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| --- | --- | --- | --- | --- |
| etics_logo (3) | ASSESSMENT REPORTPAAG xxxx YAR | | | OD ECS 075 |
|  | | | | |
| Testing Laboratory:Name Address | | | | |
|  | | | | |
| Dates of assessment: yyyy-mm-dd | | | | |
|  | | | | |
| The complete European Assessment Report consists of two parts:This Assessment Report  1. The OD ECS 075 Appendix to this Assessment Report | | | | |
|  | | | | |
| **OD ECS 075 – April 2019** | |  | Page 1 of 7 | |

|  |  |
| --- | --- |
| **Testing Laboratory:** |  |
| **Responsible CB:** |  |
| **Assessment Dates** | yyyy-mm-dd |
| **European Assessors:** |  |
| **Reference to last IECEE-report** | IECEE-pac/…/rar |

|  |
| --- |
| Remarks: (if any) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification Schemes** | | | |
| APPLICABLE EUROPEAN SCHEME |  | RESPONSIBLE CONTACT PERSON  OF THE CB | ASSESSMENT BASE |
| ENEC |  |  | PD ECS 050 |
| CCA |  |  |
| EMC |  |  |
| ENEC🞣 |  |  | PD ENEC 301 Annex E |
| HAR |  |  | HAR PD 3 |

Note: For scopes of accepted standards please see the ETICS website.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | NCR |

# GENERAL

|  |  |  |  |
| --- | --- | --- | --- |
| Is/are the European Certification Scheme(s) concerned identified in the Quality Management System, including assignment of responsibilities and authorities? |  |  | / |
| Are all relevant EN and HD standards and OSM decisions available and accessible for relevant employees? |  |  | / |
| Are all relevant EPRS available and accessible for relevant staff? |  |  | / |
| Documentation reference/comments: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Communication/Training | | | |
| Is the Testing Laboratory participating in relevant OSMs? |  |  | / |
| Can training on European specific requirements be demonstrated? |  |  | / |
| Documentation reference/comments: | | | |

# TESTING

|  |  |  |  |
| --- | --- | --- | --- |
| Can capability of testing to the relevant ENs/HDs be demonstrated? |  |  | / |
| Test files reviewed: | | | |

# ADDITIONAL

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| --- |
| Additional Information |
|  |

# NCRS REFERRED TO IN THIS REPORT SHALL BE ATTACHED TO THIS REPORT.

|  |  |
| --- | --- |
| **Total number of NCRs attached:** |  |

# 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 for the scope(s) as reported in Annex 1 of this Assessment Report as appropriate. |  |
| **2.** The Assessment Team recommends **acceptance** of the assessed organisation for the scopes as reported in Annex 1 of 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 |  |

# SIGNATURES OF THE ASSESSMENT TEAM

Date: YYYY-MM-DD

|  | Printed name | Signature |
| --- | --- | --- |
| Lead Assessor |  |  |
| 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 |  |  |
| Test Laboratory Representative |  |  |

**ANNEX 1 INITIAL ASSESSMENT / SCOPE EXTENSION ASSESSMENT SCOPE**

**List of standards**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product Category | Standard  EN/HD  (Without amendment/edition indication) | Number of test reports issued for the relevant standards in the last  two years | Assessment Team acceptance | |
| **Yes** | **No** |
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**NON-CONFORMITY REPORT**

| Non-conformity Report No: 01/01 | Date: *YYYY-MM-DD* |
| --- | --- |
| Name of the Assessed Organisation: | |
| Categories concerned: | Clause of Non-conformity: |
| **Non-conformities description**: | |
| **LEAD ASSESSOR**:  Signature and printed name | **MANAGEMENT REPRESENTATIVE**:  Signature and printed name |
| **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) | |

|  |
| --- |
| **Implementation verified and Final Clearance provided by Lead Assessor:**  LEAD ASSESSOR (Signature, printed name/Date) |