|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| etics_logo (3) | ASSESSMENT REPORT of a CB ETICS xxxx RAR | | | **OD ECS 074** |
|  | | | | |
| Certification Body:  Name Address | | | | |
| Date of assessment: yyyy-mm-dd | | | | |
| Assessment as Certification Body  in the European Certification Systems | | | | |
|  | | | | |
| **OD ECS 074 – April 2025** | |  | Page 1 of 18 | |

**1. Object and field of Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certification Body** |  | | | | |
| **Assessment Date(s)** | yyyy-mm-dd | | | | |
| **Address of the assessment** |  | | | | |
| **European Assessor(s)** |  | | | | |
| **Initial- / Re- / Scope extension- / Follow-up Assessment** | | IAR | RAR | EAR | FxR |

|  |
| --- |
| Remarks: (if any): |

**1.1 Certification schemes covered by the assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification Schemes** | | | |
| APPLICABLE EUROPEAN SCHEME |  | RESPONSIBLE CONTACT PERSON  OF THE CB | ASSESSMENT BASE |
| CCA |  |  | OD ECS 050, OD ECS 051 |
| CCA-EMC |  |  |
| ENEC |  |  |
| ENEC🞣 |  |  | PD ENEC 301 Annex E |
| HAR |  |  | HAR PD 3 |
| CIG |  |  | OD ECS 050, OD ECS 051 |

**1.3 Legal entity name and address**

|  |  |
| --- | --- |
| Legal entity name |  |
| Address |  |
| Contact Person |  |
| E-mail |  |
| Telephone: |  |
| Mobile |  |
| Website |  |

**1.4 Testing Laboratories of the Certification Body**

|  |  |  |  |
| --- | --- | --- | --- |
| **Laboratory Name** | **Country** | **City** | **Scheme** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. CERTIFICATION BODY**

**2.1 Brief history of the Certification Body:**

…

**2.2 Organisation of the Certification Body**

If the quality management system is such that the Quality Manual and/or Quality Procedure include one or more organization charts then this could be attached as an Annex 2 to the Assessment Report

…

**3. PERSONNEL STRUCTURE**

**3.1 Employees**

|  |  |
| --- | --- |
| Number of overall people employed by the legal entity of the Certification Body |  |
| Number of people working in the overall product certification area |  |
| Number of people involved with the product certification activity within the scope of this assessment |  |

**3.2 Responsible Managers for Certification**

| Name | Position (title) and field of expertise | Years of relevant experience | Experience checked & found appropriate | | Reports to |
| --- | --- | --- | --- | --- | --- |
| Yes | No |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3.3 Principal staff involved on Certification. (Including remote certification officers)**

| Name – indicate if remote certification officer | Position \* | Years of relevant experience | Experience checked & found appropriate | | Remark |
| --- | --- | --- | --- | --- | --- |
| Yes | No |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\* Explain Position, with relevance to certification processes, e.g. signing, decision making, proposal, review, administration, evaluation – if applicable.*

\* Explanation of Position:

…

**3.4 Staff involved in the Quality Management System of the Certification Body**

| Name | Position | Years of relevant experience | Experience found appropriate | | Remark |
| --- | --- | --- | --- | --- | --- |
| Yes | No |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4. GENERAL**

**4.1 General requirements of the European schemes**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | NCR |
| Is/are the European Certification Scheme(s) concerned identified in the Quality Management System, including assignment of responsibilities and authorities? | |  |  | / |
| Is relevant documentation, (at least regarding ECS and Schemes requirements, EN standards, OSM decisions accessible for relevant employees? | |  |  | / |
| Does the organisation have insurance cover for 2,000,000 € indemnity? | |  |  | / |
| Documentation reference / comments:  … | | | | |

**4.2 Communication**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | NCR |
| Is the Certification Body represented and participating in relevant scheme activities, including the OSMs? |  |  | / |
| Is/are the Testing Laboratory(ies) and/or inspection body(ies) used by the Certification Body trained in the specific European requirements? |  |  | / |
| Documentation reference/comments:  … | | | |

**4.3 Participation in the annual OSM Meetings in the previous and actual year:**

|  |  |  |  |
| --- | --- | --- | --- |
| Year (Yes No NA) | YYYY-1 | YYYY | Internal staff training on OSM matters |
| OSM BAT | YES / No |  |  |
| OSM EE |  |  |  |
| OSM FIP |  |  |  |
| OSM HA |  |  |  |
| OSM HAR |  |  |  |
| OSM IN |  |  |  |
| OSM LUM |  |  |  |

