ETICS	**ASSESSMENT REPORT** **of a CB** **~~PAAG~~ ETICS xxxx RAR**	**OD ECS 074**

Certification Body:

Name

Address

Date of assessment: yyyy-mm-dd

Assessment as Certification Body
in the European Certification Systems

Draft

1, EEPCA to ETICS
2, add chapter numbers
3, delete table structure
4, delete scope evaluation table
5, find solution to “last internal audits, last TL audits, OSM participation etc, to work with actual years
6, Assessment report reference “ETICS RAR xxxx”

1. Object and field of Assessment

Certification Body					
Assessment Date(s)	yyyy-mm-dd				
Address of the assessment					
European Assessor(s)					
Initial- / Re- / Scope extension- / Follow-up Assessment	☐ IAR	☐ RAR	☐ EAR	☐ FxR	

Remarks: (if any):

1.1 Certification schemes covered by the assessment

Certification Schemes			
APPLICABLE EUROPEAN SCHEME		RESPONSIBLE CONTACT PERSON OF THE CB	ASSESSMENT BASE
CCA ~~ENEC~~	☐		~~P~~OD ECS 050, ~~P~~OD ECS 051
CCA-EMC ~~CCA~~	☐		
ENEC ~~EMC~~	☐		
ENEC+	☐		PD ENEC 301 Annex E
HAR	☐		HAR PD 3
CIG	☐		OD ECS 050, OD ECS 051

1.3 Legal entity name and address

Legal entity name	
Address	
Contact Person	
E-mail	
Telephone:	
Mobile	
Website	

1.4 Testing Laboratories of the Certification Body

Laboratory Name	Country	City	Scheme

2. CERTIFICATION BODY

2.1 Brief history of the Certification Body:

…

2.2 Organisation of the Certification Body

If the quality management system is such that the Quality Manual and/or Quality Procedure include one or more organization charts then this could be attached as an Annex 2 to the Assessment Report

…

3. PERSONNEL STRUCTURE

3.1 Employees

Number of overall people employed by the legal entity of the Certification Body	
Number of people working in the overall product certification area	
Number of people involved with the product certification activity within the scope of this assessment	

3.2 Responsible Managers for Certification

Name	Position (title) and field of expertise	Years of relevant experience	Experience checked & found appropriate		Reports to~~mark~~
			Yes	No	
			☐	☐	
			☐	☐	

3.3 Principal staff involved on Certification. (Including remote certification officers)

Name – indicate if remote certification officer	Position *~~Certifier~~	Years of relevant experience	Experience checked & found appropriate		Remark
			Yes	No	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

** Explain Position, with relevance to certification processes, e.g. signing, decision making, proposal, review, administration, evaluation – if applicable.*

* Explanation of Position:

…

3.4 Staff involved in the Quality Management System of the Certification Body

Name	Position	Years of relevant experience	Experience found appropriate		Remark
			Yes	No	
			☐	☐	
			☐	☐	

4. GENERAL

4.1 General requirements of the European schemes

	YES	NO	NCR
Is/are the European Certification Scheme(s) concerned identified in the Quality Management System, including assignment of responsibilities and authorities?	☐	☐	/
Is relevant documentation, (at least regarding ECS and Schemes requirements, EN standards, OSM decisions accessible for relevant employees?	☐	☐	/
Does the organisation have insurance cover for 2,000,000 € indemnity?	☐	☐	/
Documentation reference / comments: …			

4.2 Communication

	YES	NO	NCR
Is the Certification Body represented and participating in relevant scheme activities, including the OSMs?	☐	☐	/
Is/are the Testing Laboratory(ies) and/or inspection body(ies) used by the Certification Body trained in the specific European requirements?	☐	☐	/
Documentation reference/comments: …			

4.3 Participation in the annual OSM Meetings in the previous and actual year:

Year (Yes No NA)	YYYY-1	YYYY	Internal staff training on OSM matters
OSM BAT	YES / No		
OSM EE			
OSM FIP			
OSM HA			
OSM HAR			
OSM IN			
OSM LUM			

4.4 Internal Audits

Internal Audits	YES	NO	NCR
Are plans/procedures established following OD ECS 080?	☐	☐	/
Are Internal Audit results recorded following OD ECS 085 and OD ECS 086?	☐	☐	/
Documentation reference/comments: …			

