



**Certification Body
ASSESSMENT REPORT
Confidential to the Members**

IECEE-PAC/ /*

OD-CB2004

*(*Note: Document identification should be: "IAR" for Initial Assessment Report, EAR for Extension of Scope Assessment, "FAR" for Follow-up Assessment Report or "RAR" for Re-assessment Report and RLAR for Re-Location Assessment Report in IECEE-PAC/XXX*)*

(The text in orange and italics in brackets shall be deleted in the final version of the assessment report.)

Date(s) of Assessment:

(Use Format yyyy-mm-dd)

Certification Body:

*(Complete Legal Entity Name of the
Certification Body
and Country of Domicile)*



1.0 OBJECT AND FIELD OF ASSESSMENT

1.1 OBJECT

ASSESSMENT COVERING	IECEE Assessment	Joint Assessment	Accreditation Body	Scope of Accreditation <i>(Is the accreditation body scope equal/greater or smaller than the IECEE scope)</i>
Initial Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Extension of Scope	<input type="checkbox"/>	<input type="checkbox"/>		
Re-Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Follow-up Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Re-location Assessment	<input type="checkbox"/>	<input type="checkbox"/>		

1.2A PRODUCT CATEGORIES COVERED BY THE RE-ASSESSMENT

BATT	CABL	CAP	CONT	HOUS	INST	LITE	MEAS	MED	MISC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFF	POW	PROT	SAFE	TOOL	TRON	EMC	PV	HSTS	AUTM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please cross (X) as appropriate and refer to Annex 1A/B for a complete list of the scope of the assessment containing details of the relevant IEC Standards and relevant experience including editions and amendments

1.2B PRODUCT CATEGORIES COVERED BY THE INITIAL/SCOPE EXTENSION ASSESSMENT

BATT	CABL	CAP	CONT	HOUS	INST	LITE	MEAS	MED	MISC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFF	POW	PROT	SAFE	TOOL	TRON	EMC	PV	HSTS	AUTM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please cross (X) as appropriate and refer to Annex 1B for a complete list of the scope of the assessment containing details of the relevant IEC Standards and relevant experience including editions and amendments

1.3 PREVIOUS ASSESSMENT REPORT(S) Doc. No. and Date:

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1.4 CERTIFICATION SCHEME	
<input type="checkbox"/> CB Scheme	<input type="checkbox"/> CB FCS

1.5 COMPLETE LEGAL ENTITY NAME and COMPLETE ADDRESS of the CERTIFICATION BODY
Legal Entity Name:
Complete Address:
Contact Person:
Tel:
Mobile:
Fax:
E-mail :
Website :

1.6 MEMBERS OF THE ASSESSMENT TEAM		
Name	Organisation	Country
Lead Assessor:		
Assessor:		
Assessor:		
Assessor:		



1.7 ASSESSMENT BASE

IECEE 01 Basic Rules
 IECEE 02 Rules of Procedure – CB Scheme
 IECEE 03 Rules of Procedure – CB-FCS
 ISO/IEC Guide 65
 OD-CB2006 - Guidelines for Assessors

The above documents are to be based upon the latest published editions

2.0 ASSOCIATED TESTING LABORATORIES

Testing Laboratory Name: <i>(Complete Legal Entity Name of the Company)</i>	Testing Laboratory location: <i>(City and Country of Domicile)</i>
Testing Laboratory Name: <i>(Complete Legal Entity Name of the Company)</i>	Testing Laboratory location: <i>(City and Country of Domicile)</i>
Testing Laboratory Name: <i>(Complete Legal Entity Name of the Company)</i>	Testing Laboratory location: <i>(City and Country of Domicile)</i>
<i>(Change the number of boxes as needed. Please delete un-used boxes)</i>	

2.1 BRIEF HISTORY OF THE NCB

(Include information about the legal entity of the NCB and ownership. Reference ISO/IEC Guide 65 Sub-clause 4.2 d. Complete this section for Initial Assessment and for other Assessments complete only with updates from the most recent previous assessment)



2.2 FACTORY AUDIT/INSPECTION (For CB-FCS Only)

(Briefly describe the organisation of the audit/inspection function, including information whether this activity is sub-contracted. Briefly describe how the Certification Body maintains control and ensures that the suitability and competence of the Inspection function is compliant with the relevant Clauses of ISO/IEC Guide 65.)

