



**OPERATIONAL  
DOCUMENT**

**CIG 023423**

**Factory Inspection Report**

**WARNING:**

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**NOTE:**

**Front Pages only for document control and shall be excluded from numbering and actual Factory Inspection Report**

This document contains:

- Two Cover Pages (excluded from page numbering)
- FACTORY INSPECTION REPORT
- Inspectors Finding/Observation Sheet (part 1)
- Inspector's Information Page
- TEST DATA SHEET – Product Verification Tests / Periodic Tests (PVT)
- TEST DATA SHEET – Routine Tests
- SAMPLE SELECTION SHEET

**Additional note:** This document has been re-issued due to the need to correct a typo in Cl. 6.1 as following:  
““Is evidence given that the calibration interval of more than once per one year can be accepted due to the specific usage and the result of previous calibration/verification?””



\_\_\_\_\_ Reference number of the body carrying out the inspection:

## FACTORY INSPECTION REPORT

Inspection carried out by (Name of Inspection Body):  
**Reference number of the Body carrying out the inspection:**  
*For page control, please write this number in the header of each page (including the attachments).*

### IMPORTANT INFORMATION

- *This report is based on the PDF reference version of OD CIG 423 as provided under ETICS - CIG Public Documents (CIG Public Documents GROUP PERMANENT AND OPERATIONAL DOCUMENTS (etics.org))*
- *If any modification on the fixed wording, compared to the reference version, is made, the reference to OD CIG 423 in footer of this document shall be removed!*
- *ETICS reserve the right to take appropriate action against violations accordingly.*
- *This document is only valid if used by CIG Members and their authorised agents!*

### **GENERAL GUIDANCE**

- *The questions of this Factory Inspection Report are based on the requirements given in Operational Document [OD CIG 021421](#).*
- *Guidance for the Inspector is given in Operational Document [OD CIG 024424](#).*
- *Both documents, [OD CIG 021421](#) and [OD CIG 024424](#) shall be taken into account during inspection.*
- *Instructions to the Inspector are shown in italics.*
- *The report shall be completed even if there is no production at the time of the visit.*
- *For all 'NO' answers details shall be provided on the Inspectors Finding/Observation Sheet (part 1).*
- *For 'N/A' answers rationale shall be provided as to why the item is not applicable, unless it is obvious to be not relevant.*
- *If functional safety aspects need to be considered details should be given on Inspector's Information page.*
- *Details should be given on Inspector's Information page.*
- *This report as well as objective ~~evidences~~[evidence](#) attached to this report shall be written at least in English.*

## **1 GENERAL INFORMATION**

### **1.1 Factory registered name and factory location**

Factory 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:

### **1.2 Factory representative name and contact data**

Factory representative name:	
Position:	
Telephone: (incl. country code):	<del>Country Code:      City Code:      Phone:</del>
<del>Fax:</del> <u>Mobile (incl. country code):</u>	<del>Country Code:      City Code:      Phone:</del>
E-Mail:	



\_\_\_\_\_ Reference number of the body carrying out the inspection:

**1.3** ~~1.3~~  Further names ~~see~~ [general contact: See](#) Inspectors Information Page

**1.4**  Pre-Licence                       Routine                       ENEC                       ENEC+  
 HAR                                       EMC                               Others:

**1.5** **Pre-Licence only:** Is the information given in the Questionnaire [OD CIG](#) YES N/A NO  
~~022422~~ Sections B.1 and B.2 (or provided in another format) accurate     
and complete?     
If 'NO', amend the Questionnaire as appropriate and attach a copy to this report.

**1.6 Inspection Details:**

Certification Body requesting inspection	Inspection X of Y	Certification Body's Reference No.	Product Category	Kind of Product

**1.7 Name of Inspector:** \_\_\_\_\_ **Date of inspection:** \_\_\_\_\_  
(YYYY-MM-DD)

Inserted Cells



\_\_\_\_\_ Reference number of the body carrying out the inspection:

**1.8 Have relevant changes been made to the production since last inspection?**

~~1.8 Have relevant changes been made to the production since last inspection?~~

(e.g.: new production line, extension of a production line, change of relevant production processes)

YES  NO  N/A (for pre-licence inspection)

If 'YES', please provide details.

