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| etics_logo (3) | ASSESSMENT REPORTPAAG xxxx YAR | OD ECS 075 |
|  |
| Testing Laboratory:NameAddress |
|  |
| Dates of assessment: yyyy-mm-dd |
|  |
| The complete European Assessment Report consists of two parts:This Assessment Report1. 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 |

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

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| --- |
| **Certification Schemes** |
| APPLICABLE EUROPEAN SCHEME |  | RESPONSIBLE CONTACT PERSONOF 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

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| 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 | StandardEN/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) |