



**PERMANENT DOCUMENT**

**CIG 023**

## **Factory Inspection Report**

**WARNING:**  
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PD CIG 023 reports shall not contain any unauthorised modifications which change the original meaning or the requirements.  
Any additions created to any document in the series shall be shown in an Appendix.

This document contains:

- two cover pages
- a report form of 14 pages
- Inspector's Evaluation – Findings
- Inspector's Evaluation - Informative
- TEST DATA SHEET- Product Verification Test
- TEST DATA SHEET Routine Tests
- IDENTIFICATION OF SELECTED SAMPLE



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)*

### GENERAL GUIDANCE

- *The questions of this factory inspection report are based on the requirements given in Permanent Document CIG 021.*
- *Guidance for the inspector is given in Permanent Document CIG 024.*
- *Both documents, PD CIG 021 and PD CIG 024 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 EVALUATION-Findings page*
- *For all 'N/A' answers rationale shall be provided as to why the item is not applicable*
- *Details should be given on INSPECTOR'S EVALUATION-Informative page.*

## 1.0 GENERAL INFORMATION

### 1.1 Manufacturer's registered name and factory location

Manufacturer's registered name:	
Street address of the factory and Number:	
Postal code:	
City:	
County:	
Country:	
GPS-coordinates: (optional)	

### 1.2 Manufacturer's representative name and contact data

Manufacturer's representative name:	
Position:	
Position:	
Telephone:	
Fax:	
E-Mail:	



Reference number of the body carrying out the inspection:

<b>1.3 Record below the names and position held of the main people involved in the inspection</b>				
<input type="checkbox"/> same as mentioned under 1.2				
If not the same as mentioned under 1.2 please give details				
Name:				
Position:				
Telephone:				
Fax:				
E-Mail:				
<b>1.4</b>	<input type="checkbox"/> Pre-Licence	<input type="checkbox"/> Routine	<input type="checkbox"/> ENEC	
	<input type="checkbox"/> HAR	<input type="checkbox"/> EMC	Others:	
<b>1.5 <u>Pre-Licence only:</u> Is the information given in the Questionnaire CIG 022 Section B accurate and complete?</b>			YES	N/A
<i>If 'no', amend the Questionnaire as appropriate and attach a copy to this report.</i>			<input type="checkbox"/>	<input type="checkbox"/>
<b>1.6 Inspection Details:</b>				
Certification Body requesting inspection	Inspection X of Y	File Reference No.	Product Category	Type of Product
<b>1.7</b>				
Name of Inspector		Date of inspection:		
		(YYYY – MM – DD )		



Reference number of the body carrying out the inspection:

<b>2</b>	<b>Verification of purchased components and materials which have a safety implication on the certified product (Incoming Inspection)</b>			
2.1	Are materials, components and sub-assemblies verified by the manufacturer as complying with appropriate specification?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.2	Does this verification also include the verification of the Certification Marks?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Description of procedure (one or more boxes may be ticked)</p> <p><input type="checkbox"/> Rely on suppliers' out-going inspection / Suppliers' quality plan</p> <p><input type="checkbox"/> Audit conducted at the suppliers' premises</p> <p><input type="checkbox"/> Supplier control based on manufacturers' check list</p> <p><input type="checkbox"/> Conduct own incoming inspection</p> <p><input type="checkbox"/> Identification check</p> <p style="padding-left: 20px;"><input type="checkbox"/> Checked for correct type</p> <p style="padding-left: 20px;"><input type="checkbox"/> Comparison to a reference</p> <p style="padding-left: 20px;"><input type="checkbox"/> Rating</p> <p style="padding-left: 20px;"><input type="checkbox"/> Certification mark</p> <p><input type="checkbox"/> Certificate of conformity</p> <p><input type="checkbox"/> Others</p> <p><input type="checkbox"/> Details given on INSPECTOR'S EVALUATION-Informative page</p>				
<p><i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i></p> <p><input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.</p>				
2.3	If the manufacturer 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"/>
2.4	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"/>
<p><i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i></p> <p><input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.</p>				
2.5	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"/>
2.6	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:

2.7	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, Inspection and Routine Tests

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

3.2	Do they have readily available up-to-date documents, manufacturing 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"/>

3.3	Is there evidence that the production process ensures that the final product is identical to the reference version as described in clause 15.1?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4	Is there a procedure to ensure that all products will be tested or inspected according to the manufacturer's 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 are given on INSPECTOR'S EVALUATION-Informative page.