\_\_\_\_\_  
\_\_\_\_\_

*Description of the procedure or ref. of documented procedure & revision or issue date:* \_\_\_\_\_

- Details given on Inspector's Information page.
- Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment no.:

**1.9 Have relevant changes been made related to the company's organisation with impact to inspection aspects.**

~~1.9 Have relevant changes been made related to the company's organisation with impact to inspection aspects.~~

YES  NO  N/A (for pre-licence inspection)

If 'YES', please provide details.

\_\_\_\_\_  
\_\_\_\_\_

*Description of the procedure or ref. of documented procedure & revision or issue date:* \_\_\_\_\_

- Details given on Inspector's Information page.
- Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment no.:



\_\_\_\_\_ Reference number of the body carrying out the inspection:

<b>2 Verification of purchased components and materials which have a safety implication on the certified product (Incoming Inspection)</b>				
<b>2.1</b>	Are materials, components and sub-assemblies verified by the Factory as complying with appropriate specification?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>2.2</b>	Does this verification also include the verification of the Certification Marks? <b>NOTE:</b> <i>There shall be instructions as to which Certification Marks have to appear on the components/products in order to accept them.</i>	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure <i>(one or more boxes may be ticked)</i> <input type="checkbox"/> Rely on suppliers' out-going inspection <input type="checkbox"/> Audit conducted at the suppliers' premises <input type="checkbox"/> Supplier control based on Factory check list <input type="checkbox"/> Conduct own incoming inspection <input type="checkbox"/> Identification check <input type="checkbox"/> Checked for correct type <input type="checkbox"/> Comparison to a reference <input type="checkbox"/> Rating <input type="checkbox"/> Certification mark <input type="checkbox"/> Certificate of conformity <input type="checkbox"/> Others <i>(provide details):</i>  <input type="checkbox"/> Details given on Inspector's Information page				
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment <del>no</del> <a href="#">No</a> :.				
<b>2.3</b>	If the Factory relies on Certificates of Conformity, do they clearly identify the product, quantity of items covered, the specification to which the products conform, the production date and are they properly issued?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>2.4</b>	Is there a procedure covering the way to handle non-conforming components and materials?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment <del>no</del> <a href="#">No</a> :.				
<b>2.5</b>	Is the procedure and the way in which it is applied satisfactory? (e.g.: components and materials clearly identified and/or segregated to prevent unauthorised use?)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>2.6</b>	Are records of the incoming inspection maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>



\_\_\_\_\_ Reference number of the body carrying out the inspection:

<b>2.7</b>	Are records kept at least for the period between two inspection visits?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3 Production Control, Monitoring and Routine Tests**

<b>3.1</b>	Are the Quality Assurance and Personnel in production adequately briefed on their duties?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.2</b>	Do they have readily available up-to-date documents, production and test instructions, photographs, drawings or samples on all those parts which have an impact on the safety of the finished products?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.3</b>	Is there evidence that the production process ensures that the final product is identical to the certified version as described in clause 15?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.4</b>	Is there a procedure to ensure that all products will be tested or inspected according to the Factory requirements?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of the procedure or ref. of documented procedure & revision or issue date:  
 Details given on Inspector's Information page.  
 Objective evidence is provided as an attachment to this Factory Inspection Report.  
 Please refer to attachment [No.](#):

<b>3.5</b>	Is the production process controlled at appropriate stages?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.6</b>	Are products examined at appropriate stages of production (Production Line Inspection)?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:**  
Give details of all tests and inspections performed by the Factory and enter in the routine test table on the TEST DATA SHEET