4.4.1 Internal audits in the Certification Body during the last 3 years

reference	Assessment date			Nr of non conformities			still open NCRs

4.4.2 Internal assessments by the CB at associated Testing Laboratories during the last 3 years

Laboratory name	CB internal assessment			Nr of non conformities			still open NCRs

4.4.3 External assessments of the CB and of associated TLs by IECEE during the last 3 years:

Name	IECEE assessment		Nr of NCRs	still open NCRs
	Date	Ass report		

5. CERTIFICATION PROCESSES OF THE INDIVIDUAL SCHEMES

5.1 ENEC scheme

	NA	Yes	No	NCR
ENEC	☐			
By spot check, using Annex B to OD ECS 095, are documents and records up-to-date and showing compliance with the requirements?	☐	☐	☐	/
Are ENEC certification procedures established and are they followed?		☐	☐	/
Are ENEC licences in accordance with the common format of OD ENEC 321?		☐	☐	/
Are ENEC licences published on the ETICS ~~EEPCA~~ website according to AD ECS 042?		☐	☐	/
Documentation reference/comments: …				

ENEC certification files reviewed:

№	ID number	Cat	Product	Standard	Evaluation	Remarks
1						
2						

5.2 ENEC+ scheme

	NA	Yes	No	NCR
ENEC+	☐			/
Are documents and records up-to-date and showing compliance with the requirements?	☐	☐	☐	/
Are ENEC+ certification procedures established and are they followed?		☐	☐	/
Are ENEC+ licences in accordance with the common format of OD ENEC 321-2 or OD ENEC 321-3?		☐	☐	/
Are ENEC+ licences published on the ETICS ~~EEPCA~~ website according to AD ECS 042?		☐	☐	/
Documentation reference/comments:				

…

ENEC+ certification files reviewed:

№	ID number	Cat	Product	Standard	Evaluation	Remarks
1						
2						

5.3 CCA scheme

	NA	Yes	No	NCR
CCA	☐			/
By spot check, using Annex D to OD ECS 095, are documents and records up-to-date and showing compliance with the requirements?	☐	☐	☐	/
Are CCA procedures for operating as Body A established and followed?		☐	☐	/
Are CCA procedures for operating as Body B established and followed?		☐	☐	/
Are NTRs in accordance with the common format of PD CCA 229-1?		☐	☐	/

Documentation reference/comments:

…

CCA files reviewed:

№	ID number	Cat	Product	Standard	Result of evaluation	Remarks
1						
2						

5.4 HAR scheme

	NA	Yes	No	NCR
HAR	☐			/
By spot check, using Annex A to OD ECS 095, are documents and records up-to-date and showing compliance with the requirements?	☐	☐	☐	/
Are HAR certification procedures established following HAR PD C and are they followed?		☐	☐	/
Are HAR licences in accordance with the common format of HAR OD 105?		☐	☐	/
Are HAR licences published on the ETICS website?		☐	☐	/

Documentation reference/comments:

…

HAR certification files reviewed:

№	ID number	Cat	Product	Standard	Result of evaluation	Remarks
1						
2						

5.5 Use of European Client Testing Facilities (E-CTFs)

	NA	Yes	No	NCR
Use of European Client Testing Facilities (E-CTFs)~~Manufacturers' Testing Laboratories~~	☐			
Are the processes related to E-CTFs according the rule OD ECS 032?		☐	☐	/
Are the ~~MTLs~~ E-CTFs used by the CB~~Certification Body~~ listed ~~i~~on ETICS website / OD ECS 036?		☐	☐	/
Documentation reference/comments: ...				

Reviewed E-CTF assessment reports:

Name	Level	System	Scope	~~2016~~YYYY-2	~~2017~~YYYY-1	~~2018~~YYYY

6. FACTORY INSPECTIONS

6.1 Factory Inspection (CIG requirements general)

	NA	Yes	No	NCR
Factory Inspection (general)	☐			
Are procedures established following PD CIG ~~0~~421?		☐	☐	/
Are inspections planned following PD CIG ~~0~~421~~/OD ECS 026~~?		☐	☐	/
Are inspections following the plans and executed in accordance with the established procedures?		☐	☐	/
Are inspection results reported following PD CIG ~~0~~422 or PD CIG ~~0~~423?		☐	☐	/
Are NCRs established during inspections routinely followed-up and closed?		☐	☐	/
Are NCRs established during sample testing routinely followed-up and closed?		☐	☐	/
Documentation reference/comments: …				

