



IECEE AD-001

Edition 1.43 2018-06-05-17

IECEE OPERATIONAL DOCUMENT

IEC System of Conformity Assessment Schemes for Electrotechnical Equipment and Components (IECEE System)

~~Questionnaire~~ Application for Assessors and Trainers





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IEC Central Office
3, rue de Varembe
CH-1211 Geneva 20
Switzerland

Tel.: +41 22 919 02 11
Fax: +41 22 919 03 00
info@iec.ch
www.iec.ch

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FOREWORD

Document Owner

PAC

History of changes

| <u>Revision</u> Date | Brief summary of changes |
|----------------------|---|
| <u>2017-11-02</u> | <u>Title change only as per CMC decision 36/2017</u> |
| 2017-05-17 | Changes have been made to the title of this OD, as well as clauses 1, 6, 7, 9 and 10. |

| Effective date | Target revision <u>Next maintenance due</u> date |
|---|---|
| 2017-05-17 <u>2018-06-05</u> | 2020-05-17 <u>2021-06-05</u> |

1. Personal details

| | |
|-------------------------|--|
| Title (Mr, Ms ,Dr, etc) | |
| First name | |
| Last name | |
| Email | |
| Company | |
| Address | |
| Postal/Zip code | |
| Country | |
| Phone | |
| Fax | |

Application as:

- Technical Assessor
 Lead Assessor
 Factory Surveillance Assessor (FSB)
 Factory Surveillance Trainer (FSB)

2. Education

| Dates(s) | Qualification(s) |
|----------|------------------|
| | |
| | |
| | |

3. Membership of relevant professional bodies

| Dates(s) | Body/Association | Grade of membership |
|----------|------------------|---------------------|
| | | |
| | | |
| | | |

4. Professional experience

| Date from | Date to | Employer | Duties |
|-----------|---------|----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

5. Professional training

| Dates(s) | Training Provider(s) | Course title | Duration (days) |
|----------|----------------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

6. Assessment experience

This section applies to Lead & Technical Assessors and Factory Surveillance Assessors only

| | As Lead Assessor | As Technical Expert | As Factory Surveillance Expert |
|--|------------------|---------------------|--------------------------------|
| Number of external technical assessments carried out in the last three years over Certification Bodies also on behalf of Accreditation Bodies against ISO/IEC 17065 | | | |
| Number of external technical assessments carried out in the last three years over Testing Laboratories also on behalf of Accreditation Bodies against ISO/IEC 17025 | | | |
| Number of internal assessment carried out in the last three years relevant to certification / testing / factory surveillance activities against ISO/IEC 17025, ISO/IEC 17065 | | | |
| Number of Quality Management System assessment carried out in the last three years against ISO 9000 and/or ISO 14000, eventually also on behalf of Accreditation Bodies against ISO/IEC 17025 | | | |

Supplementary information:

.....

Please indicate in which of the following fields you consider yourself qualified and are prepared to cover as member of a peer assessment team to assess the relevant activities of a candidate or existing operator within the IECEE Certification Schemes.

| | | |
|----------------------------------|-----------------------------------|----------------------------------|
| NCBs <input type="checkbox"/> | CBTLs <input type="checkbox"/> | FSBs <input type="checkbox"/> |
|----------------------------------|-----------------------------------|----------------------------------|

Please list in each category the standards for which your knowledge and competence is effective.

This section applies to Technical Assessors only

| | |
|-------------|--|
| BATT | |
| CABL | |
| CAP | |
| CONT | |
| E3 | |
| EMC | |
| ELVH | |
| HOUS | |
| HSTS | |
| INDA | |
| INST | |
| ITAV | |
| LITE | |
| MEAS | |
| MED | |
| MISC | |
| OFF | |
| POW | |
| PROT | |
| PV | |
| SAFE | |
| TOOL | |
| TOYS | |
| TRON | |

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Comment [tsm1]: Added as per CMC decision 62/2018

7. Factory Surveillance experience (FSB)

This section applies to Factory Surveillance Trainers only

List of particular Factory Surveillance procedures for which your knowledge and competence is effective:

8. Referee

Referee, who may be contacted to ascertain personal attributes and competence as declared in this form.

| | |
|-------------------------|--|
| Title (Mr, Ms ,Dr, etc) | |
| First name | |
| Last name | |
| Email | |
| Position | |
| Address | |
| Postal/Zip code | |
| Country | |
| Phone | |
| Fax | |

9. Assessment fees and confidentiality commitment

Applicable fees are detailed in the operational procedure OD-2026, available at: <http://www.iecee.org/documents/refdocs/>

If appointed as an IECEE peer assessor I will conduct my work to the requisite standard of integrity, competence, impartiality and confidentiality.

Confidentiality Commitment

I agree to handle the overall documentation and information gathered from the assessments for which I am appointed with confidentiality and that I will not disclose this information to anyone else other than the IECEE Secretariat and Audited Organization even if I leave the company within which I am employed.

I certify that the information given in this questionnaire is true and correct.

Signed :
Date :

10. Endorsement by the IECEE NCB responsible for the operations of the certification, surveillance or laboratory staff for which the IECEE Registration is sought.

On behalf of being an NCB in the IECEE, I confirm that the details given in this questionnaire have been checked and found to be correct and has our support.

Date :

Name :

Signature :

**INTERNATIONAL
ELECTROTECHNICAL
COMMISSION**

3, rue de Varembe
PO Box 131
CH-1211 Geneva 20
Switzerland

Tel: + 41 22 919 02 11
info@iec.ch
www.iec.ch

**IEC SYSTEM OF CONFORMITY ASSESSMENT
SCHEMES FOR ELECTROTECHNICAL
EQUIPMENT AND COMPONENTS (IECEE)**

IECEE Secretariat c/o IEC
3, rue de Varembe
PO Box 131
CH-1211 Geneva 20
Switzerland

Tel: + 41 22 919 02 11
secretariat@iecee.org
www.iecee.org