<b>3.7</b>	Do the Routine Tests entered on the TEST DATA SHEET sufficiently cover all the Certification Bodies' requirements?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.8</b>	Is there a procedure covering the way to handle non-conforming products?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure of handling non-conforming products  
*(one or more boxes may be ticked)*  
 Automated segregation process  
 Manual segregation process  
 Non-conforming products are destroyed  
 Non-conforming products are repaired  
 Others *(provide details):*  
 Details given on Inspector's Information page



\_\_\_\_\_ Reference number of the body carrying out the inspection:

Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment <del>no.:</del> <u>No.:</u> _____				
<b>3.9</b>	Is the procedure and the way in which it is applied satisfactory? (e.g. non-conforming products clearly identified and segregated to prevent unauthorised use?)	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.10</b>	Are repaired and reworked (corrected) items <b>again</b> subjected to appropriate tests/examinations in accordance with procedures?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment <del>no.:</del> <u>No.:</u> _____				
<b>3.11</b>	Are test records of the routine tests maintained and satisfactory?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.12</b>	Are records kept at least for the period between two inspection visits?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 Functional Check of Test and Measuring Equipment used for Safety Tests</b>				
<b>4.1</b>	Is there evidence that the functional check of the equipment is conducted properly, even if certified products were not in production?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.2</b>	Is there a procedure describing how the functional checks shall be conducted? <input type="checkbox"/> Automated process <input type="checkbox"/> Manual process	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment <del>no.:</del> <u>No.:</u> _____				
<b>4.3</b>	Is the proper function of the test equipment verified with a simulated failure (dummy) or by other equivalent means? <input type="checkbox"/> Simulated failure (dummy) <input type="checkbox"/> Test procedure according to the equipment manual <input type="checkbox"/> Internal self-test; test program included in equipment certification <input type="checkbox"/> Internal self-test; verified by the Inspector <input type="checkbox"/> Others ( <i>provide details</i> ):	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.4</b>	Is a functional check conducted with intervals which will allow previous production to be retested if incorrect functioning is detected before it leaves the factory?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



\_\_\_\_\_ Reference number of the body carrying out the inspection:

<b>4.5</b>	Is there evidence that the simulated failure represents the tripping limits as required? <b>NOTE:</b> <i>Except for spark testers in cable production.</i>	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>4.6</b>	Is there a procedure requiring appropriate actions to be taken by the operator if a functional check is found to be unsatisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment <del>no.:</del> <u>No.:</u> _____				
<b>4.7</b>	Is this procedure appropriate to ensure that improperly checked products are re-tested?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>4.8</b>	Are subsequent corrective actions taken recorded in all cases?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>4.9</b>	Are the test records of results of functioning checks of test and measuring equipment maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>4.10</b>	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

**5 Products seen in Production during visit**

*Identify type reference and any certification mark that appeared on products seen in production at the time of the visit.*  
*If no certified products were seen, indicate what kinds of products were produced at the time of visit.*  
*The production process shall nevertheless be examined.*  
*At least one kind of product per product category and electrical insulation class shall be listed.*

No production  
 Production seen for the following product:  
 Kind of product: \_\_\_\_\_  
 Product category: \_\_\_\_\_  
 Insulation Class: \_\_\_\_\_  
 Type reference: \_\_\_\_\_  
 from Certification Marks: \_\_\_\_\_ Body requesting the inspection seen during visit  
 YES  NO  
 If YES provide details: \_\_\_\_\_

Complete TEST DATA SHEET for each kind of product per product category as provided in Table 1.6 and electrical insulation class even if there is no production.



