



CTF - Customers' Testing Facility

**CTF Assessment Report
(CTF Stages 1 and 2)**
(Based on ISO/IEC 17025:2017)

<Report number>

CTF name

CTF address, country

Date of assessment: yyyy-mm-dd

1. Assessment details

1.1 Type of Assessment

Initial Assessment (IA)	<input type="checkbox"/>	Annual Assessment (AA)	<input type="checkbox"/>
Scope Extension (SE)	<input type="checkbox"/>	Follow-up Assessment (FA)	<input type="checkbox"/>
Re-Location Assessment (RLA)	<input type="checkbox"/>	Re-Assessment (RA)	<input type="checkbox"/>

1.2 Scope covered by the assessment

Refer to [Annex 1A/B](#) for a complete list of the assessment scope

1.3 Previous Assessment Reports – Report No. and Date

1.4 CTF Stage

Select the applicable stage(s)

Stage 1 Stage 2

1.5 CTF Contact Information

Contact Person	
Telephone	
Mobile	
Fax	
Email	

1.6 Assessment Team

Determine the applicable Position (Assessor, Technical Expert or Trainee) and delete the other position names

	Lead Assessor	Assessor / Technical Expert / Trainee	Assessor / Technical Expert / Trainee
Name			
Title and Organization			



1.7 Assessment Base
IEC CA 01 – IEC Conformity Assessment Systems – Basic Rules
IECEE 02 – Rules of Procedure
IECEE 02-3 – IECEE Particular Rules of Procedure - Peer Assessment Programme
ISO/IEC 17025:2017 - Option A
OD-2006 – Guidelines and Information for IECEE Assessments
OD-2048 – Utilization of Customers' Testing Facilities (CTFs)
OD-2034 – Operation of a Local Technical Representative (LTR) for the IECEE CTF Program (applicable in case the assessment is conducted by an LTR or the CTF is used by an LTR)
The above assessment base documents are to be the latest published editions, unless a specific edition is indicated

2. Organization

2.1 NCB and Manufacturer/Applicant undertaking the responsibility for the CTF (One assessment report per NCB)	
Responsible NCB:	Responsible Manufacturer/Applicant:
Address:	Address:

2.2 Responsible persons present during the assessment of the CTF (Other than the assessment team)	
Responsible NCB* <input type="checkbox"/>	Name of Manufacturer/Applicant representative:
Name:	
CBTL requested by the resp. NCB* <input type="checkbox"/>	Name of CTF representative:
Name:	
Address:	

*Whenever applicable

2.3 Brief history of the CTF
Include information about the legal status of the CTF and ownership (see ISO/IEC 17025:2017, clause 5.1 and OD-2048, clause 4.1.1) Complete this section for Initial Assessment and for other Assessments only with updates since the last assessment.

2.4 Organization of the CTF	
The testing laboratory is owned by Manufacturer/Customer	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "No", explain how continued compliance of the CTF with the relevant requirements of ISO/IEC 17025:2017 and OD-2048, clause 4.1.2 is maintained.</p>	

3. Personnel Structure

3.1 Employees	
Number of people working in the overall CTF testing area:	
Number of people involved with the product testing activity of the CTF within the scope of this assessment	

3.2 CTF Managers responsible for Testing Facility					
Name	Position (title) and field of expertise	Years of relevant experience	Experience checked and appropriate		To whom do they report?
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

3.3 Principal CTF staff involved in testing					
(CTF Stage 2 only)					
Name	Position (title) and field of expertise	Years of relevant experience	Experience checked and appropriate		To whom do they 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 CTF staff involved in the Management System and Calibration activities

(In cases where equipment owned by the CTF is used)

Add details of the CTF staff that is in charge of calibration activities, such as "call for calibration", equipment maintenance, etc.

Name	Position (title) and field of expertise	Years of relevant experience	Experience checked and appropriate		To whom do they 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 CTF staff's competence

(For both CTF Stages, add information about the handling of equipment calibration)

Briefly describe how the staff competence was assessed e.g. interview, CV check, demonstration of technical decisions, knowledge of the standard, reviewing of Calibration records and Test Reports, etc., as applicable to the selected stage(s).

4. CTF Testing premises

Is the power distribution system sufficient/appropriate in the scope of recognition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annex 2 "CTF Power Supply Capabilities" to be completed and attached.		

5. Management System, Technical and IECEE Requirements

5.1 Management System (CTF Stages 1 and 2)

The following elements are in compliance with the referenced ISO/IEC 17025 clauses: Applies to the relevant aspects of supplies, facilities and test equipment provided by CTF	
Purchasing services and supplies – Externally provided products and services (Cl. 6.6)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reviewed evidence (if applicable): Verify all applicable consumables such as cheesecloth, tissue paper, thermocouple wire and glue, solvents, etc. Verify records, such as purchase orders or receipts.
Control of records (Cl.8.4)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reviewed evidence (if applicable): Verify calibration records

5.2 Specific Management System requirements (CTF Stage 2 only)

Structure of the Management System (Cl. 8.1.2, 8.1.3)	
Brief description	
The following elements are in compliance with the referenced ISO/IEC 17025 clauses: (as applied only to the relevant aspects of facilities and test equipment provide by CTF)	
Document control (Cl. 8.3)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed evidence:
Review of requests, tenders and contracts (Cl.7.1)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed evidence:
Subcontracting of tests	
CFTs are not permitted to subcontract testing	

5.3 Technical Requirements (CTF Stages 1 and 2)

The following elements are in compliance with the referenced ISO/IEC 17025 clauses: Describe whether procedures for sample handling, performance of tests, calibration of equipment, measurement accuracy /uncertainty, training and other relevant items from ISO/IEC 17025:2017 are available and appropriate.	
Accommodation and environmental conditions (Cl. 6.3) (See also Annex 2 CTF Power Supply Capabilities "CTF Power Supply Capabilities")	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed evidence:
Equipment (Cl. 6.4) (To be evaluated if CTF owned equipment is being used) E.g. attach CTF's equipment list, relevant to its scope, with sufficient information about calibration dates and periods	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reviewed evidence, if applicable: Verify that the calibration certificates include measurement uncertainty values.
Measurement Traceability (Cl. 6.5) (To be evaluated if CTF owned equipment is being used)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reviewed evidence, if applicable:

Date of demonstration:	
Does the CTF assume responsibility for all risks related to the transmission of LSV ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6 Number of Non-Conformity Reports (NCR) issued

Number of NCRs appended	
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7 Recommendation of the Assessment Team

<p>This assessment has been a sampling exercise and thus every aspect of the CTF’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.</p> <p>Standard Recommendations:(Please check the appropriate recommendation)</p>	
1. The Assessment Team recommends <u>acceptance</u> of the assessed CTF for the scope(s) as reported in Annex 1A/B of this Assessment Report	<input type="checkbox"/>
2. The Assessment Team recommends <u>acceptance</u> of the assessed CTF for the scope(s) as reported in Annex 1A/B of this Assessment Report subject to clearance of the outstanding Non-Conformity Reports	<input type="checkbox"/>
3. The Assessment Team recommends that the acceptance of the assessed CTF is postponed until a further follow-up assessment is carried out and is found satisfactory.	<input type="checkbox"/>

8 Additional Information

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9 Signatures of the Assessment Team

Choose the applicable Position (Assessor, Technical Expert or Trainee) and delete the other position names

Date: yyyy-mm-dd		
Lead Assessor	Assessor / Technical Expert / Trainee	Assessor / Technical Expert / Trainee
Signature	Signature	Signature
Printed name	Printed name	Printed name

10 Acknowledgement by the assessed CTF and Customer

<input type="checkbox"/> I acknowledge and agree with the content of the Assessment Report.	<input type="checkbox"/> I acknowledge and agree with the content of the Assessment Report.
<input type="checkbox"/> I acknowledge the content of the Assessment Report and we disagree for the following reasons:	<input type="checkbox"/> I acknowledge the content of the Assessment Report and we disagree for the following reasons:
CTF Representative	Manufacturer/Customer Representative
Signature	Signature
Printed name and title	Printed name and title



Annex 1B Initial / Scope Extension Assessment Scope

Provide specific exclusion(s) or applicable clause(s), whichever is more practical. Witnessing by LSV does not apply to CTF Stage 1. A checked box means "Yes".

Standard	Details (see notes below)	Accepted for witnessing by LSV ? (see Note 2)
		<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 1: For clarity and consistency, use the following terms in the "Details" column:

“All clauses” – where the CTF is accepted for all tests under a standard, or

“All clauses except ...” (list the exceptions), or

“Accepted clauses...” (list the accepted clauses)

Note 2:

LSV: Live Stream Video

Clauses that have been assessed and accepted for witnessing by Life Stream Video shall be specifically listed.

Witnessing by LSV is not applicable to CTF Stage 1

Annex 2 CTF Power Supply Capabilities

1. Electrical Power Distribution System for Testing	
Is the electrical power distribution system appropriate for the scope of recognition according to ISO/IEC 17025:2017, sub-clause 6.3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Electrical Power Supply Stability	
When not otherwise specified in the testing standard, laboratory power sources used for testing meet the following criteria, at the point where testing is performed under both loaded and no-load conditions, according to OD-5010:	
<input type="checkbox"/> Voltage stability:	+/- 3 percent maximum
<input type="checkbox"/> Frequency stability:	+/- 2 percent maximum
<input type="checkbox"/> Total harmonic distortion:	5 percent maximum
The laboratory power supplies meet additional specific criteria required by the test standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
IEC Standard numbers/titles and clauses:	
Comments about the laboratory's power distribution system including its capacity and stability for testing equipment within the scope of this assessment:	

Annex 3 Use of internal calibration laboratories

0. Internal Calibration Laboratory	Yes	No										
Does the laboratory perform internal calibration? <i>If "No", there is no need to complete this Annex any further and the rest of this Annex should be removed.</i>	<input type="checkbox"/>	<input type="checkbox"/>										
Is the internal calibration laboratory accredited for calibration? <i>If "No", you must complete this Annex.</i>	<input type="checkbox"/>	<input type="checkbox"/>										
Is the scope of accreditation for calibration equal to or greater than the scope of internal calibrations performed? <i>If "Yes", there is no need to complete this Annex any further and the rest of this Annex should be removed.</i>	<input type="checkbox"/>	<input type="checkbox"/>										
1. Scope of calibrations performed by the internal calibration laboratory	Yes	No										
List the scope of calibrations performed by this calibration laboratory (parameters/quantity only), e.g. length, temperature, etc.												
Does the internal calibration laboratory have a controlled calibration list identifying all test equipment which is internally calibrated?	<input type="checkbox"/>	<input type="checkbox"/>										
Were examples of calibration records available?	<input type="checkbox"/>	<input type="checkbox"/>										
Sampling of internal calibrated test equipment												
<table border="1"> <thead> <tr> <th>Description</th> <th>Equipment Identification (i.e. Asset Number)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description	Equipment Identification (i.e. Asset Number)										
Description	Equipment Identification (i.e. Asset Number)											
2. Dedicated calibration standards	Yes	No										
Does the calibration laboratory have controlled calibration methods, i.e. procedures, for each item of test equipment which is internally calibrated?	<input type="checkbox"/>	<input type="checkbox"/>										
Does the laboratory have documented procedure for the validation of the internal calibration methods?	<input type="checkbox"/>	<input type="checkbox"/>										
Does the laboratory have a documented operating procedure for the calibration and maintenance of equipment used for calibration?	<input type="checkbox"/>	<input type="checkbox"/>										
Document title:	Document number:											
Does the laboratory have a dedicated and secure storage location for the calibration standards and related equipment.	<input type="checkbox"/>	<input type="checkbox"/>										
3. Uncertainty of measurement in calibration	Yes	No										
Does the laboratory have access to and working knowledge of the ISO/IEC Guide 98-3, Guide to the Expression of Uncertainty in Measurement?	<input type="checkbox"/>	<input type="checkbox"/>										

Do internal calibration certificates/reports fulfill the requirements of ISO IEC 17025?	<input type="checkbox"/>	<input type="checkbox"/>
Do internal calibration certificates/reports include the measurement results and the measurement uncertainty statements for the calibrations?	<input type="checkbox"/>	<input type="checkbox"/>

4. Assurance of quality of internal calibrations	Yes	No
Does the laboratory have participation in proficiency or comparison testing related to calibration? (Informative)	<input type="checkbox"/>	<input type="checkbox"/>
Has the laboratory established a traceability chain for equipment calibrated internally?	<input type="checkbox"/>	<input type="checkbox"/>

5. Control of internally calibrated equipment?	Yes	No
Does the internal calibration laboratory have a procedure to distinguish internally calibrated test equipment from other test equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Document title:	Document number:	

6. Laboratory compliance with IECEE requirements for internal calibration	Yes	No
Does the internal calibration laboratory undergo annual audits by a qualified auditor or a metrologist (refer to OD 5011, clause 8.1)?	<input type="checkbox"/>	<input type="checkbox"/>

7. Competency of Laboratory Staff performing calibration activities					Yes	No
Were the training records and CVs of principal staff involved in calibration activities checked?					<input type="checkbox"/>	<input type="checkbox"/>
Name	Position (title) and field of expertise	Years of relevant experience	Experience checked & appropriate		To whom do they report?	
			Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

8. Calibration activities witnessed

9. Calibration certificates/reports reviewed



<Report number>

Non-Conformity Reports

Non-conformity Report No	/	Date	YYYY-MM-DD
Standard(s) concerned			
Clause / Sub-clause of non-conformity			
Non-conformity description			
Lead Assessor		Management Representative	
Signature and printed name		Signature, printed name and title	
Root Cause of non-conformity			
Proposed Corrective action(s)			
Implementation date		Management representative	
YYYY-MM-DD		Signature, 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, printed name and date			
Implementation verified and final clearance provided by Lead Assessor			
Lead Assessor signature, printed name and date			
Note to the next assessment team, if any:			