**Annex II - Questionnaire**

**Ref. IO/MS/25/IDFI-PC/GRD**

**In-Vessel Diagnostic, Fueling & Instrumentation (IDFI)**

**Protection Covers Final Design, Manufacturing and Delivery**

***Firms interested in participating to this market survey shall return a completed questionnaire to the following email address guillaume.retaillaud@iter.org no later than 31 July 2025.***

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

For all questions in the document, please refer to the Annex I - Technical Summary ref. ITER\_D\_ EEP84R.

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

**Company Name**: …………………….

**Address:** …………………….

## ***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******2022*** | ***Turnover******2023*** | ***Turnover******2024*** | ***Number of employees*** |
|  **All activities** |  |  |  |  |
| ***In the field of*** Assembly of Nuclear Plants or classified installations |  |  |  |  |

# *Technical Competence and Experience*

* 1. *Have you previously completed the final design and manufacturing of custom protective enclosures or covers for use in the nuclear industry or similarly regulated environments (e.g., aerospace, defense, medical)?*

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

If yes, please provide overview and any complementary information:

# *Can you demonstrate experience in projects requiring full design finalization based on a conceptual input, including detailed manufacturing drawings and material selection?*

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

If yes, please provide overview and any complementary information:

# *Do you have experience designing components for ergonomic manual handling (e.g., single-operator or two-operator handling, weight limits, lifting points?*

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

If yes, please provide overview and any complementary information:

# *Company’s capacity*

# *Do you have in-house capabilities for precision machining and fabrication of stainless steel and/or aluminum and/or similar alloys suitable for nuclear environments? Also please mention if you have any 3D-printing capacity of high-strength polymers.*

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

If yes, please provide overview and any complementary information:

***3.2*** *Are you able to manufacture and deliver products entirely off-site, with appropriate packaging, traceability documentation, and compliance with nuclear-grade shipping standards?*

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

If yes, please provide overview and any complementary information:

# *Nuclear / first-of-a-kind experience*

*Are you familiar with ITER alike projects?*

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

Please provide overview and any complementary information:

# *Quality Assurance*

*Is your organization ISO 9001 certified or operating under an equivalent quality management system applicable to the manufacturing of safety-related or high-reliability components?*

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

***Please specify your certifications.***

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

# *Scope of Works*

# *Would your Company / Institute cover the full scope of works as a single contractor?*

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

If NO, please specify and justify which part of the contract would be taken over by another company, and in which role: as a partner in a consortium or as a subcontractor? Please indicate the name and address of the potential company/companies if known at this time.

Please provide the information requested in the below table:

|  |  |  |
| --- | --- | --- |
| ***Services to be performed by another company******(and % of the work)*** | ***Partner in a consortium or Subcontractor******+ Name and Address (optional)*** | ***Comments*** |
| …………………………………………………………… |  |  |
| …………………………………………………………… |  |  |
| …………………………………………………………… |  |  |

# *General comments*

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

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