



CTF - Customers' Testing Facility

CTF Assessment Report (CTF Stages 3 and 4)

<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 1 for a complete list of the assessment scope

1.2 Product Categories covered by the assessment

| | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| INDA | BATT | CABL | CAP | CONT | E3 | ELVH | EMC | HOUS | HSTS | 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 | |
| <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"/> | |

Refer to Annex 1 - Scope of CTF for a complete list of the scope of the assessment

1.3 Previous Assessment Reports – Report No. and Date

1.4 CTF Stage

Select the applicable stage(s)

Stage 3 Stage 4

1.5 CTF Contact Information

| | |
|----------------|--|
| Contact Person | |
| Telephone | |
| Mobile | |
| Fax | |
| Email | |

1.6 Assessment Team

| | | | |
|------|---------------|----------|----------|
| | Lead Assessor | Assessor | Assessor |
| Name | | | |



<Report number> _____ 2018-06-05

| | | | |
|------------------------|--|--|--|
| Title and Organization | | | |
|------------------------|--|--|--|

1.7 Assessment Base

~~IECEE 01 – Basic rules~~ [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

OD-2006 – ~~Guidelines for assessors~~ [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

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*
Name:

Name of Manufacturer/Applicant representative:

CBTL requested by the resp. NCB*
Name:

Name of CTF representative:

Address:

*Whenever applicable

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

| | |
|--|---|
| 2.4 Organization of the CTF (refer to Annex 2 Organization Chart(s)) | |
| 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 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 | | | | | |
|--|---|------------------------------|------------------------------------|--------------------------|-------------------------|
| 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

| 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"/> | |

3.5 Assessment of the CTF staff competence

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.

4 CTF Testing premises

| | |
|--|--|
| Total CTF testing laboratory area | m ² |
| Total CTF testing area in the scope of the assessment | m ² |
| Is the power distribution system sufficient/appropriate in the scope of recognition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annex 5 CTF Power Supply Capabilities to be completed and attached. | |

5 Quality Management, Technical and IECEE Requirements

5.1 Quality Management System

| | |
|---|---|
| Is the CTF Accredited by a reputable Accreditation Body? (if available, append the Accreditation Certificate as Annex 3 "Accreditation Certificate(s) relevant to the CB-Scheme/CB-FCS") If the CTF is accredited, check the scope covered by the accreditation. If the CTF is not accredited or if the CTF does not make the accreditation scope available, the quality management system of the CTF shall be examined in detail. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The accreditation covers the product categories/ standards covered by this assessment | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Structure of the Quality Management System | |
| Brief description | |

| | |
|--|--|
| The following elements are in compliance with the referenced ISO/IEC 17025 Sub-clauses: | |
| Document control, Sub-Clause 4.3 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Review of requests, tenders and contracts, Sub-Clause 4.4 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Subcontracting of tests, Sub-Clause 4.5 | |
| CFTs are not permitted to subcontract testing | |
| Purchasing services and supplies, Sub-Clause 4.6 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: Identify applicable procedures. Procedure name and/or titles can be provided as evidence. Verify all applicable consumables such as cheesecloth, tissue paper, thermocouple wire and glue, solvents, etc. Verify records, such as purchase orders or receipts. |
| Service to the Customer, Sub-Clause 4.7 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Control of records, Sub-clause 4.13 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Complaints, Sub-Clause 4.8 (verify complaint resolution procedures related to laboratory operations) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Control of nonconforming testing work, Sub-Clause 4.9 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Improvement, Sub-Clause 4.10 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Corrective action, Sub-Clause 4.11 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Preventive action, Sub-Clause 4.12 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Internal audits, Sub-Clause 4.14 | |

| | | |
|--|-----------------------------|--------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |
| Management reviews, Sub-Clause 4.15 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |

5.2 Technical Requirements

| | | |
|---|-----------------------------|--|
| <p>The following elements are in compliance with the referenced ISO/IEC 17025 Sub-clauses: Describe whether procedures for sample handling, component acceptance, performance of critical tests,, calibration of equipment, measurement accuracy /uncertainty, training and other relevant items from ISO/IEC 17025, clause 5 are available and appropriate.</p> | | |
| Personnel, Sub-clause 5.2 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |
| Accommodation and environmental conditions, Sub-clause 5.3 (See also Annex 5 CTF Power Supply Capabilities) | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |
| Test and calibration methods and method validation, Sub-Clause 5.4 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |
| Equipment, Sub-clause 5.5 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |
| Measurement Traceability, Sub-clause 5.6 (See also Annex 4 Application of Measurement Uncertainty concepts) | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: Verify that the calibration certificates include measurement uncertainty values. |
| Sampling, Sub-Clause 5.7 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |
| Handling of test items, Sub-Clause 5.8 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |
| Assuring the quality of test results, Sub-Clause 5.9 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reviewed evidence: |



| | |
|--|--------------------|
| Reporting the results, Sub-Clause 5.10 (See also OD-2020) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |

5.3 IECEE Requirements for CTF Stages 3 and 4

| | |
|---|--------------------|
| The following elements are included in the CTF’s procedures as appropriate for a CTF and implemented in practice: | |
| IECEE Rules of Procedure & Guidance | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| IECEE Operational Documents | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| CTL Decisions | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Use of appropriate IEC Standards | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |
| Current Decisions | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reviewed evidence: |

5.4 IECEE Requirements for Live Stream Video (LSV) (CTF Stages 3 and 4)

| | |
|--|--|
| Does the CTF operate LSV ? | <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 LSV ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6 Proficiency Testing Programmes (Compulsory for CTF Stages 3 & 4)

Indicate the laboratory's participation in any comparative testing programs and for new laboratories, laboratories seeking scope extension, readiness for taking part in the IECEE CTL PTP.