\_\_\_\_\_ Reference number of the body carrying out the inspection:

6 Calibration/Verification of Safety Test and Measuring Equipment			
6.1	Is test and measuring equipment used calibrated or verified?	YES	N/A NO
		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>(one or more boxes may be ticked)</i>			
<input type="checkbox"/> <del>Verification</del> done by <del>the</del>			
<input type="checkbox"/> <del>The</del> Factory by means of calibrated reference equipment			
<input type="checkbox"/> <del>Test equipment</del> <u>Producer/ Supplier</u>			
<input type="checkbox"/> Calibration done by:			
<input type="checkbox"/> <del>Laboratory</del> <u>Calibration laboratory</u> accredited according to <u>EN</u> ISO/IEC 17025			
<input checked="" type="checkbox"/> <del>Test equipment</del> <u>Producer/Supplier</u>			
<input type="checkbox"/> National metrology institute			
<input type="checkbox"/> Other (provide details): _____			
_____			
<del>Is calibration/verification interval more than one year?</del>			
<del>_____ <input type="checkbox"/> YES <input type="checkbox"/> NO</del>			
<del>-If "YES", give details and answer the question below!</del>			
<del>Details: _____</del>			
6.1.1	<del>Is evidence given that the calibration interval of more than one year can be accepted due to the specific usage and the result of previous calibration/verification?</del>	YES	N/A NO
	<u>Is test and measuring equipment used calibrated or verified?</u>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Provide details for at least one electrical measuring equipment:			
Kind of equipment: _____			
Type reference: _____			
Calibration reference number: _____			
Date of last calibration: _____			
Calibration due date: _____			
6.2	Is reference equipment (used for verification) calibrated?	YES	N/A NO
		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>(one or more boxes may be ticked)</i>			
<input type="checkbox"/> <del>Calibration</del> of <del>reference equipment</del> done by:			
<input checked="" type="checkbox"/> <del>Laboratory</del> <input type="checkbox"/> <u>Calibration laboratory</u> accredited according to <u>EN</u> ISO/IEC 17025			
<input checked="" type="checkbox"/> <del>Test equipment</del> <u>Producer/Supplier</u>			
<input checked="" type="checkbox"/> <input type="checkbox"/> National metrology institute			
<input checked="" type="checkbox"/> <input type="checkbox"/> Other (provide details): _____			
_____			
<u>Provide details of the reference equipment used for internal verification.</u>			
<u>Kind of equipment:</u> _____			
<u>Type reference:</u> _____			
<u>Calibration reference number:</u> _____			
<u>Date of last calibration:</u> _____			
<u>Calibration due date:</u> _____			

Inserted Cells



\_\_\_\_\_ Reference number of the body carrying out the inspection:

<b>6.3</b>	Is the equipment provided with a label or <del>similar indicating</del> <u>another method ensuring</u> the next <del>'calibration due'</del> <u>'calibration/verification due'</u> date?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>6.4</b>	Do the calibration/_verification records indicate that calibration is traceable to national/international standards of measurement?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>6.5</b>	Are the records for calibration/verification of test and measuring equipment maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>6.6</b>	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

<b>7 Handling and Storage</b>				
<b>7.1</b>	Are the components and materials to be used for production stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>7.2</b>	Are the finished products stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

<b>8 Product Verification Tests / Periodic Tests (PVT)</b>				
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<b>8.1</b>	Are <u>the</u> required PVT conducted?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
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*(one or more boxes may be ticked)*

NO PVT required, all questions of this section shall be marked with 'N/A'

PVT conducted at the factory location

PVT conducted at an external laboratory owned by the Factory

PVT conducted at an external laboratory owned by the Licence Holder

PVT conducted by independent external laboratory

PVT conducted by certification body's laboratory

Others *(provide details)*:

Details given on Inspector's Information page

Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment ~~no~~ No.

<b>NOTE:</b> Describe which tests (required by the Certification Body/certification scheme) are conducted and at what sampling rate on TEST DATA SHEET – <b>Product Verification Tests / Periodic Tests (PVT)</b>
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<b>8.2</b>	Are the tests conducted in accordance with procedures?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
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\_\_\_\_\_ Reference number of the body carrying out the inspection:

Description of the procedure or ref. of documented procedure & revision or issue date:  
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 Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment ~~no.:~~ No.: \_\_\_\_\_

**8.3** Is appropriate equipment that is required for conducting tests available? YES N/A NO

**8.4** Are the tests described in TEST DATA SHEET – **Product Verification Tests** ~~+/~~ **Periodic Tests (PVT)** in compliance with the requirements of the Certification Schemes and/or the requesting Certification Body? YES N/A NO