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

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

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

3.7	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"/>

3.8	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"/>

*Description of the procedure or ref. of documented procedure & revision or issue date:*  
☐ Details are given on INSPECTOR'S EVALUATION-Informative page.



Reference number of the body carrying out the inspection:

Procedure of handling non-conforming products (one or more boxed may be ticked)				
<input type="checkbox"/> Automated segregation process				
<input type="checkbox"/> Manual segregation process				
<input type="checkbox"/> Non-conforming products are destroyed				
<input type="checkbox"/> Non-conforming products are repaired				
<input type="checkbox"/> Others (please give details)				
<input type="checkbox"/> Details given on INSPECTOR'S EVALUATION-Informative page				
3.9	Is the procedure and the way in which it is applied satisfactory? (e.g. non-conforming products clearly identified or segregated to prevent unauthorised use?)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.10	Are repaired and reworked (corrected) items <b>again</b> subjected to appropriate tests/inspections in accordance with procedures?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i>				
<input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
3.11	Are test records of the routine tests maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.12	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>4</b>	<b>Functional Check on Test and Measuring Equipment used for Safety Tests</b> (Dummy Test)			
4.1	Is there a procedure describing how the functional checks shall be conducted? <input type="checkbox"/> Automated process <input type="checkbox"/> Manual process	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i>				
<input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
4.2	Is there evidence that the functional check of the equipment is conducted properly, even if certified products were not in production?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.3	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 <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>



Reference number of the body carrying out the inspection:

4.4	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	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.5	Is there evidence that the simulated failure (dummy) (if used) represents the tripping limits?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.6	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"/>
<i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i> <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
4.7	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"/>
4.8	Are subsequent corrective actions taken recorded in all cases?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.9	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"/>
4.10	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 number 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 manufactured at the time of visit.*

*The manufacturing process should nevertheless be examined.*

*At least one kind of product per product category and electrical insulation class shall be listed.*

☐ No production

☐ Production seen

*Complete TEST DATA SHEET for each kind of product per product category and electrical insulation class even if there is no production.*



Reference number of the body carrying out the inspection:

6 Calibration 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"/>
(several boxes may be ticked)				
<input type="checkbox"/> <b>Verification</b> done by the manufacturer by means of calibrated reference equipment				
<input type="checkbox"/> <b>Calibration</b> done by:				
<input type="checkbox"/> Laboratory accredited according to ISO/IEC 17025				
<input type="checkbox"/> Test equipment manufacturer/supplier				
<input type="checkbox"/> National metrology institute				
<input type="checkbox"/> Other (please provide details):				
<i>Provide details for at least one electrical measuring equipment:</i>				
Kind of equipment:				
Type reference:				
Calibration reference number:				
Date of last calibration:				
Calibration due date:				
6.2	Is <b>reference equipment</b> (used for verification) calibrated?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(several boxes may be ticked)				
Calibration of reference equipment done by:				
<input type="checkbox"/> Laboratory accredited according to ISO/IEC 17025				
<input type="checkbox"/> Test equipment manufacturer/supplier				
<input type="checkbox"/> National metrology institute				
<input type="checkbox"/> Other (please provide details):				
6.3	Is the equipment provided with a label or similar indicating the next calibration/verification due date?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Do the calibration/verification records indicate that calibration is traceable to national/international standards of measurement?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Are the records for calibration/verification of test and measuring equipment maintained and satisfactory?	YES	N/A	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.6	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"/>



Reference number of the body carrying out the inspection:

<b>7</b>	<b>Handling and Storage</b>			
7.1	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"/>
7.2	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</b>	<b>Product Verification Tests / Periodic Tests (PVT)</b>			
8.1	Are <u>required</u> PVT conducted? (one or more boxes may be ticked) <input type="checkbox"/> NO PVT required, all questions of this section shall be marked with 'N/A' <input type="checkbox"/> PVT conducted at the factory location <input type="checkbox"/> PVT conducted at a external laboratory owned by the manufacturer <input type="checkbox"/> PVT conducted at a external laboratory owned by the license holder <input type="checkbox"/> PVT conducted by independent external laboratory <input type="checkbox"/> PVT conducted by certification body's laboratory <input type="checkbox"/> Others (please provide details): <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page. If conducted at a location other than the manufacturers premises, then specify where performed: <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Note: Product Verification Tests shall be conducted under the responsibility of the manufacturer and may be named also as Periodic Tests or Sample Tests depending on the certification scheme.</i> <i>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</b></i> <i>Note: Details of any additional product verification tests should be entered by the Inspector on the INSPECTOR'S EVALUATION instead of the TEST DATA SHEET</i>				
8.2	Are the tests conducted in accordance with procedures?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i> <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
8.3	Is appropriate equipment that is required for conducting tests available?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
8.4	Are the tests described in TEST DATA SHEET – <b>Product Verification Tests</b> in compliance with the requirements of the Certification Schemes and/or the requesting Certification Body?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>



Reference number of the body carrying out the inspection:

8.5	Is there a procedure requiring actions to be taken if PVT are found to be unsatisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i> <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
8.6	Are the records of product verification tests maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
8.7	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>9</b>	<b>Void</b>
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<b>10</b>	<b>Corrective actions in response to inspector's evaluation</b>		
If there were any unsatisfactory findings entered in the previous inspection report, have these been corrected?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Provide details of each unsatisfactory finding and how each has been resolved</i>			

<b>11</b>	<b>Quality Management System</b>
<i>If the manufacturer 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 <u>non</u> accredited Body <input type="checkbox"/> Copy of the certificate provided as appendix to this report	
Details of QMS standard: Does the scope covers 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:	



Reference number of the body carrying out the inspection:

<b>12</b>	<b>Manufacturer's self assessment of the manufacturing- and control process of certified products (Former: Audits of the Quality System)</b>			
12.1	Does the manufacturer regularly check that all procedures as required by the Certification Body(ies) and the harmonised inspection scheme (PD CIG 021) are followed?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
12.2	Are records regarding results and actions taken available? <i>Note: The use of PD CIG 023 to document the results of the self assessment is acceptable</i>	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
12.3	Are the personnel carrying out above required checks appropriately trained and independent of the process being assessed?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<b>13</b>	<b>Void</b>			
<b>14</b>	<b>Customer Complaints</b>			
<i>The Manufacturer shall record any technical complaint regarding the certified product. The questions in this section shall be answered even if no customer complaints have been received. In this case the questions should be applied to the process</i>				
14.1	Is there a procedure regarding how to handle customer complaints?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
14.2	Are the received complaints reviewed on a regular basis regarding whether they are related to single errors or system errors? <input type="checkbox"/> Actual case checked <input type="checkbox"/> Procedure checked	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
14.3	Are corrective actions and decisions regarding customer complaints recorded? <input type="checkbox"/> Actual case checked <input type="checkbox"/> Procedure checked	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
14.4	Is the originator of the complaint informed about the handling and the result of the complaint? <input type="checkbox"/> Actual case checked <input type="checkbox"/> Procedure checked	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>



Reference number of the body carrying out the inspection:

14.5	Are the records of customer complaints maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
14.6	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>15 Changes to Certified Products</b>				
15.1	Is reference about the certified version available? (one or more boxes may be ticked)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/> Set of drawings			
	<input type="checkbox"/> Parts list			
	<input type="checkbox"/> Product description			
	<input type="checkbox"/> Reference sample			
	<input type="checkbox"/> Photo-documentation			
	<input type="checkbox"/> Other specification (Please provide details):			
	<input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.			
15.2	Is this reference under control of the licence holder?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
15.3	Is there a procedure ensuring that no changes to the construction of certified products will be implemented prior to acceptance by the License Holder?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i>				
<input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
15.4	If the manufacturer 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 <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure &amp; revision or issue date:</i>				
<input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
15.5	Are any changes made to the certified version since the last inspection?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
	<input type="checkbox"/> no changes			
	<input type="checkbox"/> changes authorised by the license holder			

