

IECEE OPERATIONAL DOCUMENT

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

Certification Body Assessment Report

Confidential to the Members

IECEE-PAC/ /

(*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/*)

Certification Body:

Fill in with complete Legal Entity name of the Certification Body and country of domicile.

Date of assessment: yyyy-mm-dd

The aim of this document is to provide guidance for Assessors undertaking Certification Body assessments and completing form OD-2004 Certification Body Assessment Report.



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FOREWORD

Scope

To be determined.

Document Owner

PAC

History of changes

<u>Revision</u> Date	Brief summary of changes
<u>2017-11-03</u>	<p><u>The following clauses have been updated: 1.2.1 & 1.2.2 (new category ITAV added), 1.7, 2.4 (updating of OD numbering). Clauses 9, 10 and NCR page have been updated in line with the new Annex 4.</u></p> <p><u>New Annex 4: "Content Agreement of Assessment Report XYZ - CBTL ABC"</u></p> <p><u>New Section Infringement Report Referred to Secretariat</u></p>
2016-12-15	Changes have been made to Clause 8 as well as Annex 1A, Annex 1B and Annex 4.
2016-06-01	<p>Most changes made cover the change from "MTL" to "CTF", as well as the change from ISO Guide 65 to ISO/IEC 17065.</p> <p>The following subclauses were modified: 1.7, 2.4 to 2.6, 4, 5, Annex 1A, 1B and 4</p>

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. Object and field of assessment

1.1 Object

Assessment covering	IECEE Assessment	Joint Assessment	Accreditation Body	Scope of Accreditation
Initial Assessment (IAR)	<input type="checkbox"/>	<input type="checkbox"/>		
Extension of Scope (EAR)	<input type="checkbox"/>	<input type="checkbox"/>		
Re-Assessment (RAR)	<input type="checkbox"/>	<input type="checkbox"/>		
Follow-up Assessment (FAR)	<input type="checkbox"/>	<input type="checkbox"/>		
Re-Location Assessment (RLAR)	<input type="checkbox"/>	<input type="checkbox"/>		

1.2 Product Categories

1.2.1 Product Categories covered by the re-assessment

Please cross (X) as appropriate and refer to [Annex 1A](#) Standards of the current accepted scope selected for this Re-assessment for a complete list of the scope of the assessment containing details of the relevant IEC Standards and relevant experience including editions and amendments.

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

1.2.2 Product Categories covered by the initial/scope extension assessment

Please cross (X) as appropriate and refer to [Annex 1B](#) Initial Assessment / Scope extension Assessment Scope for a complete list of the scope of the assessment containing details of the relevant IEC Standards and relevant experience including editions and amendments.

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

1.3 Previous Assessment Report

Previous Assessment Report Number	IECEE-PAC/ /
Previous Assessment Date	yyyy-mm-dd

1.4 Certification Schemes / Services

<input type="checkbox"/> CB Scheme	<input type="checkbox"/> CB-FCS Scheme	<input type="checkbox"/> FSS
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1.5 Complete legal entity name and address of the Certification Body

Legal Entity Name	
Address	
Contact Person	
Email	
Tel	
Mobile	
Fax	
Website	

1.6 Members of the Assessment Team

	Name	Organization	Country
Lead Assessor			
Assessor			
Assessor			
Assessor			

1.7 Assessment Base

~~IECEE 01 Basic Rules~~ [IEC CA 01 and IECEE 01-S Basic Rules](#)

IECEE 02 Rules of Procedure

IECEE 02-2 IECEE Membership Procedures

IECEE 02-3 Peer Assessment Programme Procedures

ISO/IEC 17025

ISO/IEC 17065

OD-2006 Guidelines and information for IECEE assessments: procedures and documentation

OD-2007 List of documentation required for applications

[OD-2033 Process elements related to infringements of the Rules](#)

OD-2039 Acceptance of components within the IECEE CB Scheme and component acceptance matrix

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

2 Certification Body

2.1 CB Testing Laboratories

Legal entity name	Location



2.2 Brief history of the Certification Body

Include information about the legal entity of the NCB and ownership.
 Reference ISO/IEC 17065 Sub-clause 4.1.11.

Complete this section for Initial Assessment and for other Assessments complete only with updates from the most recent previous assessment

2.3 Factory Audit/Inspection (for CB-FCS Only)

Briefly describe the organization 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 17065.

2.4 Use of ~~Manufacturers' Testing Laboratories~~ / Customer Testing Facilities

In case the NCB utilises CTFs verify that they are properly declared to the IECEE and consequently listed in OD-2048.