**4.4 Internal Audits**

|  |  |  |  |
| --- | --- | --- | --- |
| Internal Audits | YES | NO | NCR |
| Are plans/procedures established following OD ECS 080? |  |  | / |
| Are Internal Audit results recorded following OD ECS 085? |  |  | / |
| Documentation reference/comments:  … | | | |

4.4.1 Internal audits in the Certification Body during the last 3 years

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| reference | Assessment date | | | Nr of non conformities | | | still open NCRs |
|  |  |  |  |  |  |  |  |

4.4.2 Internal assessments by the CB at associated Testing Laboratories during the last 3 years

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Laboratory name | CB internal assessment | | | Nr of non conformities | | | still open NCRs |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

4.4.3 External assessments of the CB and of associated TLs by IECEE during the last 3 years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | IECEE assessment | | Nr of NCRs | still open NCRs |
| Date | Ass report |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5. CERTIFICATION PROCESSES OF THE INDIVIDUAL SCHEMES**

**5.1 ENEC scheme**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **ENEC** |  |  |  |  |
| By spot check, using Annex B to OD ECS 095, are documents and records up-to-date and showing compliance with the requirements? |  |  |  | / |
| Are ENEC certification procedures established and are they followed? |  |  |  | / |
| Are ENEC licences in accordance with the common format of OD ENEC 321? |  |  |  | / |
| Are ENEC licences published on the ETICS website according to AD ECS 042? |  |  |  | / |
| Documentation reference/comments:  … | | | | |

ENEC certification files reviewed:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| № | ID number | Cat | Product | Standard | Evaluation | Remarks |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

**5.2 ENEC+ scheme**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **ENEC🞣** |  |  |  | / |
| Are documents and records up-to-date and showing compliance with the requirements? |  |  |  | / |
| Are ENEC🞣 certification procedures established and are they followed? |  |  |  | / |
| Are ENEC🞣 licences in accordance with the common format of OD ENEC 321-2 or OD ENEC 321-3? |  |  |  | / |
| Are ENEC🞣 licences published on the ETICS website according to AD ECS 042? |  |  |  | / |
| Documentation reference/comments:  … | | | | |

ENEC🞣 certification files reviewed:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| № | ID number | Cat | Product | Standard | Evaluation | Remarks |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

**5.3 CCA scheme**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **CCA** |  |  |  | / |
| By spot check, using Annex D to OD ECS 095, are documents and records up-to-date and showing compliance with the requirements? |  |  |  | / |
| Are CCA procedures for operating as Body A established and followed? |  |  |  | / |
| Are CCA procedures for operating as Body B established and followed? |  |  |  | / |
| Are NTRs in accordance with the common format of PD CCA 229-1? |  |  |  | / |
| Documentation reference/comments:  … | | | | |

CCA files reviewed:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| № | ID number | Cat | Product | Standard | Result of evaluation | Remarks |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

**5.4 HAR scheme**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **HAR** |  |  |  | / |
| By spot check, using Annex A to OD ECS 095, are documents and records up-to-date and showing compliance with the requirements? |  |  |  | / |
| Are HAR certification procedures established following HAR PD C and are they followed? |  |  |  | / |
| Are HAR licences in accordance with the common format of HAR OD 105? |  |  |  | / |
| Are HAR licences published on the ETICS website? |  |  |  | / |
| Documentation reference/comments:  … | | | | |

HAR certification files reviewed:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| № | ID number | Cat | Product | Standard | Result of evaluation | Remarks |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

**5.5 Use of European Client Testing Facilities (E-CTFs)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **Use of European Client Testing Facilities (E-CTFs)** |  |  |  |  |
| Are the processes related to E-CTFs according the rule OD ECS 032? |  |  |  | / |
| Are the E-CTFs used by the CB listed on ETICS website / OD ECS 036? |  |  |  | / |
| Documentation reference/comments:  ... | | | | |

Reviewed E-CTF assessment reports:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Level | System | Scope | YYYY-2 | YYYY-1 | YYYY |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**6. FACTORY INSPECTIONS**