<b>16 Selection and Shipping of Re-Examination Sample(s)</b>				
<i>Regarding samples requested by the Certification Body(ies) please refer to the table IDENTIFICATION OF SELECTED SAMPLES and enter details as appropriate</i>				



Reference number of the body carrying out the inspection:

16.1 Please give reasons why no samples were selected during the inspection:  
(one or more boxes may be ticked)

- ☐ None required by the certification body:
- ☐ No production, no stock:
- ☐ Build to clients' order
- ☐ No access to warehouse
- ☐ Warehouse not at manufacturer's location
- ☐ Manufacturer has been instructed to send re-examination samples:
- ☐ Others (Please provide details):
- ☐ Details are given on INSPECTOR'S EVALUATION-Informative page

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 (Please provide details):
- ☐ Details are given on INSPECTOR'S EVALUATION-Informative page.



<b>17</b>	<b>Inspector's Evaluation</b>		
17.1	List your findings on the INSPECTORS EVALUATION – Findings page(s) by referencing the applicable clauses in this report (including comments, recommendations, etc.) and explain them to the manufacturer. If possible indicate also the corrective actions the manufacturer intends to take.		
17.2	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>Manufacturer’s 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>Manufacturer 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 manufacturer has confirmed implementation of corrective action(s).</b>	<input type="checkbox"/>
17.3	Attachments: For page control, please write the reference number in the header of each attachment page. PD CIG 023 - Signature page                      No. of pages: ENEC Appendix to PD CIG 023                  No. of pages: Copy of Quality Management Certificate        No. of pages: Others     No. of pages: Total no. of pages of this report including all attachment pages:		
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			
Inspection duration:                      hours.			
<b>The responsibility for ensuring that a product is manufactured in accordance with the standard to which it was originally approved rests with the licence holder</b>			
Date:	Date:		
Inspector's name (printed letters):	Contact person's name (printed letters) :		



Reference number of the body carrying out the inspection:

Signature:	Signature:
<input type="checkbox"/> For signature see attached signature page	



## Inspector's Evaluation

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Reference number of the body carrying out the inspection:

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### Inspector's Evaluation

XX-XX-XXXXX, Issue 1.0



Reference number of the body carrying out the inspection:



Reference number of the body carrying out the inspection:

**TEST DATA SHEET - Product Verification Tests / Periodic Tests (PVT)**

CB	Product, Sampling rate, Standards Clause or Test-parameters, Results



Reference number of the body carrying out the inspection:

**TEST DATA SHEET - Routine Tests**

<input type="checkbox"/> No production	
<input type="checkbox"/> Production seen	Certification mark:
Product Category (e.g. HOUS):	Kind of product (e.g. vacuum cleaner):
Type number:	Electrical Insulation Class:
Rated voltage:	

TESTS		% check	Test value applied	Time	Factory limits applied:	Failure indicated by	Remarks	W R
a	Earth continuity		V A	s	Ohm (max.)			
b	Insulation resistance		V d.c.	s	MOhm (min.)			
c	Leakage current		V		mA (max.)			
Dielectric strength	Basic insulation		V	s	mA (max.)			
	Supplementary insulation		V	s	mA (max.)			
	Reinforced insulation		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



**CIG 023**  
**Factory Inspection**  
**Report**

Reference number of the body carrying out the inspection:

IDENTIFICATION OF SELECTED SAMPLES				at manufacturer::		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"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	

**Code letters: P = Sample from Production or S = Stock; F = Forwarded by the Manufacturer; T = Transported to the Certification Body by the Inspector; A = Shipped by the Inspection Agency —**



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Reference number of the body carrying out the inspection: