



# IECEE OD-G-2003

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## Guidance for Unified Assessments IECEE-ILAC-IAF Ed.2.1

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### IECEE-ILAC-IAF Guidance for the Conduct of Unified Assessments in the Electrotechnical Sector



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## **About the IEC**

The International Electrotechnical Commission (IEC) is the leading global organization that prepares and publishes International Standards for all electrical, electronic and related technologies.

[www.iec.ch](http://www.iec.ch)

## **About the IECEE**

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

The IECEE System is a multilateral, international agreement, for the acceptance of test results on electrical products tested to IEC standards and any other standards as approved by the IEC Conformity Assessment Board (CAB) when no IEC standard exists.

IECEE Facilitates Access to Market

A CB Test Certificate is a global passport that allows products to be accepted in all IECEE member countries. It is so well known that global acceptance is a reality, even in countries that are not part of the IECEE community. “One test, one international certificate” opens the doors of the global market.

CB Scheme

The IECEE CB Scheme provides the assurance that tested and certified products meet the strictest levels of safety, reliability and performance in compliance with the relevant IEC International Standards. It helps reduce costs and time to market, eliminates duplicate or multiple testing and offers a high level of confidence for manufacturers, retailers and consumers alike.

[www.iecee.org](http://www.iecee.org)

## **About ILAC**

ILAC – International Laboratory Accreditation Cooperation

ILAC is the international cooperation of laboratory and inspection accreditation bodies formed more than 30 years ago to help remove technical barriers to trade.

ILAC provides the global perspective and infrastructure that supports the world-wide demonstration of competence and equivalence of testing and calibration laboratories, inspection bodies and other types of bodies serving or supporting such laboratories and inspection bodies through accreditation. Accreditation of laboratories and inspection bodies supports activities within and between economies including trade, protection of health, safety and the environment for the public benefit. Its fundamental purpose is to provide confidence in the competence of bodies supporting these activities.

The ILAC Arrangement is an international, multilateral mutual recognition arrangement for accreditation bodies. The aim of the ILAC Arrangement is to develop a global network of accredited testing, calibration and inspection facilities that can be relied on to provide accurate data. Each accreditation body undergoes peer evaluation according to ILAC rules and procedures prior to becoming a signatory to the ILAC Arrangement. The ILAC Arrangement provides technical underpinning to international trade by promoting cross-border stakeholder confidence and acceptance of accredited laboratory data.

[www.ilac.org](http://www.ilac.org)

## **About IAF**

IAF – International Accreditation Forum

The International Accreditation Forum, Inc. (IAF) operates programs for the accreditation of bodies that provide conformity assessment services. Such accreditation facilitates trade and reduce demands for multiple certifications.

Accreditation reduces risk for businesses and their customers by assuring them that accredited Conformity Assessment Bodies (CABs) are competent to carry out the work they undertake within their scope of accreditation. Accreditation Bodies (ABs) which are Members of IAF and their accredited CABs are required to comply with appropriate international standards and IAF mandatory documents for the consistent application of those standards.

AB signatories of the IAF Multilateral Recognition Arrangement (MLA) conduct regular evaluations of each other to assure the equivalence of their accreditation programs. The IAF MLAs operate at two levels:

- A MLA for the accreditation of CABs to standards – including ISO/IEC 17021 for management systems CABs, ISO/IEC 17024 for personnel CABs, and ISO/IEC 17065 for product, service and process CABs – is considered a framework MLA. A framework MLA provides confidence that accredited CABs are equally reliable in the performance of conformity assessment activities.
- A MLA for the accreditation of CABs that also includes the specific conformity assessment standard or scheme as a scope of accreditation provides confidence in the equivalence of certification.

The IAF MLA delivers the confidence needed for market acceptance of certification. An organization or person with certification to a specific standard or scheme, which is accredited by an IAF MLA signatory AB, can be recognized worldwide, thereby facilitating international trade.