**6.1 Factory Inspection (CIG requirements general)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **Factory Inspection (general)** |  |  |  |  |
| Are procedures established following PD CIG 421? |  |  |  | / |
| Are inspections planned following PD CIG 421? |  |  |  | / |
| Are inspections following the plans and executed in accordance with the established procedures? |  |  |  | / |
| Are inspection results reported following PD CIG 422 or PD CIG 423? |  |  |  | / |
| Are NCRs established during inspections routinely followed-up and closed? |  |  |  | / |
| Are NCRs established during sample testing routinely followed-up and closed? |  |  |  | / |
| Documentation reference/comments:  … | | | | |

Inspection files reviewed:

**6.2 ENEC and ENEC+ inspections**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **ENEC and ENEC+ inspection**s |  |  |  |  |
| Are Pre-Licence inspections carried out and duly recorded? |  |  |  | / |
| Are manufacturers inspected following PD ENEC 301-Annex B, PD ENEC 301-Annex F, PD ENEC 308 and PD ENEC 304? |  |  |  | / |
| Are production samples selected following OD ENEC 324? |  |  |  | / |
| Are production samples tested following OD ENEC 324 and OD ENEC 324 Annex B? |  |  |  | / |
| Documentation reference/comments:  … | | | | |

|  |  |  |
| --- | --- | --- |
| Overall number of factory inspections for **ENEC in year:** | | YYYY |
| Number of factories to be inspected | Number of factory inspection performed during the last year | Number of qualified inspectors |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Overall number of Product Surveillance Tests for **ENEC in year:** | | | YYYY |
| Number of factories with ENEC license | Number of performed Product Surveillance Tests | PST with negative result | Number of not received samples |
|  |  |  |  |

Inspection files reviewed:

**6.3 CCA inspections**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **CCA inspections** |  |  |  |  |
| Are Pre-Licence inspections carried out and duly indicated on the NTRs issued? |  |  |  | / |
| Documentation reference/comments:  … | | | | |

Inspection files reviewed:

**6.4 HAR inspections**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **HAR audits/inspections** |  |  |  |  |
| Are manufacturers audited/inspected following HAR PD 5? |  |  |  | / |
| Are production quantities/samples selected following HAR PD D? |  |  |  | / |
| Are production samples tested following HAR PD D? |  |  |  | / |
| Documentation reference/comments:  … | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Overall number of factory inspections/product surveillance tests for **HAR** in: | | | YYYY |
| Number of factories to be inspected | Number of fact. inspection performed in previous year | performed Product surveillance test | Number of  qualified inspectors |
|  |  |  |  |

**6.7 CIG inspections on behalf of other CIG Members**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **CIG inspections on behalf of other CIG Members** |  |  |  |  |
| Are CIG inspections carried out for other CIG Members and duly recorded? |  |  |  | / |
| Are manufacturers inspected following OD CIG 402 |  |  |  | / |
| Are production samples selected if requested? |  |  |  | / |
| Documentation reference/comments: | | | | |

Inspection files reviewed:

**6.6 Training of inspectors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **Training of inspectors** |  |  |  |  |
| Are inspection staff appropriately trained/qualified according to OD CIG 440 and in the specific European requirements, including ENEC training? |  |  |  | / |
| Are CIG inspectors monitored annually according to OD CIG 440? |  |  |  | / |
| Documentation reference/comments: | | | | |

Training records reviewed

**7. Scope of the CB and Accreditations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NA | Yes | No | NCR |
| **Scope of the CB and Accreditations** |  |  |  |  |
| Is the scope of the CB in line with the scope of the TLs? |  |  |  | / |
| Accreditations are in-line with the accreditation information on the ETICS website? |  |  |  | / |

**7.1 Accreditations of CB for the standards in their scope of the European Schemes ENEC and HAR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Category | BATT | CABL | CAP | CONT | ELVH | EMC | HOR | HOUS | INST | LITE | MEAS | MED | MISC | OFF | POW | PROT | PV | SAFE | TOOL | TRON |
| **CB:** category is in the scope ? (Yes/No) | **Y** | N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| accreditation exist for the category ? (Yes /No) | Y | N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of standards that do not fall within the scope of a TL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**7.2 Sampling check of accreditations**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Country | Accreditation Body | Accreditation reference nr | Web-link to accr. | Result of evaluation | Remarks |
| CB |  |  |  |  |  |  |
| TL 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# NCRS REFERRED TO IN THIS REPORT SHALL BE ATTACHED TO THIS REPORT:

|  |  |
| --- | --- |
| **Total number of NCRs attached:** |  |

# RECOMMENDATIONS OF THE ASSESSMENT TEAM

This assessment has been a sampling exercise and thus every aspect of the Testing Laboratory’s activities has not been covered. It does not follow, therefore, that non-conformances do not exist in areas where none have been reported in this assessment report.