**8.5** Is there a procedure requiring actions to be taken if PVT are found to be unsatisfactory? YES N/A NO

Description of the procedure or ref. of documented procedure & revision or issue date:  
 Details given on Inspector's Information page.  
 Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment ~~no.:~~ No.: \_\_\_\_\_

**8.6** Are the records of Product Verification Tests / Periodic Tests (PVT) maintained and satisfactory? YES N/A NO

**8.7** Are records kept at least for the period between two inspection visits? YES N/A NO

**9 Void**

**10 Unsatisfactory Findings from Previous Inspection - Follow-Up**

**10.1** Are inspection reports kept at least for the period between two inspection visits? YES N/A NO

**10.2** ~~10.2~~ If there were any unsatisfactory findings entered in the previous inspection report, have these been corrected? YES N/A NO

**NOTE:**  
If the Inspection Report is not available, tick 'N/A' and give details.  
If there were no findings at the previous inspection report, tick 'N/A' as well.

Provide details of each unsatisfactory finding and how each has been resolved.

Inserted Cells



\_\_\_\_\_ Reference number of the body carrying out the inspection:

<b>11 Quality Management System</b>	
<i>If the Factory has a Quality Management System certified or assessed by an accredited Body, provide details of QMS standard, scope, name of certification body and certificate expiry date or provide copy of the certificate.</i>	
<input type="checkbox"/> Quality Management System NOT certified <input type="checkbox"/> Quality Management System certified by an accredited Body <input type="checkbox"/> Quality Management System certified by a non-accredited Body <input type="checkbox"/> Copy of the certificate provided as appendix to this report	
Details of QMS standard: Does the scope cover the production of the certified product? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of certification body:	Certificate No.:
Certificate issued date:	Certificate expiry date:

<b>12 Factory self-assessment of the production and control process of certified products</b>				
<b>12.1</b>	Does the Factory regularly check that all procedures as required by the Certification Body(ies) and the <del>harmonised</del> CIG inspection scheme (OD CIG 024421) are followed?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.2</b>	Are records regarding results and actions taken available?	YES	N/A	NO
	<div style="border: 1px solid black; padding: 2px;"> <b>NOTE:</b>            The use of OD CIG 023423 to document the results of the self-assessment is recommended.         </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.3</b>	Are the personnel carrying out above required checks appropriately trained and independent of the process being assessed?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.4</b>	If there were any unsatisfactory findings identified from the Factory self-assessment of the production and control process of certified products, have these been corrected?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.5</b>	Are records kept at least for the period between two inspection visits?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>13</b>	<b>Void</b>
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<b>14 Technical Complaints</b>				
<i>The Factory shall record <u>complaints, at least</u> any technical complaint regarding the certified product. The questions in this section shall be answered even if no <del>customer</del>-complaints have been received. In this case the questions shall be applied to the process.</i>				
<b>14.1</b>	Is there a procedure regarding how to handle <del>customer</del> -complaints?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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*Have any complaints been received?*

-YES \_\_\_\_\_   NO \_\_\_\_\_   N/A (for pre-licence inspection)

Please give details/reference!

Details/reference given on Inspector's Information page.  
 Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment ~~no.:~~ No.: \_\_\_\_\_

**14.2** Are the received complaints reviewed on a regular basis regarding whether they are related to single errors or system errors? YES N/A NO

Actual case checked  Procedure checked

**14.3** Are corrective actions and decisions regarding ~~customer~~ complaints recorded? YES N/A NO

Actual case checked   Procedure checked

**14.4** Is the originator of the complaint informed about the handling and the result of the complaint? YES N/A NO

\_\_\_\_\_ Actual case checked   Procedure checked

**14.5** Are the records of ~~customer~~ complaints maintained and satisfactory? YES N/A NO

**14.6** Are records kept at least for the period between two inspection visits? YES N/A NO

**15 Certified Products and Changes to Certified Products**

**15.1.1** Is reference about the certified version available? YES N/A NO

*(one or more boxes may be ticked)*

- Set of drawings  Parts list  Product description
- Reference sample  Photo-documentation  ~~Other specification (provide details):~~
- Product certificate including annexes
- Reference for certification mark.  Test report from certification body
- Other specification (provide details):  Product Standard of certified product
- Details given on Inspector's Information page

