

Good

Average

Poor

Remarks after ASSESSMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HEAD-Quality  
(Authorised Signatory)

3. Approved / Rejected :

Comments, If any : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HEAD-Project  
(Authorised Signatory)

4. Approved / Rejected :

Comments, If any : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HEAD-Purchase  
(Authorised Signatory)

Controlled Copy