Inspection files reviewed:

6.2 ENEC and ENEC+ inspections

	NA	Yes	No	NCR
ENEC and ENEC+ inspections	☐			
Are Pre-Licence inspections carried out and duly recorded?		☐	☐	/
Are manufacturers inspected following PD ENEC 301-Annex B, PD ENEC 301-Annex F, PD ENEC 308 and PD ENEC 304?		☐	☐	/
Are production samples selected following OD ENEC 324?		☐	☐	/
Are production samples tested following OD ENEC 324 and OD ENEC 324 Annex B?		☐	☐	/
Documentation reference/comments: …				

Overall number of factory inspections~~/product surveillance te~~ for **ENEC in year:**	YYYY

Number of factories to be inspected	Number of factory~~.~~ inspection performed during the last year~~until yyyy-mm-mm~~	Number of qualified inspectors

Overall number of Product Surveillance Tests for **ENEC in year:**			YYYY
Number of factories with ENEC license	Number of performed Product Surveillance Tests	PST with negative result	Number of not received samples

Inspection files reviewed:

6.3 CCA inspections

	NA	Yes	No	NCR
CCA inspections				
Are Pre-Licence inspections carried out and duly indicated on the NTRs issued?		☐	☐	/
Documentation reference/comments: …				

Inspection files reviewed:

6.4 HAR inspections

	NA	Yes	No	NCR
HAR audits/inspections	☐			
Are manufacturers audited/inspected following HAR PD 5?		☐	☐	/
Are production quantities/samples selected following HAR PD D?		☐	☐	/
Are production samples tested following HAR PD D?		☐	☐	/
Documentation reference/comments: …				

Overall number of factory inspections/product surveillance tests ~~in 2017~~ for **HAR** in:			YYYY
Number of factories to be inspected	Number of fact. inspection performed in previous year	performed Product surveillance test	Number of qualified inspectors

6.7 CIG inspections on behalf of other CIG Members

	NA	Yes	No	NCR
CIG inspections on behalf of other CIG Members	☐			
Are CIG inspections carried out for other CIG Members and duly recorded?		☐	☐	/
Are manufacturers inspected following OD CIG 402		☐	☐	/
Are production samples selected if requested?		☐	☐	/
Documentation reference/comments:				

Inspection files reviewed:

6.6 Training of inspectors

	NA	Yes	No	NCR
Training of inspectors	☐			
Are inspection staff appropriately trained/qualified according to OD CIG 440 and in the specific European requirements, including ENEC training? ~~(if no evidence can be provided for CB or TL, this must be reported as a NCR)~~		☐	☐	/
Are CIG inspectors monitored annually according to OD CIG 440?		☐	☐	/
Documentation reference/comments~~reviewed~~:				

Training records reviewed

7. Scope of the CB and Accreditations

	NA	Yes	No	NCR
Scope of the CB and Accreditations	☐			
Is the scope of the CB in line with the scope of the TLs?		☐	☐	/
Accreditations are in-line with the accreditation information on the ETICS website?		☐	☐	/

7.1 Accreditations of CB for the standards in their scope of the European Schemes ENEC and HAR

Category	BATT	CABL	CAP	CONT	ELVH	EMC	HOR	HOUS	INST	LITE	MEAS	MED	MISC	OFF	POW	PROT	PV	SAFE	TOOL	TRON
CB: category is in the scope ? (Yes/No)	**Y**	N																		
accreditation exist for the category ? (Yes /No)	Y	N																		
Number of standards that do not fall within the scope of a TL																				

7.2 Sampling check of accreditations

Name	Country	Accreditation Body	Accreditation reference nr	Web-link to accr.	Result of evaluation	Remarks
CB						
TL 1						

~~Additional Information~~

~~**Accreditations of CB and TLs for the standards in their scope of the European Schemes ENEC and HAR**~~

~~Number of standards in the scope of the schemes as well as the status of accreditation as stated on the ETICS website:~~

category	BATT	CABL	CAP	CONT	ELVH	EMC		HOUS	INST	LITE	MEAS	MED	MISC	OFF	POW	PROT	PV	SAFE	TOOL	TRON
CB: category is in the scope ? (Yes/No)	Y	N																		
accreditation exist for the category ? (Yes /No)	Y	N																		
TL 1 scope *)	2																			
accreditation exist **)	2																			
TL 2 scope *)		3																		
accreditation exist **)		2																		