**15.1.2** Is this reference under control of the Licence Holder? YES N/A NO



\_\_\_\_\_ Reference number of the body carrying out the inspection:

**15.2.1** Have changes been made to the certified product since last inspection?

YES  NO

- If 'YES', answer the question below.
- If 'NO', tick 'N/A' below.

**15.2.2** Have these changes been made with the authorisation of the Licence Holder?

YES N/A NO

**15.3** If the Factory **IS NOT** the Licence Holder:  
Is there a procedure ensuring that no changes to the construction of certified products will be implemented prior to acceptance by the Licence Holder?

YES N/A NO

**Note:**

*If the factory is also the Licence Holder, tick 'N/A'.*

Description of the procedure or ref. of documented procedure & revision or issue date:

- Details given on Inspector's Information page.
- Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment ~~no.:~~ No.: \_\_\_\_\_

**15.4** If the Factory **IS** also the Licence Holder:  
Is there a procedure ensuring that constructional changes of the certified product will be made only after approval by the Certification Body?

YES N/A NO

**Note:**

*If the factory is not the Licence Holder, tick 'N/A'.*

Description of the procedure or ref. of documented procedure & revision or issue date:

- Details given on Inspector's Information page.
- Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment ~~no.:~~ No.: \_\_\_\_\_



\_\_\_\_\_ Reference number of the body carrying out the inspection:

**16 Selection and Shipping of ~~Re-Examination~~ Sample(s)**

Regarding samples requested by the Certification Body(ies) please refer to the table IDENTIFICATION OF SELECTED SAMPLES and enter details as appropriate.

Is sample selection ~~for re-examination~~ required?

YES ~~\_\_\_\_\_~~  NO

If YES by which Certification Bodies:

**16.1** If selection of samples ~~for re-examination~~ is required, have the required samples been selected? YES  N/A  ~~NO~~

**Note:**  
*The selection of samples for Product Surveillance is an essential aspect to maintain the validity of the Product Licence. Not providing samples might result in suspension or withdrawal of the Product Licences!*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reasons why no samples were selected during the inspection and actions taken:  
(one or more boxes may be ticked)

- No production, no stock: ~~\_\_\_\_\_~~  
Factory has been instructed to provide/retain samples.  
Details given on Inspectors Finding/Observation Sheet (part 1)
- Build to clients' order (no extra samples available)  
Factory has been instructed to provide/retain samples.  
Details given on Inspectors Finding/Observation Sheet (part 1)
- No/~~denied~~ access to warehouse.  
Details given on Inspectors Finding/Observation Sheet (part 1)
- Warehouse not at Factory location
- ~~Factory has been instructed to ~~send re-examination~~ provide/retain samples: \_\_\_\_\_~~  
Details given on Inspectors Finding/Observation Sheet (part 1)
- Others (provide details):  
\_\_\_\_\_  
  Details given on Inspectors Finding/Observation Sheet (part 1)
- Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment ~~no~~ No.



\_\_\_\_\_ Reference number of the body carrying out the inspection:

**16.2** If the selected sample(s) do not bear the Certification Mark then provide the reason for selection in the table IDENTIFICATION OF SELECTED SAMPLES.

