**TECHNICAL QUESTIONNAIRE**

**Ref. IO/MSY/21/PPD/LLU**

**Thermal and radiation hardness adaptation, supply and**

**qualification of Port Plug accelerometers**

***Firms interested in participating to this market survey shall return a completed questionnaire to*** [***Lijun.Liu@iter.org***](mailto:Lijun.Liu@iter.org) ***and copy to*** [***Chloe.Perret@iter.org***](mailto:Chloe.Perret@iter.org)  ***no later than Wednesday 15th September 2021.***

***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.***

***For all questions in the document, please refer to the ITER Market Survey Technical Requirements ref. ITER\_D\_ 5UDAWW v1.0.***

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

**Company Name**: …………………….

**Company Address: …………………….**

## *Persons to be contacted:*

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

***Main activities***

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

***Turnover***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Contact person*** | ***Turnover***  ***2018*** | ***Turnover***  ***2019*** | ***Turnover***  ***2020*** | ***Number of employees*** |
| **All activities** |  |  |  |  |

# *Technical Competence and Experience*

* 1. ***Do you have any experience to supply Optic Fiber (OF) Accelerometers?***

**YES**  **NO**

If YES, please provide number of units delivered, number of items in current catalog, as well as target markets and industrial applications:

If YES, please provide the OF sensor technology used (and % of catalog in case multiple technologies):

If YES, please provide standard development duration for a new OF accelerometer design:

If YES, please provide standard procurement period of the tool:

* 1. ***Do you have a product similar to the product required in the attached Technical requirement?***

**YES**  **NO**

If YES, please provide product(s) specifications, dimension and material:

* 1. ***The IO requirement will need design modifications on the existing product. Do you have the potential engineering capability to modify your existing products to fit to the the customer’s specific requirements?***

**YES**  **NO**

If YES, please provide some examples. Also could you please specify any technical difficulties you already foresee from the attached technical requirements? Any suggestion or request will be welcome. (Note: The technical requirements in the attached document are still preliminary ones and the official technical specifications will be prepared at the time of the tendering at later stage.)

If NO, please let us know which requirements are beyond your experience, what is the basis for believing that you cannot provide it:

* 1. ***Do you have tools and equipment that can be used for immediate testing to verify accelerometer performance during the adaptation work?***

**YES**  **NO**

If YES, please indicate the facilities you have for such testing and qualification

If NO, please give us the duration to fabricate or get one procured (not newly designed, just fabricate one by existing design), or alternatively, the estimated additional time required for external testing:

* 1. ***Is there any requirement that cannot be satisfied with your products?***

**YES**  **NO**

If YES, do you have any alternative plans to compensate by relaxing such requirements?

Please explain your alternative plans if possible:

* 1. ***If possible, could you please provide the budgetary price indication of your existing product (catalogue items) most similar the required one? (Note: This budgetary price will not be used for evaluation of your company. This is only for the IO’s information for planning purpose. Also it is the budgetary price of your existing product as it is without taking into account the IO’s specific technical requirements).***

# *Quality Assurance*

***Are you certified ISO 9001 or equivalent?***

**YES**  **NO**

***Please specify your certifications.***

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

# *General Questions*

* 1. ***If you have any concerns about the use and attachment of OF accelerometers to the ITER Port Plugs according to your experience, please provide your idea and opinion*** ***on how to mitigate the concerns? (not an obligation and no responsibility on you for this answer)***

* 1. ***Please indicate any other information that may be relevant for this Market Survey.***

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