*) - number of standards in the scope of the TL in the relevant scheme

**) number of standards in the scope of accreditation – out of the above standards in the scope

Sampling - check of accreditations:

CB:

TL1

TL2

1. NCRS REFERRED TO IN THIS REPORT SHALL BE ATTACHED TO THIS REPORT:

Total number of NCRs attached:	

2. RECOMMENDATIONS OF THE ASSESSMENT TEAM

This assessment has been a sampling exercise and thus every aspect of the Testing Laboratory's activities has not been covered. It does not follow, therefore, that non-conformances do not exist in areas where none have been reported in this assessment report.

Standard recommendations:

1. The Assessment Team recommends **acceptance** of the assessed organisation as reported in this Assessment Report.	☐
2. The Assessment Team recommends **acceptance** of the assessed organisation as reported in this Assessment Report **subject to clearance** of the outstanding Non-conformity Reports as appropriate.	☐
3. The Assessment Team recommends that the acceptance of the assessed organisation is **postponed** until a further **follow-up assessment** is carried out and is found satisfactory.	☐
4. Other, please specify using similar terminology	☐

3. SIGNATURES

Date: YYYY-MM-DD

	Printed name	Signature
Lead Assessor		
Technical Assessor		

Acknowledgement by the assessed organization

☐ We acknowledge and agree with the content of the Assessment Report.

☐ We acknowledge the content of the Assessment Report but we disagree for the following reasons:

Date: YYYY-MM-DD

	Printed name	Signature
Certification Body Representative		
Quality Management Representative		

ANNEX 1A LIST OF STANDARDS APPLICABLE FOR RE-ASSESSMENT

This Annex shall be filled-in only in case of Re-Assessment of CBs which are accredited for less than 50% of the standards under the given Category

Product Category:

The assessment team completes this section.

Lists the corresponding Product Category for each standard selected for this assessment.

Standard:

The assessment team completes this section with the standards selected for this reassessment.

Lists the standards in the Certification Body scope including the editions and amendments.

Number of certificates issued during the last three years:

The Certification Body should provide this information during the assessment.

Certificates issued can also include projects based on the equivalent National Standard.

Assessment team acceptance:

The assessment team completes this section based upon the on-site assessment.

Where insufficient experience is demonstrated the “No” box shall be checked.

The CB can provide a claim of capability to the ETICS Secretariat to keep this standard in the scope of acceptance.

Example:

Certification experience for national/regional standards that are reasonably harmonized with the equivalent IEC standard can be counted as experience if no experience can be demonstrated for the IEC standard. This shall be clearly indicated, for example:

Product Category	Standard (EN) (Without amendment/edition indication)	Number of licences issued for the relevant standards in the last two years	Assessment Team acceptance	
			Yes	**No**
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

ANNEX 1B INITIAL ASSESSMENT / SCOPE EXTENSION ASSESSMENT SCOPE

List of standards

Product Category	Standard EN/HD (Without amendment/edition indication)	Number of licences issued for the relevant standards in the last two years	Assessment Team acceptance	
			Yes	**No**
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

ANNEX 2 ORGANIZATION CHART

ANNEX 3 ACCREDITATION CERTIFICATE OF THE CERTIFICATION BODY RELEVANT FOR THE EUROPEAN CERTIFICATION SCHEMES

ANNEX 3.1 ACCREDITATION CERTIFICATE OF THE TESTING LABORATORY 1 RELEVANT FOR THE EUROPEAN CERTIFICATION SCHEMES

ANNEX 3.2 ACCREDITATION CERTIFICATE OF THE TESTING LABORATORY 2 RELEVANT FOR THE EUROPEAN CERTIFICATION SCHEMES

ANNEX 4 QUALITY MANAGEMENT SYSTEM, INDEPENDENCE AND IMPARTIALITY INCLUDING COMMERCIAL CONSULTANCY

Note: If this Annex has been completed at least once if the organization is accredited according to ISO/IEC 17065 for all the relevant product categories.

If the Certification Body is not accredited for one or more categories, this Annex needs to be completed during each Assessment.