*(one or more boxes may be ticked)*

- Type reference is mentioned on the certification bodies certification list
- Mark is applied on the package, catalogue or by other means
- Special sample selection order
- Others *(provide details)*
- Details given on ~~Inspector's Information page~~ [Inspectors Finding/Observation Sheet \(part 1\)](#)
- Objective evidence is provided as an attachment to this Factory Inspection Report.  
Please refer to attachment ~~no~~ [No.](#):



\_\_\_\_\_ Reference number of the body carrying out the inspection:

<b>17 Inspector's Evaluation</b>			
<i>Note: This clause <del>reflect</del>reflects the result of the inspection from the view of the Inspector. The final decision will be taken by the accepting/receiving Certification Body.</i>			
<b>17.1</b> List your findings/observations on the Inspectors Finding/Observation Sheet (part 1) by referencing the applicable clauses in this report (including comments, recommendations, etc.) and explain them to the Factory. <i>If possible, <del>also</del> indicate <del>also</del> the corrective actions the Factory intends to take.</i>			
Number of Finding Sheets issued: _____		Number of Observation Sheets issued: _____	
<b>17.2</b> Give your recommendations by ticking the appropriate box.			
1	No unsatisfactory findings	<b>Grant or continue certification.</b>	<input type="checkbox"/>
2	Minor unsatisfactory finding(s)	<b>Factory corrective action(s) will be checked at next visit. Grant or continue certification.</b>	<input type="checkbox"/>
3	Major unsatisfactory finding(s) Safety not directly affected	<b>Factory shall confirm corrective action(s). Grant or continue certification.</b> Special or early routine inspection recommended for checking corrective action(s).	<input type="checkbox"/>
4	Critical unsatisfactory finding(s) <b>Safety directly affected</b>	<b>Certification refused/suspended and repeated factory inspection recommended after the Factory has confirmed implementation of corrective action(s).</b>	<input type="checkbox"/>
<b>17.3</b> Attachments: <i>For page control, write the reference number in the header of each attachment page.</i>			
<input type="checkbox"/> Finding/Observation Sheets Revised OD CIG 422 B1 No. of pages: _____			
<input type="checkbox"/> Revised OD CIG <del>022 B1</del> 422 B2 No. of pages: _____			
<input type="checkbox"/> <del>Revised OD CIG 022 B2</del> No. of pages: _____			
<input type="checkbox"/> <del>OD CIG 023 423</del> Appendix 1 – Signature Page (Part 1) No. of pages: _____			
<input type="checkbox"/> OD CIG 023 423 Appendix 1 – Inspection Summary Page (Part 2) No. of pages: _____			
<input type="checkbox"/> OD CIG 023 423 Appendix 2 – <del>ENECQMS</del> Appendix No. of pages: _____			
<input type="checkbox"/> OD CIG 023 423 Appendix 3 – ENEC+ Appendix No. of pages: _____			
<input type="checkbox"/> Copy of Quality Management Certificate No. of pages: _____			
<input type="checkbox"/> Others No. of pages: _____			
Total no. of pages of this report including all attachment pages: _____			
<i>(Front pages to be excluded from page numbering!)</i>			
A copy of this report shall be provided to the undersigned contact person who should be aware of the contents and sign for its receipt.			
<input type="checkbox"/> Printed copy provided		<input type="checkbox"/> Electronic copy provided	
Content of this report including findings as documented on Inspectors Finding/Observation Sheet Sheets (part 1) <del>(s)</del> (if any) have been explained by the Inspector to the Factory contact person.			
The responsibility for ensuring that a product is produced in accordance with the standard to which it was originally approved rests with the Licence Holder.			
Inspection reports shall be kept at least for the period between two inspection visits!			



\_\_\_\_\_ Reference number of the body carrying out the inspection:

For confidentiality reasons the contact person requests the preparation of individual copies of this report for each Licence Holder.

YES  NO  N/A

Inspection ~~duration~~ On-site time: \_\_\_\_\_ hours

Additional comments: \_\_\_\_\_

This report has been issued by:

CIG-Member Body or on behalf of a CIG-Member Body

NON-CIG Member Body

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector's name (printed letters):  
\_\_\_\_\_

Contact person's name (printed letters):  
\_\_\_\_\_

Signature:

Signature:

For signatures see attached signature page.



