



**OPERATIONAL  
DOCUMENT**

**OD CIG  
022422  
Section B.2**

**Pre-Licence Factory Inspection Questionnaire**

TO BE COMPLETED BY THE FACTORY

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**OD CIG 022422 SECTION B.2**  
Questionnaire to be completed by the Factory



Factory Reference:

<b>B.2.1 Factory's registered name and address location:</b>	
Factory's registered name:	
Street and No.:	
Postal Code:	
City:	
Province:	
Country:	
GPS-coordinates (optional)	<input type="checkbox"/> N: <input type="checkbox"/> S: _____ <input type="checkbox"/> E: _____ <input type="checkbox"/> W: _____
Directions for reaching the factory (nearest railway station, airport): <i>Attach photocopy of local map (if possible).</i>	
<b>B.2.2 Data of the Factory representative name and contact persons data located in the factory and the management representative responsible for product certification:</b>	
Name of the contact person: Factory	
Function Position:	
Telephone: (incl. country code):	Country Code: _____ City Code: _____ Phone: _____
Fax: Mobile (incl. country code.):	Country Code: _____ City Code: _____ Phone: _____
E-Mail:	
Name of the deputy contact person: Factory representative	
Function Position:	
Telephone: (incl. country code):	Country Code: _____ City Code: _____ Phone: _____
Fax: Mobile (incl. country code.):	Country Code: _____ City Code: _____ Phone: _____
E-Mail:	
Name of the management: Management	
Function Position:	
Telephone: (incl. country code):	Country Code: _____ City Code: _____ Phone: _____
Fax: Mobile (incl. country code.):	Country Code: _____ City Code: _____ Phone: _____
E-Mail:	
<b>B.2.3 Factory's head office registered name, address and contact data (if different from B.2.1):</b>	
Factory head office name:	
Street and No.:	
Postal Code:	
City:	
Province:	
Country:	
Telephone: (incl. country code):	Country Code: _____ City Code: _____ Phone: _____
Fax: Mobile (incl. country code.):	Country Code: _____ City Code: _____ Phone: _____
E-Mail:	

**Note:** Management representative may be located outside the factory, e.g. at the head office.



Factory Reference:

<b>B.2.4</b>	<b>Total number of employees in the factory: Number of employees engaged in the production of certified products:</b>		
<b>B.2.5</b>	<b>Specify which safety critical components are purchased from outside suppliers (such as switches, lamp holders, cord-sets, motors, transformers, sub-assemblies or parts of components such as contacts, etc.)?</b>		
<b>B.2.6</b>	<b>Describe in detail and make reference to documentation (copies may be attached), routine tests, Product Verification Test's (PVTs) as applicable and inspections performed in receiving, in-process and final inspection and testing in order to ensure conformity of the end product with the applicable standards.</b>		
<b>B.2.7</b>	<b>Which Certification Marks are already granted by other Certification Bodies for this product category?</b>		
<b>Product Category</b>	<b>Product</b>	<b>Electrical Insulation Class(es)</b>	<b>Certification Marks</b>
<i>Product Category: For details refer to: <a href="#">ETICS - European Standard Database</a></i>			
<b>B.2.8</b>	<b>Has the factory's quality system been assessed and certified? Please give details.</b>		



**B.2.9**

~~We agree that the Inspector representing the Certification Body may enter all locations of the production process including receiving inspections which are essential for conformity of the complete product with the relevant standards, during normal working hours, after having contacted the contact person or the deputy contact person.~~ **Are ALL relevant production processes for the certified products located at the location as mentioned under B.2.1 Factory's registered name and address?**

*E.g.:*

- Verification of purchased components and materials which have a safety implication on the certified product (Incoming Inspection)
- Production Control, Monitoring and Routine Tests
- Functional Check of Test and Measuring Equipment used for Safety Tests
- Products seen in Production during visit – Marking of Products
- Calibration/ Verification of Safety Test and Measuring Equipment
- Handling and Storage
- Product Verification Tests/ Periodic Tests (PVT)
- Corrective actions in response to Inspector's evaluation
- Quality Management System
- Factory's self-assessment of the manufacturing and control process of certified Products
- Complaints
- Certified Products and Changes to Certified Products
- Selection and Shipping of Sample(s)

**B.2.10**  YES  NO

**Signed for the Factory:** \_\_\_\_\_

Deleted Cells

*If "YES", please continue with question B.2.10*

*If "NO", please give details and answer the questions B.2.9.1 to B.2.9.10*

~~Name and Function:~~ **B.2.9.1**

\_\_\_\_\_ **At which location is the verification of purchased components and materials which have a safety implication on the certified product (Incoming Inspection) done?**



Factory Reference:

Same location as mentioned under B.2.1!

Other location, please provide details.

Details:

**B.2.9.2 At which location is the final assembly of the certified product carried out?**

*Note: There shall be evidence that the production/assembly process is controlled in such a way that the finished products are identical to the certified version.*

Same location as mentioned under B.2.1!

Other location, please provide details.

Details:



<b>B.2.9.3 At which location is the final inspection (<u>routine test</u>) carried out?</b>
<input type="checkbox"/> Same location as mentioned under B.2.1!
<input type="checkbox"/> Other location, please provide details.
Details:
<b>B.2.9.3.1 At which location are required Product Verification Tests / Periodic Tests (PVT) carried out?</b>
<input type="checkbox"/> Same location as mentioned under B.2.1!
<input type="checkbox"/> Other location, please provide details.
Details:
<b>B.2.9.4 At which location is the application of the Certification Mark done?</b>
<input type="checkbox"/> Same location as mentioned under B.2.1!
<input type="checkbox"/> Other location, please provide details.
Details:
<b>B.2.9.5 At which location is the Packaging of certified products done?</b>
<input type="checkbox"/> Same location as mentioned under B.2.1!
<input type="checkbox"/> Other location, please provide details.
Details:
<b>B.2.9.6 At which location is the Storing of certified products done?</b>
<input type="checkbox"/> Same location as mentioned under B.2.1!
<input type="checkbox"/> Other location, please provide details.
Details:
<b>B.2.9.7 At which location can sample selection of certified products be done?</b>



Factory Reference:

Same location as mentioned under B.2.1!

Other location, please provide details.

Details:



Factory Reference:

**B.2.9.8 Are sub-assemblies of certified products manufactured at the location other than that as mentioned under B.2.1?**

YES  NO

*If 'YES, please give details about the manufacturing process for **sub-assemblies** and the location where this happens.*

Details:

**B.2.9.9 Are there any outsourced processes related to the production of certified products?**

YES  NO

*If 'YES, please give details about the outsourced processes and the location where this happens.*

Details:

**B.2.9.10 Do the records of the self-assessment of the production and control process of certified products for the location mentioned under B.2.1 also cover the locations as mentioned in this clause?**

YES  NO

*If 'NO, please give details for what location these records are not available.*

Details:

**B.2.10 We agree that the Inspector representing the Certification Body may enter all locations of the production process including receiving inspections which are essential for conformity of the complete product with the relevant standards, during normal working hours, after having contacted the contact person or the deputy contact person.**

**B.2.11 Signed for the Factory:**

Name and Position:

Place and Date:

Signature:

**Note:** The signatory to this form declares the accuracy of the information provided.