[www.iaf.nu](http://www.iaf.nu)

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## FOREWORD

### Document Owner

Peer Assessment Committee - PAC

### History of changes

| Revision Date | Brief summary of changes   |
|---------------|--|
| 2019-02-11    | Added “History of changes” table with “Revision Date” and “Next maintenance due date”; updated old document references to new ones |
| 2016-04-14    | Edition 2.0.   |

| Effective date | Next maintenance due date |
|----------------|---------------------------|
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## IECEE–ILAC–IAF Guidance for Unified Assessments in the Electrotechnical Sector

### INTRODUCTION

This Guidance document has been prepared to provide Assessment Teams conducting Unified Assessment with the basic background on how such assessments are to be prepared, conducted and completed - with the understanding that the guidance is intended to be flexible. The aim of this document is not to change the Accreditation Bodies' rules of procedure. It is focused on the role of the IECEE technical experts acting as members of the assessment team led by the accreditation body.

This document provides guidance on the management of the on-site assessment of Certification Bodies and Testing Laboratories against ISO/IEC 17065 and ISO/IEC 17025, respectively. It emphasizes the importance of assessment as a management tool for monitoring and verifying the effective competence and capability in the relevant Elements of Conformity Assessment in testing and certification of electrotechnical equipment and components.

As previously noted and as indicated at various points in the text, the use of this Guidance may differ according to the size, nature and complexity of the organizations to be assessed, as well as the objectives and scopes of the assessments to be conducted.

## 1 Scope

This document provides guidance on the conduct of unified assessments of certification bodies and testing laboratories against ISO/IEC 17065 and ISO/IEC 17025, respectively.

## 2 Reference documents

|                  |   |
|------------------|---|
| ISO/IEC 17065    | Conformity Assessment - Requirements for bodies certifying products, processes and services |
| ISO/IEC 17025    | General requirements for the competence of testing and calibration laboratories             |
| IECEE 02-3       | Particular Rules of Procedure - Peer Assessment Programme                                   |
| IECEE OD-2004    | Assessment Report for Certification Bodies  |
| IECEE OD-2005    | Assessment Report for Testing Laboratories  |
| IECEE OD-2006    | Guidelines and information for IECEE Assessors  |
| IECEE OD-2007-F1 | Checklist for NCBs  |
| IECEE OD-2007-F2 | Checklist for CBTLs   |
| IECEE OD-2026    | Finance   |
| IECEE OD-2040    | Common understanding of ISO/IEC 17025   |
| IECEE OD-2044    | Guidelines for assessing Risk Management of Medical Equipment                               |
| IECEE OD-2045    | Guidelines for the evaluation of the Software in Household Appliances                       |
| IEC Guide 115    | Application of uncertainty of measurement in the electrotechnical sector                    |
| ISO/IEC 17011    | General requirements for accreditation bodies accrediting conformity assessment bodies      |

## 3 Preamble and History of the Cooperation

“Unified Assessments” are the cornerstone of the Tripartite Memorandum of Understanding between IEC, ILAC and IAF. The MoU was first signed in 2010, with the aim of enhancing the collaboration between these bodies and optimizing the assessments of testing laboratories and certification bodies operating in the electrotechnical sector.

Unified Assessments are intended to benefit common clients of Accreditation Bodies and the IECEE to avoid unnecessary duplication of on-site assessments of testing laboratories and certification bodies, and to provide cost effective services for the benefit of the electrotechnical industry.

- Cooperation between ILAC and the IEC started in the early 2000’s. This included a period of witnessing assessments and then joint assessments.
- A Memorandum of Understanding between ILAC and IEC was signed in 2005.
- A Memorandum of Understanding between ILAC and IAF was signed in 2008
- The “New Concept of Collaboration” was launched in 2009.
- The Tripartite Memorandum of Understanding between IEC, ILAC and IAF was signed at the ILAC/IAF General Assembly in Shanghai, People’s Republic of China, in October 2010.

- A Steering Committee, including representatives from relevant stakeholder groups was formed; and two small task forces (Task Force 1 and Task Force 2) comprised of relevant members from IEC, ILAC and IAF were also established in 2010.
- The Tripartite Memorandum of Understanding between IEC, ILAC and IAF was renewed and signed at the ILAC/IAF General Assembly in Rio de Janeiro, Brazil in October 2012.

