



**Testing Laboratory
ASSESSMENT REPORT**

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OD-CB2005

*(*Note: Document identification should be: "IAR" for Initial Assessment Report, EAR for Extension of Scope Assessment, "FAR" for Follow-up Assessment Report or "RAR" for Re-assessment Report and RLAR for Re-Location Assessment Report in IECEE-PAC/XXX/*)*

(The text in orange and italics in brackets shall be deleted in the final version of the assessment report.)

Date(s) of Assessment:

(Use format: yyyy-mm-dd)

Testing Laboratory:

*(Complete Legal Entity Name of the
Testing Laboratory
and Country of Domicile)*

OD-CB2005-Ed.2.4 2010-02-05

1/28

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1.0 OBJECT AND FIELD OF ASSESSMENT

1.1 OBJECT

ASSESSMENT COVERING	IECEE Assessment	Joint Assessment	Accreditation Body	Scope of Accreditation <i>(Is the accreditation body scope equal/greater or smaller than the IECEE scope)</i>
Initial Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Extension of Scope	<input type="checkbox"/>	<input type="checkbox"/>		
Re-Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Follow up Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
Re-location Assessment	<input type="checkbox"/>	<input type="checkbox"/>		

1.2A PRODUCT CATEGORIES COVERED BY THE RE-ASSESSMENT

BATT	CABL	CAP	CONT	HOUS	INST	LITE	MEAS	MED	MISC
<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"/>
OFF	POW	PROT	SAFE	TOOL	TRON	EMC	PV	HSTS	AUTM
<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"/>

Please cross (X) as appropriate and refer to Annex 1A/B for a complete list of the scope of the assessment containing details of the relevant IEC Standards and relevant experience including editions and amendments

1.2B PRODUCT CATEGORIES COVERED BY THE INITIAL/SCOPE EXTENSION ASSESSMENT

BATT	CABL	CAP	CONT	HOUS	INST	LITE	MEAS	MED	MISC
<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"/>
OFF	POW	PROT	SAFE	TOOL	TRON	EMC	PV	HSTS	AUTM
<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"/>

Please cross (X) as appropriate and refer to Annex 1B for a complete list of the scope of the assessment containing details of the relevant IEC Standards and relevant experience including editions and amendments

1.3 PREVIOUS ASSESSMENT REPORT(S) Doc. No. and Date:

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1.4 CERTIFICATION SCHEME	
<input type="checkbox"/> CB Scheme	<input type="checkbox"/> CB FCS

1.5 COMPLETE LEGAL ENTITY NAME and COMPLETE ADDRESS of the TESTING LABORATORY

Type	Candidate	Accepted
CBTL (Main) <i>(If the CBTL is already an accepted IECEE Member and the Assessment is a Scope extension the box "Accepted" should be checked)</i>	<input type="checkbox"/>	<input type="checkbox"/>
ACTL (OD-CB2015)		
SATL Sub-clause 2.3 a)	<input type="checkbox"/>	<input type="checkbox"/>
SPTL Sub-clause 2.3 b)	<input type="checkbox"/>	<input type="checkbox"/>

Legal Entity Name:

Complete Address:

Contact Person:

Tel:

Mobile:

Fax:

E-mail :

Website :

1.6 MEMBERS OF THE ASSESSMENT TEAM

Name	Organisation	Country <i>(country of residence to be listed)</i>
Lead Assessor:		
Assessor:		
Assessor:		
Assessor:		



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1.7 PLACE(S) AND DATE(S) OF ASSESSMENT

(If multiple buildings include addresses of both, such as: ABC Testing Laboratory in City A together with DEF Testing Laboratory in City D.)

Main location(s):

If applicable, other location(s):

Date(s) of Assessment(s) for main location(s) and any other location(s):

1.8 ASSESSMENT BASE

IECEE 01 Basic Rules

IECEE 02 Rules of Procedure – CB Scheme

IECEE 03 Rules of Procedure – CB-FCS

ISO/IEC 17025: 2005

OD-CB2006 - Guidelines for Assessors

The above documents are to be based upon the latest published editions

2.0 ORGANISATION

2.1 NATIONAL CERTIFICATION BODY UNDERTAKING THE RESPONSIBILITY for the TESTING LABORATORY

(Also indicate whether the responsible NCB was present during the assessment, and if so, by who)

Legal Entity Name:

Address:

(Complete the full address of the responsible National Certification Body)

NCB Representative Present at Assessment

Yes

No



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Contact Person Located at the NCB: <i>(Name of contact person)</i>	NCB Representative present at Assessment <i>(Name of representative (if different to contact person))</i>
Tel.:	Tel.:
Mobile:	Mobile:
Fax:	Fax:
E-mail:	E-mail:
Website:	

2.2 MAIN LABORATORY UNDERTAKING THE RESPONSIBILITY for the ASSOCIATED TESTING LABORATORY

(Also indicate whether the responsible MAIN CBTL was present during the assessment, and if so, by who)

Legal Entity Name: Address: <i>(Complete the full address of the responsible Main CBTL)</i>	Main CBTL Representative Present at Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person Located at the Main CBTL: <i>(Name of contact person)</i>	Main CBTL Representative present at Assessment <i>(Name of contact person (if different))</i>
Tel.:	Tel.:
Mobile:	Mobile:
Fax:	Fax:
E-mail:	E-mail:
Website:	



2.3 BRIEF HISTORY OF THE TESTING LABORATORY

(Include information about the legal entity of the CBTL and ownership. Reference ISO/IEC 17025. Complete this section for Initial Assessment and for other Assessments complete only with updates from the last assessment)

2.4 ORGANISATION OF THE TESTING LABORATORY

(Include information relevant to the organisation of the CBTL pertaining to the operated Scheme(s) including the interaction with its NCB)

(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 appendix to the Assessment Report.)

3. PERSONNEL STRUCTURE

3.1 EMPLOYEES

Number of overall people employed by the Legal Entity of the Testing Laboratory:

Number of people working in the overall product testing area:

Number of people involved with the product testing activity within the scope of this assessment:



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(Note: When the declared years of experience is low, the assessment team should make a professional judgment based upon interviews on the awareness and knowledge of the standards, witnessing of Test Report review, witnessing of testing and measuring as well as CV information e.g. previous employments and function, training programmes completed.)

3.2 RESPONSIBLE MANAGERS FOR TESTING.					
Name	Position (Title) and Field of Expertise	Years of 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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

3.3 PRINCIPAL STAFF INVOLVED IN TESTING.					
Name	Position (Title) and Field of Expertise	Years of 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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

3.4 STAFF INVOLVED IN THE QUALITY MANAGEMENT SYSTEM OF THE TESTING LABORATORY.					
Name	Position (Title) and Field of Expertise	Years of Relevant Experience	Experience Checked & Appropriate		To whom does the quality management system staff 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 STAFF COMPETENCE

(Briefly describe how the competence was assessed e.g. interview, CV check, demonstration of certification decisions, knowledge of the standard, reviewing of the Test Reports, etc.)

4.0 TESTING PREMISES

Total Premises Area: m²

Total testing laboratory area: m²

Total testing area in the scope of recognition: m²

Total office area in the scope of recognition: m²

Is the power distribution system appropriate in the scope of recognition?

Yes No

Comments about the laboratory's power distribution system and its capacity and stability for testing equipment within the scope of this assessment:

4.1 QUALITY MANAGEMENT SYSTEM

Is the CBTL Accredited by a reputable Accreditation Body?

Yes No

The accreditation covers the product categories covered by this assessment.

Yes No N/A

The Accreditation Certificate is appended as Annex 3.

(If the Testing Laboratory is accredited check the most recent accreditation assessment report and the scope covered by the accreditation. If the Testing Laboratory is not accredited or if the Testing Laboratory does not make the accreditation report available, the quality management system of the Testing Laboratory shall be examined in detail.)



(Briefly describe the structure of the quality system, its documentation and degree of implementation, and how it is checked for compliance with ISO/IEC 17025. State whether reports from external/internal audits, management reviews and corrective action processes have been reviewed and other relevant items from ISO/IEC 17025.)

- **DOCUMENT CONTROL**

- **REVIEW OF REQUESTS, TENDERS AND CONTRACTS**

- **SUB-CONTRACTING OF TESTS AND CALIBRATIONS**

- **PURCHASING SERVICES AND SUPPLIES**

- **SERVICE TO THE CLIENT**

- **COMPLAINTS**

- **CONTROL OF NON-CONFORMING WORK**

- **CORRECTIVE ACTION**

- **PREVENTIVE ACTION**

- **CONTROL OF RECORDS**

- **INTERNAL AUDITS**

- **MANAGEMENT REVIEWS**



(In any case the Rules of Procedure of the relevant IECEE Schemes should be assessed in order to verify that they are duly included in the quality management system and implemented in practise and effectively. This assessment may include, but is not limited to, e.g. Operational Documents, CTL Decisions, process of Document control and provision to use the appropriate IEC Standards etc.)

