



OPERATIONAL DOCUMENT

CIG **023423**
Appendix 4

Inspectors Finding/Observation Sheet Part 2 and Part 3

WARNING:
~~THIS DOCUMENT IS ONLY VALID IF USED BY ETICS MEMBERS
AND THEIR AUTHORISED AGENTS~~

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NOTE:

Inspectors Finding/Observation Sheet Part 2 and Part 3 might be used individually or combined.

Front Pages only for document control and shall be excluded from numbering and actual Inspectors Finding/Observation Sheet.

This document contains:

- **Inspectors Finding/Observation Sheet Part 2** - This part shall be filled by the Factory/Licence Holder ONLY if requested by the Certification Body
- **Inspectors Finding/Observation Sheet Part 3** - This part shall be filled by the Certification Body
- Note: Inspectors Finding/Observation Sheet Part 1, is only available as integral part of OD CIG 023423 – Factory Inspection Report.

Reference number of the body carrying out the inspection:

Inspectors Finding/Observation Sheet (~~part~~Part 2)

This part shall be filled by the Factory/Licence holder ONLY if requested by the Certification Body

Reference number of the body that carried out the inspection: (see factory inspection report)
Date of inspection: (see factory inspection report)
Factory registered name and Factory Location:
Related to Finding/Observation Sheet No.: of -
Additional Information (if applicable):

Root Cause Analysis:		
Corrective Action:		
For objective evidence the following documents are attached:		
Date of implementation:	Factory/Licence Holders representative:	
	Date	Name Signature



Inspectors Finding/Observation Sheet (~~part~~Part 3)

This part shall be filled by the Certification Body

Reference number of the body that carried out the inspection: (see <i>factory inspection report</i>)
Date of inspection: (see <i>factory inspection report</i>)
Factory registered name and factory location:
Related to Finding/Observation Sheet No.: of -
Additional Information (if applicable):

Root Cause Analysis accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Corrective Action accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Objective Evidence received and accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Date of implementation accepted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Certification Bodies representative:		
	Date Name		