#### **4 Principal elements of the New Concept of Collaboration and Unified Assessments**

“Unified Assessments” are the cornerstone of the Tripartite Memorandum of Understanding between IEC, ILAC and IAF. The MoU was signed in 2010, with the aim of enhancing the collaboration between these bodies and optimizing the assessments of testing laboratories and certification bodies operating in the electrotechnical sector.

##### **4.1 Role of the Accreditation Body**

- Appointing the Lead Assessor for the assessment team;
- Selecting technical assessors from the IECEE pool of technical assessors, based on a list provided by the IECEE, to address the objectives of the accreditation body and the IECEE;
- Appointing additional technical assessors as may be required to cover the scope of accreditation of the facility undergoing assessment.

##### **4.2 Role of the IECEE**

- Providing to the accreditation body a list of technical assessors, according to the IECEE scope;
- Ensuring that the assessment covers the ‘IECEE particular points to be assessed’.

##### **4.3 Role of the Assessment Team**

- Conducting a unified assessment in accordance with this guidance document;
- Preparing a single assessment report for the unified assessment scope, utilising the IECEE assessment report format (OD 2004 and OD 2005);
- Ensuring that each party takes responsibility for preparing a report on additional elements outside the unified assessment scope;
- Ensuring that the requirements of both the accreditation body and the IECEE are covered.

##### **4.4 Role of the Certification Body and the Testing Laboratory**

- Taking the initiative to request a unified assessment and contacting the AB to discuss the feasibility of the conduct of such an assessment and the arrangements required for this purpose;
- Informing the IECEE Secretariat that they have requested a Unified Assessment. (For example, this may occur as a result of receiving notification of the next IECEE re-assessment or the accreditation body assessment.)

#### **5 Unified Assessment Process**

##### **5.1 Appointment of the Assessment Team**

- The IECEE Secretariat will make a pre-selection of multiple IECEE Registered Technical Experts per category, based on the specified assessment scope, and will provide a list of potential technical assessors together with details of their expertise (OD 2048 - covering education, qualification, experience and training) to the relevant accreditation body.
- The IECEE Secretariat will send a Peer Order Confirmation to the selected technical experts. This should be completed and returned in the normal manner to confirm the acceptance of the assignment. The IECEE Secretariat will also provide a copy of the signed Peer Order Confirmation to the accreditation body.
- The accreditation body will:



- select technical experts that suit the unified assessment scope from the list provided by the IECEE Secretariat, with due and appropriate consideration of issues relating to impartiality and conflict of interest;
  - appoint a lead assessor and provide this information to the IECEE Secretariat;
  - inform the CAB about the intended team composition and discuss and agree on the final team composition.
- The IECEE Secretariat will post the usual assessment documentation on the IECEE website and provide the access passwords to the lead assessor and the technical assessors selected by the accreditation body.
  - The accreditation body and the IECEE will provide to the appointed lead assessor and technical assessors all information pertaining to their specific rules and procedures, including any other points to be assessed.
  - Once this procedure is completed, it is time for the lead assessor to provide other relevant documentation and begin the preparation of the assessment plan in consultation with the technical experts, for final approval by the accreditation body and the IECEE.

## **5.2 Size of a Typical Assessment Team**

The IECEE has specific guidelines for the size of the assessment team that are consistent with usual AB practices.

Generally, initial or first-time assessments require a sufficient number of technical assessors, in addition to the lead assessor, with a combined expertise to fully cover the product categories within the assessment scope.

As with other reassessments, IECEE re-assessments are carried out through a sampling of major testing activities and other selected testing that is indicative of competence. The standard size of the assessment teams for IECEE re-assessments is one lead assessor and one or more technical assessors as required by the scope and according to the expertise of the technical assessors.

For scope extensions requiring an on-site assessment, the assessment team may need to be expanded to include additional technical assessor(s) with appropriate expertise to cover the requested scope.

In the case where a new product category within the IECEE System has been provisionally granted, the subsequent assessment may also require additional specialized expertise and the inclusion of an additional technical assessor.

It is however understood that accreditation bodies will utilize their own procedures and judgment in deciding on the number of team members required on any assessment team. The AB will also follow its normal procedures for scope extension.