- **IECEE RULES OF PROCEDURE & GUIDANCE**
- **OPERATIONAL DOCUMENTS**
- **CTL DECISIONS**
- **USE OF APPROPRIATE IEC STANDARDS**
- **CURRENT DECISIONS**

4.2 CRITICAL TECHNICAL PROCEDURES

(Briefly describe if the presence and appropriateness of 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 5.0 have been checked)

- **ACCOMODATION AND ENVIRONMENTAL CONDITIONS**
- **TEST AND CALIBRATION METHODS AND METHOD VALIDATION**
- **EQUIPMENT** *(Verify that the calibration certificates include measurement uncertainty values.)*
- **MEASUREMENT TRACEABILITY** (See ANNEX 4)
- **SAMPLING** *(In case of multiple factory location for the same product)*
- **HANDLING OF TEST AND CALIBRATION ITEMS**



- ASSURING THE QUALITY OF TEST AND CALIBRATION RESULTS
- REPORTING THE RESULTS *(Please refer to OD-CB2020)*

4.3 SUBCONTRACTED TESTING

The name(s) and location(s) of the subcontractor(s) should also be indicated.

Does the laboratory subcontract testing? Yes No

(Give reference to which clause(s) in the IEC standard(s) concerned. Also indicate if subcontracting is permitted according to the current IECEE CTL list and whether an appropriate agreement with the subcontractor exists.)

Is the subcontracting allowed by the CTL list? Yes No

Does the practice comply with OD-CB 2012: Yes No N/A

(Give reference to which clause(s) in the IEC standard(s) concerned. Also indicate if subcontracting is permitted according to the current IECEE CTL list and whether an appropriate agreement with the subcontractor exists.)

4.4 IMPORTANT EQUIPMENT BORROWED OR RENTED

Does the laboratory borrow or rent testing equipment?

Yes No

(Give reference to which clause(s) in the IEC standard(s) concerned. Also indicate if borrow/renting is permitted according to the current IECEE CTL list and whether an appropriate agreement with the subcontractor exists.)

Please note if the borrowed/rented equipment are under the "R" or "S" on the CTL list of equipment:

Does the practice comply with OD-CB 2012: Yes No N/A

(If the rented equipment is operated by the staff of the (candidate) laboratory at the owner location, i.e. Oversize Humidity Chamber 64m3, also indicate the names and locations of these rental laboratory(ies) and how qualifications of the external testing facilities are ensured.)



4.5 TESTING IN MANUFACTURERS' TESTING LABORATORIES (OD-CB 2027)

Does the CBTL carry out testing upon the request of the NCB?

TESTING AT THE MANUFACTURER'S PREMISES (TMP) OD-CB 2028: Yes No

(Note: Please report if the CBTL has appropriate documentation related to the TMP activity)

WITNESS MANUFACTURER TESTING (WMT) OD-CB 2029: Yes No

(Note: Please report if the CBTL has appropriate documentation related to the WMT activity)

SUPERVISED MANUFACTURER TESTING (SMT) OD-CB 2030: Yes No

(Note: Please report if the CBTL has appropriate documentation related to the SMT activity)

RECOGNISED MANUFACTURER TESTING (RMT) OD-CB 2031: Yes No

(Note: Please report if the CBTL has appropriate documentation related to the RMT activity)

Does the CBTL carry out assessment according to ISO/IEC 17025 upon the request of the NCB?

TMP OD-CB 2028: Yes No

WMT OD-CB 2029: Yes No

SMT OD-CB 2030: Yes No

RMT OD-CB 2031: Yes No



5.0 PROFICIENCY TESTING PROGRAMMES

(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 participation in CTL meetings for IECEE Schemes. Also mention any relevant information about the staff participation in standards activities.)

6.0 TESTING WITNESSED DURING THE ASSESSMENT

(e.g. Temperature rise test, creepage and clearance distances, breaking capacity test etc. Provide information about the equipment used, the testing methodology, general proficiency, knowledge and competence of the laboratory staff and the relevant standard and clause against which the test has been carried out.)