Standard recommendations:

|  |  |
| --- | --- |
| **1.** The Assessment Team recommends **acceptance** of the assessed organisation as reported in this Assessment Report. |  |
| **2.** The Assessment Team recommends **acceptance** of the assessed organisation as reported in this Assessment Report **subject to clearance** of the outstanding Non-conformity Reports as appropriate. |  |
| **3.** The Assessment Team recommends that the acceptance of the assessed organisation is **postponed** until a further **follow-up assessment** is carried out and is found satisfactory. |  |
| **4.** Other, please specify using similar terminology |  |

# SIGNATURES

Date: YYYY-MM-DD

|  | Printed name | Signature |
| --- | --- | --- |
| Lead Assessor |  |  |
| Technical Assessor |  |  |

# Acknowledgement by the assessed organization

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

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

Date: YYYY-MM-DD

|  | Printed name | Signature |
| --- | --- | --- |
| Certification Body Representative |  |  |
| Quality Management Representative |  |  |

**ANNEX 1A LIST OF STANDARDS APPLICABLE FOR RE-ASSESSMENT**

This Annex shall be filled-in only in case of Re-Assessment of CBs which are accredited for less than 50% of the standards under the given Category

Product Category:

The assessment team completes this section.

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

Standard:

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

Lists the standards in the Certification Body scope including the editions and amendments.

Number of certificates issued during the last three years:

The Certification Body should provide this information during the assessment.

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

Assessment team acceptance:

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

Where insufficient experience is demonstrated the “No” box shall be checked.

The CB can provide a claim of capability to the ETICS Secretariat to keep this standard in the scope of acceptance.

Example:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product Category | Standard (EN)  (Without amendment/edition indication) | Number of licences issued for the relevant standards in the last two years | Assessment Team acceptance | |
| **Yes** | **No** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ANNEX 1B INITIAL ASSESSMENT / SCOPE EXTENSION ASSESSMENT SCOPE**

**List of standards**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product Category | Standard  EN/HD  (Without amendment/edition indication) | Number of licences issued for the relevant standards in the last two years | Assessment Team acceptance | |
| **Yes** | **No** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ANNEX 2 ORGANIZATION CHART**

**ANNEX 3 ACCREDITATION CERTIFICATE OF THE CERTIFICATION BODY RELEVANT FOR THE EUROPEAN CERTIFICATION SCHEMES**

**ANNEX 3.1 ACCREDITATION CERTIFICATE OF THE TESTING LABORATORY 1 RELEVANT FOR THE EUROPEAN CERTIFICATION SCHEMES**

**ANNEX 3.2 ACCREDITATION CERTIFICATE OF THE TESTING LABORATORY 2 RELEVANT FOR THE EUROPEAN CERTIFICATION SCHEMES**

**ANNEX 4 QUALITY MANAGEMENT SYSTEM, INDEPENDENCE AND IMPARTIALITY INCLUDING COMMERCIAL CONSULTANCY**

Note: If this Annex has been completed at least once if the organization is accredited according to ISO/IEC 17065 for all the relevant product categories.

If the Certification Body is not accredited for one or more categories, this Annex needs to be completed during each Assessment.

**Annex 4.1 Quality Management System**

|  |
| --- |
| **Structure of the Quality System** |
|  |
| **General requirements** |
|  |
| **Structural requirements** |
|  |
| **Resource requirements** |
|  |
| **Process requirements** |
|  |
| **Management system requirements** |
|  |
| **Operational Documents of the relevant schemes** |
|  |
| **OSM Decisions** |
|  |
| **Use of appropriate EN standards** |
|  |
| **Current decisions** |
|  |