Indicate willingness to participation in CTL meetings for IECEE Schemes.

Also mention any relevant information about the staff participation in standards activities.

7 Number of Non-Conformity Reports (NCR) issued

| | |
|-------------------------|--|
| Number of NCRs appended | |
|-------------------------|--|

8 Recommendation of the Assessment Team

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.

Standard Recommendations:(Please check the appropriate recommendation)

| | |
|--|--------------------------|
| 1. The Assessment Team recommends <u>acceptance</u> of the assessed CTF for the scope(s) as reported in Annex 1 Scope of CTF 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 1 Scope of CTF 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"/> |
|---|--------------------------|

9 Additional Information

10 Signatures of the Assessment Team

| | | |
|-------------------------|--------------|--------------|
| Date: yyyy-mm-dd | | |
| Lead Assessor | Assessor | Assessor |
| Signature | Signature | Signature |
| | | |
| Printed name | Printed name | Printed name |
| | | |

11 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 1 Scope of CTF

Provide specific exclusion for or applicable clauses whichever is more practical.
 Witnessing by LSV applies to CTF Stages 3 and 4. A checked box means "Yes".

| Category Standard | Details <i>(see notes below)</i> | Accepted for witnessing by LSV ? |
|-------------------|----------------------------------|----------------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
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| | | <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.



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2018-06-05

– 12 – IECEE OD-2048-F3:~~2017~~2018 © IEC ~~2017~~2018
_____ <Report number>

Annex 2 Organization Chart(s)

Annex 3 Accreditation Certificate(s) relevant to the CB-Scheme/CB-FCS

Annex 4 Application of Measurement Uncertainty concepts

| 1. Laboratory procedure for application of Measurement Uncertainty | |
|--|--|
| Does the CTF have a documented operating procedure on application of uncertainty of measurement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Document Number: | Document Title: |
| 2. Measurement Uncertainty references in the CTF | |
| Does the CTF have access to the ISO/IEC GUM or GUIDE 98-3 "Guide to the Expression of Uncertainty in Measurement" ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the CTF have access to the IEC Guide 115, "Application of Uncertainty of Measurement to Conformity Assessment Activities in the Electrotechnical Sector?" | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Competency of CTF Staff in Measurement Uncertainty concepts | |
| Do all the laboratory staff have knowledge of the basic concepts of uncertainty of measurement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can the laboratory staff select instrumentation and make pass/fail decisions taking measurement uncertainty into account? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are selected laboratory staff sufficiently expert in uncertainty of measurement to calculate measurement uncertainties associated with test equipment and testing performed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Names of persons: | |
| Were the training records of the select laboratory staff checked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were examples of uncertainty of measurement calculations for actual tests performed in the laboratory by the select laboratory staff reviewed and found to be acceptable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Subject example 1 Subject example 2 Subject example 3 | |
| 4. Laboratory/Facilities compliance with the Measurement Uncertainty requirements | |
| Does the CTF comply with all the above Measurement Uncertainty Requirements? (if No, NCR to be issued) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Annex 5 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 17025:2005, Sub-clause 5.3? | <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 | |
| 3. Electrical Power Supply Monitoring | |
| The laboratory/facilities has/have an operating procedure to monitor, control and record characteristics of the laboratory/facilities power supplies used for testing to ensure continued conformance with the requirements. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Document Number: | Document Title: |
| The laboratory's/facilities' operating procedure requires the laboratory power supply characteristics to be checked upon initial installation, modification and repair, and periodically thereafter | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The laboratory's/facilities' operating procedures require monitoring of critical characteristics specified by the test standard (e.g. voltage) throughout the performance of the test. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Annex 6 Testing Laboratory Risk Management Review Capabilities

(These requirements apply to assessment of the capability of Testing Laboratories to apply Risk Management requirements of ISO 14971 and document the objective evidence of conformity required by the Standard.)

| 1.1 Laboratory procedure for Risk Management | | | | Yes | No |
|--|---|---------------------------|----------------------------------|--------------------------|--------------------------|
| Does the CTF have a documented operating procedure on application of risk management? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Document title: | | | | | |
| Document number: | | | | | |
| 1.2 Risk Management References in the Laboratory | | | | Yes | No |
| Does the CTF use the current methodology of IECEE OD-2044? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the CTF apply the relevant edition of ISO 14971 in requesting objective evidence for compliance with this standard? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 Competency of Laboratory Staff in Risk Management Concepts | | | | Yes | No |
| Were the training records, CVs and other risk management qualifications of the select laboratory staff checked? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the laboratory personnel involved in risk management evaluations have knowledge of the risk management requirements in ISO 14971? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Principal Staff Involved In Risk Management Evaluation | | | | | |
| Name | Position (Title) and Field of Expertise | Years 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"/> | |
| Can the Laboratory staff select appropriate risk management file information and make pass/fail decisions taking risk management concept into account? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the reviewed Test Reports show objective evidence of compliance demonstrated by comments and specific references to manufacturer's Risk Management documents? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 Laboratory compliance with the Risk Management requirements | | | | Yes | No |
| Does the Body comply with all the above Risk Management Requirements? | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Non-Conformity Reports

| | | | |
|---|---|---|--------------------------|
| Non-conformity Report No | / | Date | YYYY-MM-DD |
| <u>Categories-Standard(s)</u> 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 | | | |
| | | | |