



OPERATIONAL  
DOCUMENT

CIG 023423  
Appendix 4

Inspectors Finding/Observation Sheet  
Part 2 and Part 3

~~WARNING:  
THIS DOCUMENT IS ONLY VALID IF USED BY ETICS MEMBERS  
AND THEIR AUTHORISED AGENTS~~

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**NOTE:**

*Inspectors Finding/Observation Sheet Part 2 and Part 3 might be used individually or combined.*

*Front Pages only for document control and shall be excluded from numbering and actual Inspectors Finding/Observation Sheet.*

**This document contains:**

- **Inspectors Finding/Observation Sheet Part 2** - This part shall be filled by the Factory/Licence Holder ONLY if requested by the Certification Body
- **Inspectors Finding/Observation Sheet Part 3** - This part shall be filled by the Certification Body
- Note: Inspectors Finding/Observation Sheet Part 1; is only available as integral part of OD CIG [023423](#) – Factory Inspection Report.

Reference number of the body carrying out the inspection:

## Inspectors Finding/Observation Sheet (partPart 2)

This part shall be filled by the Factory/Licence holder ONLY if requested by the Certification Body

<b>Reference number of the body that carried out the inspection:</b> <i>(see factory inspection report)</i>
<b>Date of inspection:</b> <i>(see factory inspection report)</i>
<b>Factory registered name and Factory Location:</b>
<b>Related to Finding/Observation Sheet No.:</b> <b>of -</b>
<b>Additional Information (if applicable):</b>

<b>Root Cause Analysis:</b>				
<b>Corrective Action:</b>				
<b>For objective evidence the following documents are attached:</b>				
<b>Date of implementation:</b>	<b>Factory/Licence Holders representative:</b>			
	<table><tr><td>Date</td><td>Name</td><td>Signature</td></tr></table>	Date	Name	Signature
Date	Name	Signature		



## Inspectors Finding/Observation Sheet (~~part~~Part 3)

This part shall be filled by the Certification Body

Reference number of the body that carried out the inspection: <i>(see factory inspection report)</i>
Date of inspection: <i>(see factory inspection report)</i>
Factory registered name and factory location:
Related to Finding/Observation Sheet No.:        of -
Additional Information (if applicable):

Root Cause Analysis accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Corrective Action accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Objective Evidence received and accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Date of implementation accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Certification Bodies representative:		
	Date	Name	