## **5.3 Length of the Re-assessment**

With the understanding that re-assessments are a sampling exercise, and by decision of the IECEE Management Committee, the minimum time required for the IECEE re-assessment is as follows:

- Certification Body: 1 day
- Testing Laboratory: 2 days

For Unified Assessment, the re-assessment time may vary depending on the breadth of the scope to be assessed, and particularly where the scope of accreditation of the testing laboratory extends beyond the IECEE scope and the electrotechnical field.

## **5.4 Points to consider in preparing for the “Unified Assessment”**

### **5.4.1 Preparation of the assessment plan**

The lead assessor is responsible for the preparation of the draft and final Assessment Plan on behalf of the accreditation body and the IECEE. This should be provided to the relevant CB/TL, with sufficient time for discussion and agreement.

In order to prepare the most appropriate and effective assessment plan, the lead assessor should seek assistance from the appointed technical assessor(s) in identifying elements and areas for coverage.

The assessment plan should be prepared with due consideration being given to the current working program of the laboratory or certification body so as to minimize disruption and maximize the capacity of the team to witness the testing or certification competence. The assessment plan should also address the need for coordination of assessment activities between the assessment team and staff of the organization under assessment.

The amount of detail provided in the assessment plan should reflect the scope and complexity of the assessment. The details may differ, for example, between initial and subsequent assessment and should be sufficiently flexible to permit changes depending on the availability of samples undergoing testing and/or measurement, power supply distribution, functions, sites, areas or activities. Such assignments should take into account the need for the independence and competence of assessors and the effective use of resources, as well as different roles and responsibilities of the lead and technical experts.

The assessment plan must detail the date(s) and scope of the assessment, the assessment criteria that will be applied, the respective roles of each of the unified assessment team members, and the activities to be witnessed during the assessment (where this is relevant).

The assessment plan should be agreed upon between the laboratory or certification body under assessment, the accreditation body, the IECEE and the assessment team.

Specifically, the assessment plan should cover the following:

- a) the assessment objectives;
- b) the assessment criteria and any reference documents;
- c) the assessment scope, including identification of the organizational and functional units and processes to be assessed;
- d) the dates and places where the on-site assessment activities are to be conducted;
- e) the expected time and duration of on-site assessment activities, including meetings with the management of the assessed organization and assessment team meetings;
- f) the roles and responsibilities of the assessment team members and accompanying persons (if any);
- g) the allocation of appropriate resources to critical areas of the assessment;
- h) identification of the certification body's representative who will be present at the assessment of the laboratory, if applicable.

Where applicable, the assessment plan should also include;

- i) in-house calibration;
- ii) the need for any translations services and how these will be provided.
- iii) the assessment report topics;
- iv) matters related to confidentiality;
- v) logistic arrangements (travel, on-site facilities, etc.); and,
- vi) any assessment follow-up actions.

The plan should be presented not less than one month before the on-site assessment activities begin and should be reviewed and accepted by the assessed organization.

Any objections raised by the assessed organization about the assessment plan should be resolved between the lead assessor and the assessed organization. If necessary, the arbitration will be made by the accreditation body and the IECEE. Any revised assessment plan should be agreed among the parties concerned, before continuing the assessment preparations.

The accreditation body and the IECEE are ultimately responsible for ensuring that the reassessment date is in accordance with the surveillance and reassessment framework of ISO/IEC 17011.

### **5.5 Assigning Work to the Assessment Team**

The lead assessor, in consultation with the assessment team, should assign to each team member responsibility for assessing specific product categories, testing methodologies, witnessing testing & measuring, power supply distribution, functions, sites, areas or activities. Such assignments should take into account the technical competence of assessors and the need for the effective use of resources, as well as different roles and responsibilities of the lead and technical experts.

Changes to the work assignments may be made as the assessment progresses to ensure the achievement of the assessment objectives.

### **5.6 Preparing the Assessment “Work Documents”**

The assessment team members should review the information relevant to their assessment assignments and prepare “work documents” for reference and recording assessment findings. Such work documents may include:

- a) checklists and assessment sampling plans; and
- b) forms for recording information, such as supporting evidence, non-conformity reports and records of meetings.

The use of checklists and assessment forms should not however restrict the extent of assessment activities, which can change as a result of information collected during the assessment.