2.3 USE OF MANUFACTURERS' TESTING LABORATORIES (OD-CB 2027)

Does the NCB issue CB Test Certificates and/or CB-FCS Conformity Assessment Certificates based on

- TMP OD-CB 2028: Yes No
- WMT OD-CB 2029: Yes No
- SMT OD-CB 2030: Yes No
- RMT OD-CB 2031: Yes No

(NCB shall declare the number of MTLs operated and the Assessment team should assess the level of supervision exercised by the NCB over the operated MTLs)

Are the MTLs used by the NCB listed in OD-CB2019 ?

- Yes No N/A

(To verify that the MTLs have been registered with the IECEE, please check OD-CB2019 SMT, TMP & WMT at the following URL: (http://www.iecee.org/RestArea/Operation_docs/Docs_pdf/cb2019ed3-0.pdf.)

Is the NCB performing the required assessments of the MTLs?

- Yes No N/A

(Note: Please report how the Certification Body maintains management of and continuing control of the activities of its personnel and those from its associated CBTL(s) at the MTL's premises during testing activities.)



2.4 NATIONAL CERTIFICATION MARKS, CERTIFICATES & PROGRAMMES

(Show/briefly describe the national certification mark(s) owned, controlled or licensed by the Certification Body and which can be issued by that body on the basis of a valid CBTC/CBTR and/or CAC/CAR)

(Note 1: Specify whether the national certification mark/certificate is owned by the NCB or by an external organisation)

Note 2: Describe the situation regarding registration of the national certification mark in the NCB's country(ies) of operation as a certification body.

Note 3: If applicable, the NCB should have a procedure for recognition of CB Test Certificates and associated CB Test Reports (CACs and CARs / a CB-FCS) which are based on MTL procedures)

2.5 FINANCIAL SUPPORT

(Include information about how the NCB receives its financial support, particularly if from other sources than fees from clients. Reference ISO/IEC Guide 65, Sub-clause 4.2 i) and briefly describe the structure of the financial operation of the organisation. Complete this section for Initial Assessment and for other Assessments complete only with updates from the last assessment)

2.6 ORGANISATION OF THE NCB

(Include information relevant to the organisation of the NCB pertaining to the operated Scheme(s) including the interaction with its CBTL(S).)

(If the quality management system is such that the Quality Manual and/or Quality Procedure include one or more organization charts then this could be attached as an appendix to the Assessment Report.)

3. PERSONNEL STRUCTURE

3.1 EMPLOYEES

Number of overall people employed by the Legal Entity of the Certification Body:

Number of people working in the overall product certification area:

Number of people involved with the product certification activity within the scope of this assessment:

(Note: When the declared years of experience is low, the assessment team should make a professional judgment based upon interviews on the awareness and knowledge of the standards, witnessing of Test Report review, witnessing of testing and measuring as well as CV information e.g. previous employments and function, training programmes completed.)



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3.2 RESPONSIBLE MANAGERS FOR CERTIFICATION.					
Name	Position (Title) and Field of Expertise	Years of Relevant Experience	Experience Checked & Appropriate		To whom does the responsible Manager for Certification report?
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

3.3 PRINCIPAL STAFF INVOLVED IN CERTIFICATION.					
Name	Position (Title) and Field of Expertise	Years of Relevant Experience	Experience Checked & Appropriate		To whom does the certification staff report?
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

3.4 STAFF INVOLVED IN THE QUALITY MANAGEMENT SYSTEM OF THE CERTIFICATION BODY.					
Name	Position (Title) and Field of Expertise	Years of Relevant Experience	Experience Checked & Appropriate		To whom does the quality management system staff report?
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	



3.5 ASSESSMENT OF THE STAFF COMPETENCE

(Briefly describe how the competence was assessed e.g. interview, CV check, demonstration of certification decisions, knowledge of the standard, reviewing of the Test Reports, etc.)

