



## **CTF - Customers' Testing Facility**

### **CTF Assessment Report (CTF Stages 1 and 2)**

(Based on ISO/IEC 17025:2005)

<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 <a href="#">Annex 1A/B</a> 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)	
<input type="checkbox"/> Stage 1	<input type="checkbox"/> 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			

<b>1.7 Assessment Base</b>
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 17025:2005
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

<b>2.1 NCB and Manufacturer/Applicant undertaking the responsibility for the CTF</b>	
Responsible NCB:	Responsible Manufacturer/Applicant:
Address:	Address:

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

\*Whenever applicable

<b>2.3 Brief history of the CTF</b>
<p>Include information about the legal status of the CTF and ownership (see ISO/IEC 17025:2005, clause 4.1.1 and OD-2048, clause 4.1.1)</p> <p>Complete this section for Initial Assessment and for other Assessments only with updates since the last assessment.</p>

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 17025:2005 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 <b>product</b> 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 Quality 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
<a href="#">Annex 2</a> "CTF Power Supply Capabilities" to be completed and attached.		

## 5. Quality Management, Technical and IECEE Requirements

### 5.1 Quality Management System (CTF Stages 1 and 2)

<b>The following elements are in compliance with the referenced ISO/IEC 17025 Sub-clauses:</b> <b>Applies to the relevant aspects of supplies, facilities and test equipment provided by CTF</b>	
<b>Purchasing Services and Supplies, Sub-clause 4.6</b>	
<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.
<b>Control of records, Sub-clause 4.13</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reviewed evidence (if applicable): Verify calibration records

### 5.2 Specific QM requirements (CTF Stage 2 only)

<b>Structure of the Quality Management System</b>	
Brief description	
The following elements are in compliance with the referenced ISO/IEC 17025 Sub-clauses: (as applied only to the relevant aspects of facilities and test equipment provide by CTF)	
<b>Document control, Sub-Clause 4.3</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed evidence:
<b>Review of requests, tenders and contracts, Sub-Clause 4.4</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed evidence:
<b>Subcontracting of tests, Sub-Clause 4.5</b>	
CFTs are not permitted to subcontract testing	

### 5.3 Technical Requirements (CTF Stages 1 and 2)

<b>The following elements are in compliance with the referenced ISO/IEC 17025 Sub-clauses:</b> <i>Describe whether procedures for sample handling, performance of tests, calibration of equipment, measurement accuracy /uncertainty, training and other relevant items from ISO/IEC 17025:2005, clause 5 are available and appropriate.</i>	
<b>Accommodation and environmental conditions, Sub-clause 5.3</b> (See also <a href="#">Annex 2</a> CTF Power Supply Capabilities")	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed evidence:
<b>Equipment, Sub-clause 5.5</b> (To be evaluated if CTF owned equipment is being used) <u>E.g. attach CTF's equipment list, relevant to its scope, with sufficient information about calibration dates and periods</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reviewed evidence, if applicable: <i>Verify that the calibration certificates include measurement uncertainty values.</i>
<b>Measurement Traceability, Sub-clause 5.6</b> (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:
<b>Handling of test items, Sub-Clause 5.8</b>	

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<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed evidence:
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#### 5.4 Specific Technical Requirements (CTF Stage 2 only)

<b>The following elements are in compliance with the referenced ISO/IEC 17025 Sub-clauses:</b>		
<b>Personnel, Sub-clause 5.2</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed evidence:

#### 5.5 IECEE Requirements (CTF Stage 2 only)

<b>The following elements are included in the CTF's procedures as appropriate for an CTF and implemented in practice:</b>		
<b>IECEE Rules of Procedure &amp; Guidance</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed evidence:
<b>IECEE Operational Documents</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed evidence:
<b>CTL Decisions</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed evidence:
<b>Use of appropriate IEC Standards</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed evidence:
<b><u>IECEE</u> current decisions (CMC, PAC, PSC)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewed evidence:

#### 5.6 IECEE Requirements for Live Stream Video (LSV) (CTF Stage 2 only)

<b>Does the CTF operate LSV ?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(if "No" then the questions below can be skipped)		
Does the CTF have an adequate procedure for the operation of LSV ? Reviewed evidence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the used Video equipment suitable and validated for the purpose of LSV witnessing ? Date of demonstration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the CTF assume responsibility for all risks related to the transmission of	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LSV ?	
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**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

<b>Date: yyyy-mm-dd</b>		
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 the content of the Assessment Report and we disagree for the following reasons:	<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:
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

<b>1. Electrical Power Distribution System for Testing</b>	
Is the electrical power distribution system appropriate for the scope of recognition according to ISO/IEC 17025:2005, Sub-clause 5.3?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2. Electrical Power Supply Stability</b>	
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:	

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## Non-Conformity Reports

<b>Non-conformity Report No</b>	/	<b>Date</b>	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			
<b>Implementation verified and final clearance provided by Lead Assessor</b>			
Lead Assessor signature, printed name and date			