**Annex 4.2 “Independence and impartiality” including “Commercial consultancy”**

|  |  |  |
| --- | --- | --- |
| **4.2.1. General Operating Procedure** | **Yes** | **No** |
| Does the Certification Body have a documented procedure for independence and impartiality that as a minimum includes the following while carrying out conformity assessment activities:  a) to be objective,  b) to identify, avoid, mitigate and manage conflicts of interest, and  c) to ensure independence, so as to increase the amount of trust, confidence and value that those activities have in the market place |  |  |
| Document title: Document number: | | |

|  |  |  |
| --- | --- | --- |
| **4.2.2. Reference Document** | **Yes** | **No** |
| Does the Body have access to ISO/IEC 17065 and in particular Sub-clause 5.2 Mechanism for safeguarding impartiality, “Management of Impartiality?” |  |  |
| Does the Body have access to ISO/IEC 17025 and in particular Sub-clause 4.1.4 (including Note 2, 4.1.5 B) and 4.1.5 d)? |  |  |

|  |  |  |
| --- | --- | --- |
| **4.2.3. Knowledge, training and decision making** | **Yes** | **No** |
| Does the Body’s staff have knowledge of the basic concepts of independence and impartiality? |  |  |
| Were the training records of the Body’s staff checked? |  |  |
| Does the Body’s selected staff have sufficient knowledge in the principles of independence and impartiality to provide initial training and retraining to other staff? |  |  |
| Names of person(s): | | |
| Were examples of training programs of the Body’s staff reviewed and found to be sufficient? |  |  |
| Does the Body’s staff select and make pass/fail decisions taking the principles of independence and impartiality into account? |  |  |
| Are the Body’s decisions based on objective evidence of conformity (or nonconformity) obtained by the Body’s staff? |  |  |
| Are the Body’s decisions influenced by other interests or parties? |  |  |

|  |  |  |
| --- | --- | --- |
| **4.2.4. Documentation and Implementation** | **Yes** | **No** |
| Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure the independence and impartiality of all staff? |  |  |
| Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure that the remuneration of staff is free from pressures and inducements and is not dependent on the number, outcome of the result of their activities?  Note: It is recognized that the source of revenue of the Body is its customers paying for its services and that this is a potential threat to independence and impartiality. |  |  |
| Does the Body have documented sufficient procedures for the identification, review, resolution and prevention of conflict of interest (including “commercial consultancy”) where conflicts of interest are suspected or proven (including subcontracted personnel) and does the Body keep records of such reviews and decisions? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.2.5. Marketing and advertising materials** | **Yes** | **No** | **N/A** |
| Do the Body’s marketing materials give the impression that “commercial consultancy” activities are offered? |  |  |  |
| Is the Body linked to an organization that provides “commercial” consultancy services? |  |  |  |
| Is there a documented policy/procedure to ensure that there is an effective separation between all conformity assessment activities and consultancy services? |  |  |  |
| Does the Body’s certification staff participate in “commercial consultancy”? |  |  |  |

|  |  |  |
| --- | --- | --- |
| **4.2.6. Staff declarations** | **Yes** | **No** |
| Does the Body require all staff acting on its behalf to declare any potential conflict of interest? |  |  |

|  |  |  |
| --- | --- | --- |
| **4.2.7. Compliance** | **Yes** | **No** |
| Does the Body comply with all the above independence and impartiality principles on an ongoing basis?  Note: If the answer to this item is NO a Non-Conformity Report must be issued |  |  |

**NON-CONFORMITY REPORT**

*All corrective actions shall be cleared within the maximum time period specified in OD ECS 097, after which the deadline penalty will apply immediately, e.g. suspension of the CB from issuing licenses.*

| Non-conformity Report No: 01/01 | Date: YYYY-MM-DD |
| --- | --- |
| Name of the Assessed Organisation: | |
| Category(ies) concerned: | Clause/Sub-clause of Non-conformity: |
| Non-conformity(ies) description: | |
| LEAD ASSESSOR:  Signature and printed name | MANAGEMENT REPRESENTATIVE:  Signature, printed name and title |
| **Root Cause of Non-conformity:** | |
| **Proposed Corrective action(s):** | |
| Implementation Date: | Management Representative Signature, printed name and title/Date: |
| **Proposed Corrective Action(s) acceptance:**   |  |  |  |  | | --- | --- | --- | --- | |  | **Acceptance, no further verification required** | | | |  | **Acceptance, further verification of implementation is required** |  | **With on-site follow-up assessment** | |  | **Without on-site assessment** |   LEAD ASSESSOR (Signature, printed name/Date) | |
| **Implementation verified and Final Clearance provided by Lead Assessor:**  LEAD ASSESSOR (Signature, printed name/Date) | |