4.0 QUALITY MANAGEMENT SYSTEM

Is the NCB Accredited by a reputable Accreditation Body?

Yes No

The accreditation includes the product categories covered by this assessment.

Yes No N/A

The Accreditation Certificate shall be appended as Annex 3.

(If the Certification Body is accredited, check the most recent accreditation assessment report and the scope covered by the accreditation. If the Certification Body is not accredited or if the Certification Body does not make the accreditation report available, the Quality Management System of the NCB shall be examined in detail.)

(Briefly describe the structure of the quality system, its documentation and degree of implementation, and how it is checked for compliance with ISO/IEC Guide 65. State whether reports from external/internal audits, management reviews and corrective action processes have been reviewed and other relevant items from ISO/IEC Guide 65, Sub-clause 4.5.)

- **STRUCTURE OF THE QUALITY SYSTEM**
- **CONDITION AND PROCEDURES FOR: GRANTING, MAINTANING, EXTENDING, SUSPENDING AND WITHDRAWING CERTIFICATES**
- **INTERNAL AUDITS", MANAGEMENT REVIEW**
- **DOCUMENT CONTROL**
- **RECORDS**



- **CONFIDENTIALITY**

(In any case the IECEE Rules of Procedure of the relevant IECEE Scheme(s) should be assessed in order to verify that they are duly included in the quality management system and implemented in practise and effectively. This assessment may include, but is not limited to, e.g. Operational Documents, CTL Decisions, process of Document control and provision to use the appropriate IEC Standards, etc.)

- **IECEE RULES OF PROCEDURE & GUIDANCE**
- **OPERATIONAL DOCUMENTS**
- **CTL DECISIONS**
- **USE OF APPROPRIATE IEC STANDARDS**
- **CURRENT DECISIONS**
- **COMPOSITION AND ROLE OF THE CERTIFICATION COMMITTEE/BOARD**

5.0 TRAINING

(Briefly describe if the Certification Body has documented procedures for training in each field of the Certification Body's competence relevant to the scope of the Scheme(s) for which the body is assessed (ISO/IEC Guide 65, Sub-clauses 4.5.3 i)). Indicate if the records of training were checked. Also provide some typical examples of the training provided to the relevant associated CBTL(s) and MTL(s), if applicable.)

6.0 NUMBER OF NON-CONFORMITY REPORTS ISSUED

Number of NCRs appended:



7.0 RECOMMENDATION(S) OF THE ASSESSMENT TEAM

(Please cross (X) as appropriate under Annex 1 the accepted/not accepted standards detailing together with the relevant IEC Standards the editions and amendments)

This assessment has been a sampling exercise and thus every aspect of the Certification Body'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:(Please check the appropriate recommendation)

- 1. The Assessment Team recommends acceptance of the assessed organisation for the scope(s) as reported in Annex 1A/B of this Assessment Report as appropriate
- 2. The Assessment Team recommends acceptance of the assessed organisation for the scope(s) as reported in Annex 1A/B 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.

(Note: The outcome of a number 3 recommendation would be expected to result in a number 1 or 2 recommendation)

- 4. Other, please specify using similar terminology.

7.1 ADDITIONAL INFORMATION



8.0 SIGNATURES OF THE ASSESSMENT TEAM		
8.1 DATE: <i>(Use format of yyyy-mm-dd)</i>		
Lead Assessor	Assessor	Assessor
Signature	Signature	Signature
Printed Name	Printed Name	Printed Name
Assessor	Assessor	Assessor
Signature	Signature	Signature
Printed Name	Printed Name	Printed Name

9.0 ACKNOWLEDGEMENT BY THE ASSESSED ORGANIZATION
<input type="checkbox"/> We acknowledge and agree with the content of the Assessment Report.
<input type="checkbox"/> We acknowledge the content of the Assessment Report and we disagree for the following reasons:

DATE: <i>(Use format of yyyy-mm-dd)</i>	
NCB REPRESENTATIVE	Q.M. REPRESENTATIVE
Signature	Signature
Printed Name and Position	Printed Name