Annex 4.1 Quality Management System

Structure of the Quality System
General requirements
Structural requirements
Resource requirements
Process requirements
Management system requirements
Operational Documents of the relevant schemes
OSM Decisions
Use of appropriate EN standards
Current decisions

Annex 4.2 "Independence and impartiality" including "Commercial consultancy"

4.2.1. General Operating Procedure	Yes	No
Does the Certification Body have a documented procedure for independence and impartiality that as a minimum includes the following while carrying out conformity assessment activities: a) to be objective, b) to identify, avoid, mitigate and manage conflicts of interest, and c) to ensure independence, so as to increase the amount of trust, confidence and value that those activities have in the market place	☐	☐
Document title: Document number:		

4.2.2. Reference Document	Yes	No
Does the Body have access to ISO/IEC 17065~~:2012~~ and in particular Sub-clause 5.2 Mechanism for safeguarding impartiality, "Management of Impartiality?"	☐	☐
Does the Body have access to ISO/IEC 17025~~:2005~~ and in particular Sub-clause 4.1.4 (including Note 2, 4.1.5 B) and 4.1.5 d)?	☐	☐

4.2.3. Knowledge, training and decision making	Yes	No
Does the Body's staff have knowledge of the basic concepts of independence and impartiality?	☐	☐
Were the training records of the Body's staff checked?	☐	☐
Does the Body's selected staff have sufficient knowledge in the principles of independence and impartiality to provide initial training and retraining to other staff?	☐	☐
Names of person(s):		
Were examples of training programs of the Body's staff reviewed and found to be sufficient?	☐	☐
Does the Body's staff select and make pass/fail decisions taking the principles of independence and impartiality into account?	☐	☐
Are the Body's decisions based on objective evidence of conformity (or nonconformity) obtained by the Body's staff?	☐	☐
Are the Body's decisions influenced by other interests or parties?	☐	☐

4.2.4. Documentation and Implementation	Yes	No
Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure the independence and impartiality of all staff?	☐	☐
Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure that the remuneration of staff is free from pressures and inducements and is not dependent on the number, outcome of the result of their activities? Note: It is recognized that the source of revenue of the Body is its customers paying for its services and that this is a potential threat to independence and impartiality.	☐	☐
Does the Body have documented sufficient procedures for the identification, review, resolution and prevention of conflict of interest (including "commercial consultancy") where conflicts of interest are suspected or proven (including subcontracted personnel) and does the Body keep records of such reviews and decisions?	☐	☐

4.2.5. Marketing and advertising materials	Yes	No	N/A
Do the Body's marketing materials give the impression that "commercial consultancy" activities are offered?	☐	☐	
Is the Body linked to an organization that provides "commercial" consultancy services?	☐	☐	☐
Is there a documented policy/procedure to ensure that there is an effective separation between all conformity assessment activities and consultancy services?	☐	☐	☐
Does the Body's certification staff participate in "commercial consultancy"?	☐	☐	☐

4.2.6. Staff declarations	Yes	No
Does the Body require all staff acting on its behalf to declare any potential conflict of interest?	☐	☐

4.2.7. Compliance	Yes	No
Does the Body comply with all the above independence and impartiality principles on an ongoing basis? Note: If the answer to this item is NO a Non-Conformity Report must be issued	☐	☐

NON-CONFORMITY REPORT

All corrective actions shall be cleared within the maximum time period specified in OD ECS 097, after which the deadline penalty will apply immediately, e.g. suspension of the CB from issuing licenses.

Non-conformity Report No: 01/01	Date: YYYY-MM-DD
Name of the Assessed Organisation:	
Category(ies) concerned:	Clause/Sub-clause of Non-conformity:
Non-conformity(ies) description:	
LEAD ASSESSOR: Signature and printed name	MANAGEMENT REPRESENTATIVE: Signature, printed name and title
Root Cause of Non-conformity:	
Proposed Corrective action(s): Implementation Date:	Management Representative Signature, printed name and title/Date:

Proposed Corrective Action(s) acceptance:

☐	**Acceptance, no further verification required**		
☐	**Acceptance, further verification of implementation is required**	☐	**With on-site follow-up assessment**
		☐	**Without on-site assessment**

LEAD ASSESSOR (Signature, printed name/Date)

Implementation verified and Final Clearance provided by Lead Assessor:

LEAD ASSESSOR (Signature, printed name/Date)