6.1 TEST REPORTS REVIEWED DURING THE ASSESSMENT

(e.g. To check the validity and completeness of the measurement reported in the Test Report, correct TRF used, list of used Test Equipment reported, proper signatures and reviewers etc.)



7.0 NUMBER OF NON-CONFORMITY REPORTS ISSUED

Number of NCRs appended:

8.0 RECOMMENDATION(S) OF THE ASSESSMENT TEAM

(Please cross (X) as appropriate under Annex 1 the accepted/not accepted standards detailing together with the relevant IEC Standards the editions and amendments)

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:(Please check the appropriate recommendation)

- 1. The Assessment Team recommends acceptance of the assessed organisation for the scope(s) as reported in Annex 1A/B of this Assessment Report as appropriate
- 2. The Assessment Team recommends acceptance of the assessed organisation for the scope(s) as reported in Annex 1A/B of 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.

(Note: The outcome of a number 3 recommendation would be expected to result in a number 1 or 2 recommendation)

- 4. Other, please specify using similar terminology.



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8.1 ADDITIONAL INFORMATION

9.0 SIGNATURES OF THE ASSESSMENT TEAM		
9.1 DATE: <i>(Use format of yyyy-mm-dd)</i>		
Lead Assessor	Assessor	Assessor
Signature	Signature	Signature
Printed Name	Printed Name	Printed Name
Assessor	Assessor	Assessor
Signature	Signature	Signature
Printed Name	Printed Name	Printed Name



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10.0 ACKNOWLEDGEMENT BY THE ASSESSED ORGANISATION

- We acknowledge and agree with the content of the Assessment Report.
- We acknowledge the content of the Assessment Report and we disagree for the following reasons:

DATE:	
<i>(Use format of yyyy-mm-dd)</i>	
CBTL REPRESENTATIVE	NCB REPRESENTATIVE
Signature	Signature
Printed Name and Position	Printed Name



ANNEX 1A

Standards of the current accepted scope selected for this Re-assessment

Product Category	CBTL	Number Test Reports issued for the relevant standards in the last two years	Assessment Team acceptance	
			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"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Note: For the organisation's full scope please see the IECEE Website



ANNEX 1B
Initial Assessment/Scope extension Assessment Scope

Product Category	NCB :	CBTL	Number Test Reports issued for the relevant standards in the last two years	Assessment Team acceptance	
				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"/>
		☒		<input type="checkbox"/>	<input type="checkbox"/>
		☒		<input type="checkbox"/>	<input type="checkbox"/>



ANNEX 1C
Assessment Scope for Associated Satellite Laboratory

SATL:

Main Associated CBTL:

Product Category	Standards	N° of Test Reports completed	Tests not carried out by the Satellite but carried out by the Main CBTL		Assessment Team Acceptance		
			Clause of the Standard	Name of the test	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>



**ANNEX 1C
Assessment Scope for Specialized Facility**

SPTL :

Test	Reference Standard and standards	Clause of the Standard	Main associated CBTL's name	Compliant	Not Compliant
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Note: For non-compliant specialized test please explain in detail within a dedicated NCR



ANNEX 2

ORGANISATION CHART

(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 in this Annex. The Assessment Team shall not request the assessed organisation to draft a dedicated Organisation chart simply for the purpose of completing this Annex or clarifying the information provided in the body of this report.)



ANNEX 3

ACCREDITATION CERTIFICATE(S) RELEVANT TO THE CB SCHEME/CB-FCS



ANNEX 4

APPLICATION OF UNCERTAINTY OF MEASUREMENT CONCEPTS IN THE TESTING LABORATORY

1.1 Laboratory Procedure for Application of Uncertainty of Measurement

Does the CBTL have a documented operating procedure on application of uncertainty of measurement?

YES NO Document Title: _____ Document Number: _____

(Note: As a minimum, the CBTL's operating procedures require calculation and reporting of uncertainty of measurement, when required by the testing standard or the customer.)

1.2 Uncertainty of Measurement References in the Laboratory

Does the CBTL have access to the ISO/IEC GUM, Guide to Expression of Uncertainty in Measurement? YES NO

Does the CBTL have access to the IEC Guide, "Application of Uncertainty of Measurement to Conformity Assessment Activities in the Electrotechnical Sector?"