Work documents, including records resulting from their use, should be retained at least until assessment completion. Retention of documents after assessment completion is normally three years or between the cycle of two assessments. Those documents involving confidential or proprietary information should be suitably safeguarded at all times by the assessment team members.

The assessment team must be aware that accreditation bodies may have additional requirements for document retention.

### **5.7 Conducting On-site Assessment Activities**

#### **5.7.1 Opening Meeting**

An opening meeting should be held with the management of the assessed organization and those responsible for the functions or processes to be assessed. The purpose of an opening meeting is:

- a) to confirm the assessment plan;
- b) to provide a short summary of how the assessment activities will be undertaken;
- c) to confirm communication channels; and
- d) to provide an opportunity for the assessed organization to ask questions.

The meeting should be chaired by the lead assessor, and the following items should be considered, as appropriate:

- a) introduction of the participants, including an outline of their roles;
- b) confirmation of the assessment objectives, scope and criteria;
- c) confirmation of the assessment timetable and other relevant arrangements with the assessed organization, such as the date and time for the closing meeting, any interim meetings between the assessment team and the management of the assessed organization, and any late changes;

- d) methods and procedures to be used to conduct the assessment, including advising the assessed organization that the assessment evidence will only be based on a sampling exercise;
- e) confirmation of formal communication channels between the assessment team and the assessed organization;
- f) confirmation of the communication and reporting language to be used during the assessment;
- g) confirmation that, during the assessment, the assessed organization will be kept informed of assessment progress;
- h) confirmation that the resources and facilities needed by the assessment team are available;
- i) confirmation of matters relating to confidentiality;
- j) confirmation of relevant work safety, emergency and security procedures for the assessment team;
- k) confirmation of the availability, roles and identities of any guides;
- l) the method of reporting, including any grading of the assessment findings;
- m) information about conditions under which the assessment may be terminated;
- n) information about any appeal system on the conduct or conclusions of the assessment.

### **5.7.2 Communicating during the assessment**

Depending upon the scope and complexity of the assessment, it may be necessary to make formal arrangements for communication within the assessment team and with the assessed organization during the assessment.

The assessment team should confer periodically to exchange information, assess assessment progress, and to reassign work between the assessment team members as needed.

During the assessment, the lead assessor should periodically communicate the progress of the assessment and any concerns to the assessed organization and assessment client, as appropriate. Evidence collected during the assessment that suggests an immediate and significant risk (e.g. safety, environmental or quality) should be reported without delay to the assessed organization.

Any concern about an issue outside the assessment scope should be noted and reported to the lead assessor, for possible communication to the assessment client and assessed organization.

Where the available assessment evidence indicates that the assessment objectives are unattainable, the lead assessor should report the reasons to the assessed organization, to the relevant accreditation body and to the IECEE Secretariat to determine appropriate action. Such action may include reconfirmation or modification of the assessment plan, changes to the assessment objectives or assessment scope, or termination of the assessment.

Any need for changes to the assessment scope which may become apparent as on-site assessed organization activities progress should be reviewed with and approved by the relevant accreditation body and the IECEE Secretariat.

### **5.7.3 Roles and responsibilities of Guides and Observers**

Guides and observers may on some occasions accompany the assessment team. Their role should be clarified prior to the assessment commencing. They are not a part of the team and should not be allowed to influence or interfere with the conduct of the assessment.

When guides are appointed by the assessed organization, they should assist the assessment team and act on the request of the lead assessor. Their responsibilities may include the following:

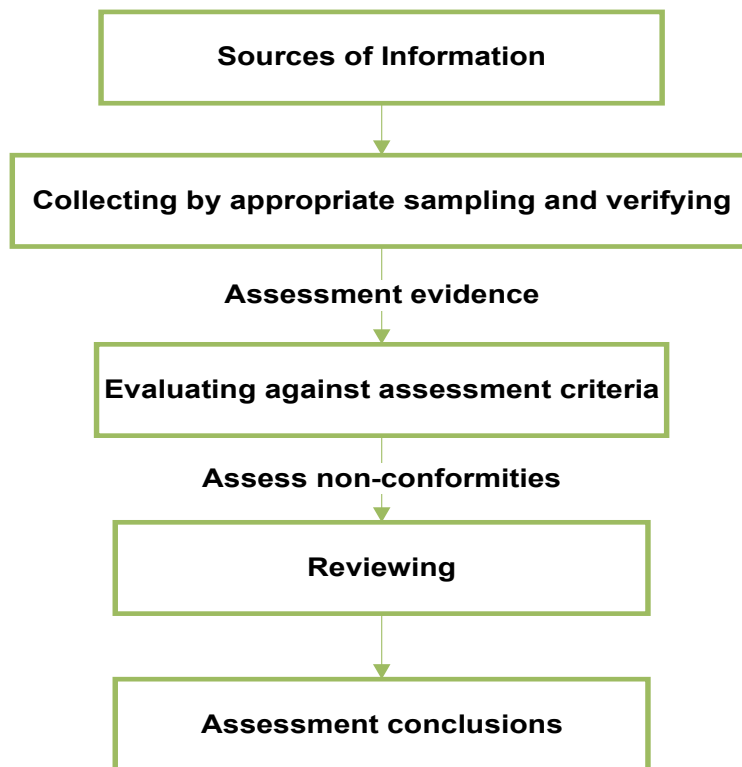
- a) establishing contacts and timing for interviews;
- b) arranging visits to specific parts of the site or organization;
- c) ensuring that rules concerning site safety and security procedures are known and respected by the assessment team members;
- d) witnessing the assessment on behalf of the assessed organization;
- e) providing clarification or assisting in collecting information;
- f) providing independent translation services if the assessment is conducted in a language that is not understood by individual team members.

**5.7.4 Gathering and verifying information**

During the assessment, information relevant to the assessment objectives, scope and criteria, including information relating to interfaces between functions, activities and processes should be collected by appropriate sampling and should be verified. Only information that is verifiable may be assessment evidence. Assessment evidence should also be clearly recorded.

The assessment evidence is based on samples of the overall available information. Therefore, information obtained at assessment may not be fully representative of the whole picture, so there is an element of uncertainty in the assessment findings. Those acting upon the assessment conclusions should be aware of this uncertainty.

Figure 1 provides an overview of the process, from collecting information to reaching assessment conclusions.



**Figure 1 – Overview of the process from collecting information to reaching assessment conclusions**

Methods to collect information include interviews, observation of activities, and review of documents.

The sources of information chosen may vary according to the scope and complexity of the assessment and may include the following:

- a) interviews with laboratory and/or certification employees;
- b) observations of activities (e.g. demonstration of tests) and the surrounding work environment and conditions;
- c) documents, such as policy, objectives, plans, test procedures, standards, instructions, specifications, drawings, contracts and orders;
- d) records, such as measurement and testing records, minutes of meetings, assessment reports, records of monitoring programmes and the results of measurements;
- e) data summaries, analyses and performance indicators;
- f) information on the sampling programmes and on procedures for the control of sampling and measurement processes;
- g) reports from other sources, for example, customer feedback, other relevant information from external parties and supplier ratings;
- h) computerized databases and websites.

## 6 Reporting on the Unified Assessment

### 6.1 Documenting Non-conformities

Assessment evidence should be evaluated against the assessment criteria to identify possible non-conformities. Non-conformities and their supporting assessment evidence must be documented.

The assessment team should meet and confer as needed to review the non-conformities at appropriate stages during the assessment. If necessary, conformity with assessment criteria should be summarized to indicate locations, functions or processes that were assessed. If included in the assessment plan, individual elements of conformity and their supporting evidence should also be recorded.

Non-conformities should be reviewed with the assessed organization to obtain acknowledgement that the assessment evidence is accurate, and that the non-conformities are understood. Every attempt should be made to resolve any diverging opinions concerning the assessment evidence and/or findings, and unresolved points should be recorded.

### 6.2 Assessment Conclusions

It is the responsibility of the assessment team to document and present the assessment findings, conclusions and recommendations by using the four different levels as per OD 2004 for certification bodies and OD 2005 for testing laboratories. Accreditation bodies may use different terminology to indicate “acceptance”.