\_\_\_\_\_ Reference number of the body carrying out the inspection:

### Inspectors Finding/Observation Sheet (~~part~~Part 1)

**This part is to be filled by the Inspector/Factory during the inspection**

*NOTE: Use separate Inspectors Finding/Observation Sheets for different Certification Bodies and/or Licence Holders, if necessary; e.g. for reasons of confidentiality.*

Finding Sheet No.:		of		Observation Sheet No.:		of	
Finding/Observation:							
Related clause number:				<input type="checkbox"/> Finding Inspectors Evaluation Level (as per 17.2): <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4 Action <u>always</u> required!			
				<input type="checkbox"/> Observation Action required: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Proposed Corrective Action/ Action:							
Proposed Corrective Action/ Action accepted by the inspector				YES	NO	N/A	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector *)	Factory representative *)	<input type="checkbox"/> For signatures see attached Signature Page  <input type="checkbox"/> For signatures see original <a href="#">OD CIG 023423</a> Report
<u>Date</u> _____  <u>Date</u> _____ Name	<u>Date</u> _____  <u>Date</u> _____ Name	



\_\_\_\_\_ Reference number of the body carrying out the inspection:

### Inspector's Information Page

*Note: Use separate Supplementary Page for different Certification Bodies and/or different Licence Holders if necessary.*

Related clause number of this report:	Comments:
_____	_____
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\_\_\_\_\_ Reference number of the body carrying out the inspection:





\_\_\_\_\_ Reference number of the body carrying out the inspection:

### TEST DATA SHEET – Routine Tests

<input type="checkbox"/> <del>Production seen</del> <input type="checkbox"/> <del>No</del> NOTE: Please provide details about the Routine Tests applied to certified products from Certification Body requesting the inspection! Even if there is no production seen.	Certification mark: _____ Production of certified products from Certification Body requesting the inspection seen during visit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Product Category: _____ Kind of product: _____ Type reference: _____ Certification mark: _____	Rated voltage: _____ Electrical Insulation Class: _____
Product Category: _____ Kind of product: _____	Certification Bodies certificate No.: _____
Type reference: _____ Additional Comments: _____	Certification Bodies Routine Test Requirement: _____

TESTS	% check	Test value applied	Time	Factory limits applied:	Failure indicated by	Remarks (For "R" add date of the records)	W
							R
a Earth continuity		$\frac{V}{A}$	$\frac{s}{s}$	_ Ohm (max.)			
b Insulation resistance		V DC	s	MOhm (min.)			
c Leakage current		V		mA (max.)			
Dielectric strength	Basic insulation	<input type="checkbox"/> AC <input type="checkbox"/> DC	$\frac{V}{s}$	mA (max.)			
	Supplementary insulation	<input type="checkbox"/> AC <input type="checkbox"/> DC	$\frac{V}{s}$	mA (max.)			
	Reinforced insulation	<input type="checkbox"/> AC <input type="checkbox"/> DC	$\frac{V}{s}$	mA (max.)			
e Load deviation							
f Functional test							



\_\_\_\_\_ Reference number of the body carrying out the inspection:

- e Indicate method used (hot/cold, at mains voltage, low voltage resistance check, etc.).
  - f Are all controls and components checked during the test?
- W = Test witnessed by the Inspector; R = according to records



\_\_\_\_\_ Reference number of the body carrying out the inspection:

SAMPLE SELECTION SHEET			at Factory:		Date:	
Selected for	Label No.	Quantity	Product/_Type/Technical data	Licence No.	Production period	Code letters
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> I
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> I
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> I
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> I
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> I
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> I

It is within the factories responsibility to take the necessary steps to dispatch the units, clear them through customs and pay carriage, in order that the addressee-organisation should not handle any possible custom clearance.

**Code letters:**

**P = Sample from Production**

**S = Stock**

**F = Forwarded by the Factory**

**T = Transported to the Certification Body by the Inspector**

**A = Shipped by the Inspection Agency**

**I = Selected and tested by the inspector during inspection**



\_\_\_\_\_ Reference number of the body carrying out the inspection:

**APPENDIX SHEET**