

IECEE OPERATIONAL DOCUMENT

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

Application for Assessors and Trainers





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FOREWORD

Document Owner

PAC

History of changes

Revision Date	Brief summary of changes
2017-11-02	Title change only as per CMC decision 36/2017
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	Next maintenance due date
2018-06-05	2021-06-05

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:

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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"/>
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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	

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 :.....

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