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

### 6.3 Conducting the closing meeting

A closing meeting, chaired by the lead assessor, should be held to present the non-conformities and conclusions/recommendations in such a manner that they are understood and acknowledged by the assessed organization, and to agree, if appropriate, on the timeframe for the assessed organization to present a root cause and corrective and preventive action plan. Participants in the closing meeting should include the assessed

organization and the certification body representative when the assessment is related to a testing laboratory.

Any diverging opinions regarding the non-conformities and/or conclusions between the assessment team and the assessed organization should be discussed and if possible resolved. If not resolved, all opinions should be recorded in the relevant part of OD 2004 or OD 2005.

If specified by the assessment objectives, recommendations for improvements should be presented. It should be emphasized that recommendations are not binding.

## **7 Preparing, Approving and Distributing the Assessment Report**

### **7.1 Preparing the assessment report (OD 2004 and/or OD 2005)**

The lead assessor should be responsible for the preparation and contents of the assessment report.

The assessment report should provide a complete, accurate, concise and clear record of the assessment, and should include or refer to the following:

- a) the standards and rules used for the assessment;
- b) the assessment scope, particularly identification of the product categories and standards;
- c) identification of the assessed organization and, in case of a testing laboratory, the responsible certification body;
- d) identification of lead assessor and technical expert(s) who are part of the team;
- e) the dates and places where the on-site assessment activities were conducted;
- f) the assessment criteria;
- g) the non-conformities;
- h) the assessment conclusions;
- i) a list of the principal staff involved in testing or certification activities;
- j) a summary of the assessment process, including the uncertainty and/or any obstacles encountered that could decrease the reliability of the assessment conclusions;
- k) confirmation that the assessment objectives have been accomplished within the assessment scope in accordance with the assessment plan;
- l) any areas not covered, although within the assessment scope, and the reasons;
- m) any unresolved diverging opinions between the assessment team and the assessed organization;
- n) suggestions for improvement, if specified in the assessment objectives;
- o) agreed follow-up action plans, if any;
- p) a statement of the confidential nature of the contents;
- q) the distribution list for the assessment report.

### **7.2 Approving and distributing the assessment report**

The Lead Assessor should ensure that the assessment report is issued within the agreed time period. If this is not possible, the reasons for the delay should be communicated to the assessed organization and a new issue date should be agreed.

The assessment report should be dated, reviewed and approved in accordance with the usual accreditation body procedures. The approved assessment report, issued by the accreditation body, should then be distributed to:

- a) the IECEE Secretariat;
- b) the assessed organization.

The assessment report will be posted on the restricted area of the IECEE website and available only to the IECEE Member Bodies and all participating National Certification Bodies.

### **7.3 Conducting assessment follow-up**

The conclusions of the assessment may indicate the need for corrective, preventive or improvement actions. Such actions are usually undertaken by the assessed organization within a timeframe agreed with the assessment team.

The proper root cause identification and the completion and effectiveness of the corrective actions should be verified. This verification may be part of a subsequent on-site assessment or may be performed by a video assessment, or remote review of relevant records and documents.

For the IECEE System, such a determination is made by the IECEE Secretariat.

The assessment programme may specify follow-up by members of the assessment team. This adds value, in that they are well acquainted with the background to the findings and the need for action. In such cases, care should be taken to maintain independence in subsequent assessment activities

### **7.4 Completing the assessment**

The assessment is completed when all activities described in the assessment plan have been carried out and the approved assessment report has been distributed.

Documents pertaining to the assessment are retained or destroyed by agreement between the participating parties and in accordance with assessment programme procedures and applicable statutory, regulatory and contractual requirements.

Unless required by law or other regulatory measures the assessment team and those responsible for managing the assessment programme (ABs and IECEE System) should not disclose the contents of documents, any other information obtained during the assessment, or the assessment report, to any other party without the explicit approval of the assessed organization. If disclosure of the contents of an assessment document is required, the assessed organization should be informed as soon as possible

In the IECEE System, the assessment report is posted on the restricted area of the IECEE website and available only to the IECEE Member Bodies and all participating National Certification Bodies.

## **8 Finances**

The fees applicable to the IECEE Technical Assessors are detailed in OD-2026.

The accreditation body fees are covered by the relevant accreditation body procedures.



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