**TECHNICAL QUESTIONNAIRE**

**REF. IO/23/MS/10024757/ABN**

**SUPPLY**

**OF ITER IN-VESSEL COILS (IVC) FLOWMETERS**

***Firms interested in participating to this market survey shall return a completed questionnaire to the following email address*** ***Celine.Dimento@iter.org*** ***and in copy*** ***Andrew.Brown@iter.org*** ***, no later than 2 May 2023.***

***Please note that this is not a Call for Nomination request. At this moment the ITER Organization (IO) is preparing a contract and procurement strategy for this project.***

# *General information about the Company / Institute compiling the questionnaire*

**Company Name**: …………………….

## *Persons to be contacted:*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Contact person*** | ***Name + Title*** | ***Email address*** | ***Telephone*** |
|  ***Commercial Matters:*** |  |   |  + |
|  |  |  |  |
|  ***Technical Matters:*** |  |  |  + |
|  |  |  |  |

***Main activities***

|  |  |
| --- | --- |
| ***Main activities*** | ***Description*** |
| 1.
 |  |
| 1.
 |  |
| 1.
 |  |
|  ……………………. |  |

***Turnover***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Contact person*** | ***Turnover******2020*** | ***Turnover******2021*** | ***Turnover******2022*** | ***Number of employees*** |
|  **All activities** |  |  |  |  |
|  *In the field of mass flow sensors* |  |  |  |  |

# *Technical Competence and Experience*

* 1. ***Do you have experience in the manufacturing of non-invasive mass flow sensors and their corresponding electronics?***

**YES** [ ]  **NO** [ ]

If YES, please could you provide us with a short description of the type of equipment:

If NO, please could you explain in more details what type of equipment you produced being relevant for our equipment:

* 1. ***Have your sensors/equipment/cables been ever qualified for nuclear radiation environment?***

**YES** [ ]  **NO** [ ]

If YES, please could you provide us with a short description of how you have qualified them, for what type of radiation, to what level and where this qualification was done:

If NO, please could you explain in more details if you would be able to do it and how you would implement such a qualification:

* 1. ***Have your sensors/equipment been ever tested or qualified against EMC (electromagnetic compatibility)?***

**YES** [ ]  **NO** [ ]

If YES, please could you provide us a short description of how you have qualified them and to what level. If the level is below our requirement please detail what modification you think would be needed to achieve it:

If NO, please could you explain in more details if you would be able to do it and how you would implement such a qualification:

* 1. ***Have you ever performed SIL (Safety Integrity Level) certification for your equipment?***

**YES** [ ]  **NO** [ ]

If YES, have you done it for the type of equipment we are looking for and to which SIL level:

If NO, please could you explain if you could do a SIL-2 certification as required by our procurement and what type of changes of equipment would be needed to achieve this certification level:

* 1. ***Do you have experience in cabling mass flow sensors to the electronic equipment over a distance of 375 m (or more) without active signal amplification?***

**YES** [ ]  **NO** [ ]

If YES, please explain what signal strength you obtained:

If NO, please could you explain under what conditions (higher error rate, …) you think this would be achievable:

# *Quality Assurance*

***Are you certified ISO 9001:2010, or others in the field of this project?***

**YES** [ ]  **NO** [ ]

***Please specify your certifications.***

|  |  |  |
| --- | --- | --- |
| ***QA Certifications*** | ***Comments*** | ***Validity Period*** |
|   |  |   |
|  |  |  |
|  |  |  |

# *Project Schedule*

***Do you think the delivery schedule is feasible as defined in Section 1.2.2 of the Technical Specifications document?***

**YES** [ ]  **NO** [ ]

If NO, please explain the exceptions and present a more relevant draft schedule proposal:

# *General Comments*

***Please indicate any other information that may be relevant for this market survey.***

|  |  |
| --- | --- |
| Signature: | COMPANY STAMP |
| Name:  |
| Position:  |
| Tel:  |
| Date:  |