YES NO

1.3 Competency of Laboratory Staff in Uncertainty of Measurement Concepts

Do all the laboratory staff have knowledge of the basic concepts of uncertainty of measurement? YES NO

Can the Laboratory staff select instrumentation and make pass/fail decisions taking measurement uncertainty into account? YES NO

Are selected laboratory staff sufficiently expert in uncertainty of measurement to calculate measurement uncertainties associated with test equipment and testing performed?

YES Names of person(s): _____

NO

Were the training records of the select laboratory staff checked? YES 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?

YES NO

Subject Example 1:

Subject Example 2:

Subject Example 3:



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1.4 Laboratory Compliance with the Measurement Uncertainty Requirements

Does the CBTL comply with all the above Measurement Uncertainty Requirements?

YES

NO *(IF NO, NCR to be issued.)*



ANNEX 5

(The requirements apply to stability of laboratory power sources only. The requirements do not address short circuit current testing, abnormal testing, switching testing and the like that relate to source capacity.

The approved power source stability requirements apply to testing of products that are connected to ordinary branch circuits found in residences and businesses - for example 120 V, 15 and 20 A; 240 V, 15 A circuits in North America and 230 V, 10 and 15 A branch circuits in Europe.)

TESTING LABORATORY POWER SUPPLY CAPABILITIES

1.1 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?

YES NO

1.2 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:

- Voltage stability: +/- 3 percent maximum
- Frequency stability: +/- 2 percent maximum
- Total harmonic distortion: maximum 5 percent

The laboratory power supplies meet additional specific criteria required by the test standard?

YES NO Not Applicable

IEC Standard Numbers/Titles and Clauses:

1.3 Electrical Power Supply Monitoring

- The laboratory has an operating procedure to monitor, control and record characteristics of the laboratory power supplies used for testing to ensure continued conformance with the requirements.

Title:

Document Number:

- The laboratory's operating procedures require monitoring of critical characteristics specified by the test standard (e.g. voltage) throughout the performance of the test.

(Note: The monitoring of PSD shall be made in accordance with the relevant CTL Operational Procedures)



“INDEPENDENCE AND IMPARTIALITY” INCLUDING “COMMERCIAL CONSULTANCY”

**This Annex to OD-CB 2005 (Annex 6) is to be used for Initial
Assessment only (CBTL).**

1.1 GENERAL OPERATING PROCEDURE

Does the 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

YES NO

Document Title:

Document Number:

1.2 REFERENCE DOCUMENT

Does the Body have access to ISO/IEC Guide 65:1996 and in particular Sub-clause 4.2, “Organization?” YES NO

Does the Body have access to ISO/IEC 17025:2005 and in particular Sub-clause 4.1.4 (including Note 2, 4.1.5 B) and 4.1.5 d) ? YES NO



1.3 KNOWLEDGE, TRAINING AND DECISION MAKING

Does the Body's staff have knowledge of the basic concepts of independence and impartiality? YES NO

Were the training records of the Body's staff checked ? YES NO

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?
YES NO

Names of person(s):

Were examples of training programs of the Body's staff reviewed and found to be sufficient? YES NO

Does the Body's staff select and make pass/fail decisions taking the principles of independence and impartiality into account? YES NO

Are the Body's decisions based on objective evidence of conformity (or nonconformity) obtained by the Body's staff? YES NO

Are the Body's decisions influenced by other interests or parties? YES NO

1.4 DOCUMENTATION AND IMPLEMENTATION

Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure the independence and impartiality of all staff? YES NO

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? YES NO

(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? YES NO

1.5 MARKETING AND ADVERTISING MATERIALS

Do the Body's marketing materials give the impression that "commercial consultancy" activities are offered? YES NO



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If Yes, Please detail:

Is the Body linked to an organization that provides “commercial” consultancy services? YES NO

Is there a documented policy/procedure to ensure that there is an effective separation between all conformity assessment activities and consultancy services?

YES NO N/A

Do the Body's certification staff participate in “commercial consultancy”? YES NO

1.6 STAFF DECLARATIONS

Does the Body require all staff acting on its behalf to declare any potential conflict of interest? YES NO

1.7 COMPLIANCE

Does the Body comply with all the above independence and impartiality principles on an ongoing basis? YES NO

Note: If the answer is NO a Non-Conformity Report must be issued