ANNEX 1A

Standards of the current accepted scope selected for this Re-assessment

Product Category	NCB :	Number Certificates Issued during the last two years (by the NCB)	Assessment Team acceptance		CBTL	CBTL	CBTL
			Yes	No			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: For the organisation's full scope please see the IECEE Website



ANNEX 1B
Initial Assessment/Scope extension Assessment Scope

Product Category	NCB :	Number Certificates Issued during the last two years (by the NCB)	Assessment Team acceptance		CBTL	CBTL	CBTL	CBTL
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ANNEX 2

ORGANISATION CHART

(If the quality management system is such that the Quality Manual and/or Quality Procedure include one or more organization charts then this could be attached in this Annex. The Assessment Team shall not request the assessed organisation to draft a dedicated Organisation chart simply for the purpose of completing this Annex or clarifying the information provided in the body of this report.)



ANNEX 3

**ACCREDITATION CERTIFICATE(S) RELEVANT TO THE CB
SCHEME/CB-FCS**



**“INDEPENDENCE AND IMPARTIALITY” INCLUDING
“COMMERCIAL CONSULTANCY”**

**This Annex to the OD CB 2004 (Annex 4) is to be used for Initial
Assessment only (NCB).**

1.1 GENERAL OPERATING PROCEDURE

Does the Body have a documented procedure for independence and impartiality that as a minimum includes the following while carrying out conformity assessment activities ?:

- a) to be objective
- b) to identify, avoid, mitigate and manage conflicts of interest, and
- c) to ensure independence, so as to increase the amount of trust, confidence and value that those activities have in the market place

YES NO

Document Title:

Document Number:

1.2 REFERENCE DOCUMENT

Does the Body have access to ISO/IEC Guide 65:1996 and in particular Sub-clause 4.2, “Organization?” YES NO

Does the Body have access to ISO/IEC 17025:2005 and in particular Sub-clause 4.1.4 (including Note 2, 4.1.5 B) and 4.1.5 d) ? YES NO



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1.3 KNOWLEDGE, TRAINING AND DECISION MAKING
Does the Body's staff have knowledge of the basic concepts of independence and impartiality? YES <input type="checkbox"/> NO <input type="checkbox"/>
Were the training records of the Body's staff checked ? YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the Body's selected staff have sufficient knowledge in the principles of independence and impartiality to provide initial training and retraining to other staff? YES <input type="checkbox"/> NO <input type="checkbox"/> Names of person(s):
Were examples of training programs of the Body's staff reviewed and found to be sufficient? YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the Body's staff select and make pass/fail decisions taking the principles of independence and impartiality into account? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are the Body's decisions based on objective evidence of conformity (or nonconformity) obtained by the Body's staff? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are the Body's decisions influenced by other interests or parties? YES <input type="checkbox"/> NO <input type="checkbox"/>

1.4 DOCUMENTATION AND IMPLEMENTATION
Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure the independence and impartiality of all staff? YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure that the remuneration of staff is free from pressures and inducements and is not dependent on the number, outcome of the result of their activities? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(NOTE: It is recognized that the source of revenue of the Body is its customers paying for its services and that this is a potential threat to independence and impartiality.)</i>
Does the Body have documented sufficient procedures for the identification, review, resolution and prevention of conflict of interest (including "commercial consultancy") where conflicts of interest are suspected or proven (including subcontracted personnel) and does the Body keep records of such reviews and decisions? YES <input type="checkbox"/> NO <input type="checkbox"/>

1.5 MARKETING AND ADVERTISING MATERIALS
Do the Body's marketing materials give the impression that "commercial consultancy" activities are offered? YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, Please detail:
Is the Body linked to an organization that provides "commercial" consultancy services? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there a documented policy/procedure to ensure that there is an effective separation between all



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conformity assessment activities and consultancy services?

YES NO N/A

Do the Body's certification staff participate in "commercial consultancy"? YES NO

1.6 STAFF DECLARATIONS

Does the Body require all staff acting on its behalf to declare any potential conflict of interest? YES NO

1.7 COMPLIANCE

Does the Body comply with all the above independence and impartiality principles on an ongoing basis? YES NO

Note: If the answer is NO a Non-Conformity Report must be issued