	Yes	No	N/A
Does the Certification Body issue CB Test Certificates and/or CB-FCS Conformity Assessment Certificates based on OD 2048:			
• CTF Stage 1 (OD- 2025 2048-F2-A)	<input type="checkbox"/>	<input type="checkbox"/>	
• CTF Stage 2 (OD- 2025-A 2048-F2)	<input type="checkbox"/>	<input type="checkbox"/>	
• CTF Stage 3 (OD- 2025-B 2048-F3)	<input type="checkbox"/>	<input type="checkbox"/>	
• CTF Stage 4 (OD- 2025-B 2048-F3)	<input type="checkbox"/>	<input type="checkbox"/>	
Are the CTFs used by the Certification Body listed in the IECEE website?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Certification Body performing the required assessments of the CTFs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Certification Body Assessment Report	IECEE-PAC/ /
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2.5 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.

Specify whether the national certification mark/certificate is owned by the NCB or by an external organization

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

If applicable, the Certification body 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 CTF procedures

2.6 Financial support

Include information about how the Certification body receives its financial support, particularly if from other sources than fees from clients. Reference ISO/IEC 17065, Sub-clause 4.3.23 and briefly describe the structure of the financial operation of the organization.

Complete this section for Initial Assessment and for other Assessments complete only with updates from the last assessment



2.7 Organization of the Certification Body

Include information relevant to the organization 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 <u>product</u> certification area	
Number of people involved with the <u>product</u> certification activity within the scope of this assessment	

3.2 Responsible Managers for Certification

Name	Position (title) and field of expertise	Years of relevant experience	Experience checked & found appropriate		Reports to
			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 (including remote certification officers)

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.

Name (indicate if remote certification officer)	Position (title) and field of expertise	Years of relevant experience	Experience checked & found appropriate		Reports to
			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 & found appropriate		Reports to
			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 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 Quality Management System

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.

Structure of the Quality System

Briefly describe the structure of the quality system, its documentation and degree of implementation, and how it is checked for compliance with ISO/IEC 17065. State whether reports from external/internal audits, management reviews and corrective action processes have been reviewed and other relevant items from ISO/IEC 17065). The clause numbers and titles are provided for guidance. Please provide your relevant observations as necessary in the space below.

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 practice 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.

The assessors also have the obligation of checking the completed OD-2016, which has the full listing of the clauses.

	Yes	No	N/A
Is the Certification Body accredited by a reputable Accreditation Body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the accreditation include the product categories covered by this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Structure of the Quality System
General requirements Example: ISO/IEC 17065 4.1 Legal and contractual matters, 4.2 Management of impartiality, 4.3 Liability and financing, 4.4 Non-discriminatory conditions, 4.5 Confidentiality, 4.6 Publicly available information
Structural requirements Example: ISO/IEC 17065 5.1 Organizational structure and top management, 5.2 Mechanism for safeguarding impartiality



Resource requirements Example: ISO/IEC 17065 6.1 Certification body personnel, 6.2 Resources for evaluation
Process requirements Example: ISO/IEC 17065 7.1 General, 7.2 Application, 7.3 Application review, 7.4 Evaluation, 7.5 Review 7.6 Certification decision, 7.7 Certification documentation, 7.8 Directory of certified products, 7.9 Surveillance, 7.10 Changes affecting certification, 7.11 Termination, reduction, suspension or withdrawal of certification, 7.12 Records, 7.13 Complaints and appeals
8 Management system requirements Example: ISO/IEC 17065 8.2 General management system documentation, 8.3 Control of documents, 8.4 Control of records, 8.5 Management review, 8.6 Internal audits, 8.7 Corrective actions, 8.8 Preventive actions
IECEE Rules of Procedure and Guidance
IECEE Operational Documents
CTL Decisions
Use of appropriate IEC standards



Current decisions
Component Matrix Check that the Component Matrix is populated and accurate by checking 2-3 components from the "Export" report available on the IECEE website

5 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 17065, Sub-clauses 6.1.2.1)2

Indicate if the records of training were checked.

Also provide some typical examples of the training provided to the relevant associated CBTL(s), SPTL(s) and CTF(s), if applicable.

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6 Certification files reviewed during the assessment

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7 Number of Non-Conformity Reports issued

Number of NCRs appended	
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8 Recommendations of the Assessment Team

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:

1. The Assessment Team recommends acceptance of the assessed organization as reported in Annex 1A/B	<input type="checkbox"/>
2. The Assessment Team recommends acceptance of the assessed organization as reported in Annex 1A/B subject to clearance of the outstanding Non-conformity Reports as appropriate.	<input type="checkbox"/>
3. The Assessment Team recommends that the acceptance of the assessed organization is postponed until a further follow-up assessment is carried out and is found satisfactory.	<input type="checkbox"/>
4. Other, please specify using similar terminology	<input type="checkbox"/>

8.1 Additional Information



9 Signatures of the Assessment Team

Date: yyyy-mm-dd

The Lead Assessor confirms that confirmation has been received from all parties in Section 9 that their printed names is accepted in lieu of a signature.

	Printed name	Signature
Lead Assessor		
Assessor		
Assessor		
Assessor		

10 Acknowledgement by the assessed organization

We acknowledge and agree with the content of the Assessment Report.

We acknowledge the content of the Assessment Report and we disagree for the following reasons:

The representatives of the assessed organization in Section 10 confirm that authorization has been given to the lead assessor that their printed names are accepted in lieu of signatures below and all associated NCR, if any.

Date: yyyy-mm-dd

	Printed name	Signature
Certification Body Representative		
Quality Management Representative		



Annex 1A Standards of the current accepted scope selected for this Re-assessment

Product Category:

The assessment team completes this column.

List the corresponding Product Category for each standard selected for this assessment.

Standard:

The assessment team completes this column with the standards selected for this reassessment.

List the standards, including the publication year, of the selected scope of the assessment

Number of Certificates issued during the last three years:

The assessed organization should provide this information during the assessment.

Certificates issued can also include projects based on the equivalent National Standard.

Assessment team acceptance:

The assessment team completes this column based upon the on-site assessment.

Where experience is insufficient the "No" box shall be checked. The assessed organization can provide a claim of competence to the IECEE Secretariat to keep this standard in the scope of acceptance.

Example:

Certification experience for national/regional standards that are reasonably harmonized with the equivalent IEC standard can be counted as experience if no experience can be demonstrated for the IEC standard. This shall be clearly indicated, for example:

Product Category	Standard	Number of Certificates issued during the last three years*	Assessment Team acceptance	
			Yes	No
OFF	IEC 60950-1:2005	333	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFF	IEC 60950-1:2005/AMD1:2009	333	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* experience also includes equivalent national/regional standards.

Product Category	Standard	Number of Certificates issued during the last three years	Assessment Team acceptance	
			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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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



Annex 1B Initial Assessment / Scope extension Assessment Scope

Product Category:

The assessed organization completes this column. List the corresponding Product Category for each standard.

Standard:

The assessed organization completes this column with all the standards requested for –this assessment List the standards, including the publication year, of the requested scope of the assessment

Number of Certificates issued during the last three years:

The assessed organization should provide this information during the assessment Certificates issued can also include projects based on the equivalent National Standard.

Assessment team acceptance:

The assessment team completes this column based upon the on-site assessment. Where experience is insufficient the “No” box shall be checked.

Example:

Certification experience for national/regional standards that are reasonably harmonized with the equivalent IEC standard can be counted as experience if no experience can be demonstrated for the IEC standard. This shall be clearly indicated, for example:

Product Category	Standard	Number Certificates issued during the last three years*	Assessment Team acceptance	
			Yes	No
OFF	IEC 60950-1:2005	333	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFF	IEC 60950-1:2005/AMD1:2009	333	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* experience also includes equivalent national/regional standards.

Product Category	Standard	Number of Certificates issued during the last three years	Assessment Team acceptance	
			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 organization to draft a dedicated Organization chart simply for the purpose of completing this Annex or clarifying the information provided in the body of this report.



Certification Body Assessment Report	IECEE-PAC/ /
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Annex 3 Accreditation Certificate relevant to the CB Scheme/CB-FCS

Annex 4 “Independence and impartiality” including “Commercial consultancy”

Note: If this Annex has been completed at least once and the organization is accredited according to ISO/IEC 17065, this Annex does not have to be completed again, except for clause 0. If the NCB is not accredited, this Annex needs to be completed during each Assessment.

0. Compliance with ISO/IEC 17065	Yes	No
The NCB has a valid accreditation to ISO/IEC 17065.	<input type="checkbox"/>	<input type="checkbox"/>

1. General Operating Procedure	Yes	No
Does the Certification 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	<input type="checkbox"/>	<input type="checkbox"/>
Document title: _____	Document number: _____	

2. Reference Document	Yes	No
Does the Body have access to ISO/IEC 17065:2012 and in particular Sub-clause 5.2 Mechanism for safeguarding impartiality, “Management of Impartiality?”	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>

3. Knowledge, training and decision making	Yes	No
Does the Body’s staff have knowledge of the basic concepts of independence and impartiality?	<input type="checkbox"/>	<input type="checkbox"/>
Were the training records of the Body’s staff checked?	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<input type="checkbox"/>
Names of person(s): _____		
Were examples of training programs of the Body’s staff reviewed and found to be sufficient?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Body’s staff select and make pass/fail decisions taking the principles of independence and impartiality into account?	<input type="checkbox"/>	<input type="checkbox"/>
Are the Body’s decisions based on objective evidence of conformity (or nonconformity) obtained by the Body’s staff?	<input type="checkbox"/>	<input type="checkbox"/>
Are the Body’s decisions influenced by other interests or parties?	<input type="checkbox"/>	<input type="checkbox"/>

4. Documentation and Implementation	Yes	No
Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure the independence and impartiality of all staff?	<input type="checkbox"/>	<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? 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.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

5. Marketing and advertising materials	Yes	No	N/A
Do the Body's marketing materials give the impression that "commercial consultancy" activities are offered?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Body linked to an organization that provides "commercial" consultancy services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a documented policy/procedure to ensure that there is an effective separation between all conformity assessment activities and consultancy services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Body's certification staff participate in "commercial consultancy"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Staff declarations	Yes	No
Does the Body require all staff acting on its behalf to declare any potential conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>

7. Compliance	Yes	No
Does the Body comply with all the above independence and impartiality principles on an ongoing basis? Note: If the answer to this item is NO a Non-Conformity Report must be issued	<input type="checkbox"/>	<input type="checkbox"/>



Annex 5 “Content Agreement of Assessment Report XYZ - CBTL ABC” – this is not part of the report and shall be deleted upon finalization of the report

The following text, in an e-mail to the Lead Assessor, should be used by entities being assessed and technical assessors, as a confirmation of agreement, in lieu of signature in the report, by selecting the one of the standardized paragraphs below, as applicable.

Dear XYZ (Lead Assessor)

Assessed Organization

As representative of the assessed organization, we agree with the content of Assessment Report XYZ in lieu of signatures within the report and NCRs.

Technical Assessor

As technical assessor, I agree with the content of Assessment Report XYZ in lieu of my signature within the report.



Non-Conformity Reports

If the assessment team and assessed organization do not agree on email confirmation, text in "Signature" row is deleted and signatures added.

Non-conformity Report No	/	Date	YYYY-MM-DD
Categories concerned			
Clause / Sub-clause of Non-Conformity			
Non-conformity description			
Lead Assessor		Management representative	
Name: Signature (if required) and printed name Signature and printed name		Signature (if required) and printed name Name: Signature, printed name and title	
Root cause of non-conformity			
Proposed Corrective action(s)			



Implementation date	Management representative
YYYY-MM-DD	Signature (if required) , printed name, title and date
Proposed Corrective Action(s) acceptance	
Acceptance, no further verification required	<input type="checkbox"/>
Acceptance, further verification of implementation is required, <u>without</u> on-site follow-up assessment	<input type="checkbox"/>
Acceptance, further verification of implementation is required, <u>with</u> on-site follow-up assessment	<input type="checkbox"/>
Lead Assessor (Signature (if required), printed name and date)	
Signature: <input type="checkbox"/> The Secretariat has received an email confirmation from the Lead Assessor in lieu of a signature accepting the content of this NCR.	
Implementation verified and final clearance provided by Lead Assessor	
Lead Assessor signature (if required) , printed name and date	
Signature: <input type="checkbox"/> The Secretariat has received an email confirmation from the Lead Assessor in lieu of a signature accepting the content of this NCR.	



Infringement Report Referred to Secretariat (not published)

If the assessment team and assessed organization do not agree on email confirmation, text in "Signature" row is deleted and signatures added.

<u>Infringement Report No</u>	<u> </u> / <u> </u> / <u> </u>	<u>Date</u>	<u>YYYY-MM-DD</u>
<u>Infringement Type</u> <u>(From OD-2033)</u>			
<u>Infringement description and objective evidence</u>			
<u>Lead Assessor</u>		<u>Management representative</u>	
<u>Signature (if required) and printed name</u> <u>Name:</u>		<u>Signature (if required) and printed name</u> <u>Name:</u>	

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**IEC SYSTEM OF CONFORMITY ASSESSMENT
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