



# **IECEE ADMINISTRATIVE DOCUMENT**

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

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**Peer Order Confirmation Form**





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**IECEE AD-002**

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Edition 1.5 2017-01-05

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

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**Peer Order Confirmation Form**

INTERNATIONAL  
ELECTROTECHNICAL  
COMMISSION

PRICE CODE

**ZZ**

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## FOREWORD

### Document Owner

IECEE Secretariat

### History of changes

Date	Brief summary of changes
2017-01-05	Addition of technical competency field & note

Effective date	Target revision date
2017-01-05	2020-01-05

### Scope

The IECEE Secretariat prepares one Peer Order Confirmation Form per person carrying out an IECEE assessment. The appointed assessor, upon accepting the assignment fills it in as necessary and returns it to the Secretariat.

Appointed Assessor	Name and Organisation
Appointed as	Choose an item.
Assessment period	YYYY
Appointed by	IECEE Secretariat
Date	

**Assessed Organisation(s)**

Name	Organisation's name
If CBTL/ACTL, responsible NCB(s)	Organisation's name
Location	Town, Country
Type	Choose an item.
Assessment Type	Initial Assessment (IA) <input type="checkbox"/> Re Assessment (RA) <input type="checkbox"/>
	Scope Extension (SE) <input type="checkbox"/> Follow-up Assessment (FA) <input type="checkbox"/>
	Re-Location Assessment (RLAR) <input type="checkbox"/> QMS Assessment (AAR) <input type="checkbox"/>
	Factory Surveillance (FSS) <input type="checkbox"/>
	Unified Joint Accreditation Body Assessment (AB) <input type="checkbox"/>
<b>Product Categories covered by the assessment</b>	
Initial Assessment (IA): Re Assessment (RA): Scope Extension (SE): Re-Location Assessment (RLAR): QMS Assessment (AAR): Follow-up Assessment (FA): Factory Surveillance (FSS):	

**IMPORTANT INFORMATION:**

**Assessment Team**

Name and Organisation

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**Confirmation**

As the abovementioned appointed assessor, I hereby confirm to be prepared for participating in this assessment. I am well aware of the rules, procedures and guidelines that apply for such assessments and undertake to act accordingly.

<b>Product Categories I'm technically competent for in relation to this assignment:</b>

Place

Date

Signature

I have special dietary requirements: No  Yes  If yes, please specify:

Note: When returning this form to the Secretariat, please also copy the Lead Assessor



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