

Factory Inspection Report

**WARNING:
THIS DOCUMENT IS ONLY VALID IF USED BY ECS MEMBERS
AND THEIR AUTHORISED AGENTS**

Approved by:	ECS General Meeting 8-9 April 2014	No. of pages: 19
Date of issue:	September 2014	
Supersedes:	PD CIG 023 – May 2009	Page 1 of 19

NOTE:

Front pages to be excluded from page numbering!

This document contains:

- two cover pages (excluded from page numbering)
- a report form
- Inspector's Findings page
- Inspector's Information page
- TEST DATA SHEET – Product Verification Test
- TEST DATA SHEET – Routine Tests
- IDENTIFICATION OF SELECTED SAMPLE

FACTORY INSPECTION REPORT

Inspection carried out by (Name of Inspection Body):		VDE
Reference number of the Body carrying out the inspection:		30024632
<i>For page control, please write this number in the header of each page (including the attachments).</i>		
GENERAL GUIDANCE		
<ul style="list-style-type: none"> - <i>The questions of this factory inspection report are based on the requirements given in Permanent Document CIG 021.</i> - <i>Guidance for the Inspector is given in Permanent Document CIG 024.</i> - <i>Both documents, PD CIG 021 and PD CIG 024 shall be taken into account during inspection.</i> - <i>Instructions to the Inspector are shown in italics.</i> - <i>The report shall be completed even if there is no production at the time of the visit.</i> - <i>For all 'NO' answers details shall be provided on the Inspector's Findings page.</i> - <i>For all 'N/A' answers rationale shall be provided as to why the item is not applicable.</i> - <i>Details should be given on Inspector's Information page.</i> - <i>This report as well as objective evidences attached to this report shall be written at least in English.</i> 		
1 GENERAL INFORMATION		
1.1 Manufacturer's registered name and factory location		
Manufacturer's registered name:	WENZHOU YINGRUN ELECTRICAL CO., LTD 温州市营润电气有限公司	
Street and No.:	NO.57 XILONG ROAD, LIUSHI 柳市西龙路 57 号	
Postal code:	325604	
City:	WENZHOU 温州	
Province:	ZHEJIANG 浙江	
Country:	P.R.CHINA 中华人民共和国	
GPS-coordinates (optional):	N: 28°4.609' E: 120°55.077'	
1.2 Manufacturer's representative name and contact data		
Manufacturer's representative name:	Mr XIANGUO LIU 刘贤国	
Position:	GENERAL MANAGER	
Telephone:	Country Code: 0086 City Code: 577 Phone: 61778268 MP: 13806603595	
Fax:	Country Code: 0086 City Code: 577 Phone: 61778537	
E-Mail:	847258022@qq.com	

1.3 The names and position held of the main persons involved in the inspection				
<input type="checkbox"/> same as mentioned under 1.2				
<i>If not the same as mentioned under 1.2, please give details.</i>				
Name:	Ms MAVIS LEE 李英燕			
Position:	FOREIGN TRADE MANAGER 外贸部经理			
Telephone:	Country Code: 0086 City Code: 577		Phone: 61727575;Mp:13588960600	
Fax:	Country Code: 0086 City Code: 577		Phone: 61723367	
E-Mail:	sales@kinghom-solar.com			
1.4 <input type="checkbox"/> Pre-Licence <input type="checkbox"/> Routine <input type="checkbox"/> ENEC <input type="checkbox"/> HAR <input type="checkbox"/> EMC <input checked="" type="checkbox"/> Others: Voluntary				
1.5 <u>Pre-Licence only:</u> Is the information given in the Questionnaire CIG 022 Sections B.1 and B.2 (or provided in another format) accurate and complete? YES <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> <i>If 'NO', amend the Questionnaire as appropriate and attach a copy to this report.</i>				
1.6 Inspection Details:				
Certification Body requesting inspection	Inspection X of Y	File Reference No.	Product Category	Type of Product
VDE	1 of 1	Factory No.: 30024632 Order No.: 5202699	1520INST	Switching Box
Actual found the product was switching Box of socket, and according to contact person, they only produce the switch box enclosure not included the electrical part for this client, Electrical part was assembly by client , So inspector conduct the inspector based on IEC60884-1				
1.7 Name of Inspector: Mr. Edwin TONG IIHANTON			Date of inspection: 2018-01-24 (YYYY-MM-DD)	

2	Verification of purchased components and materials which have a safety implication on the certified product (Incoming Inspection)			
2.1	Are materials, components and sub-assemblies verified by the Manufacturer as complying with appropriate specification?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.2	Does this verification also include the verification of the Certification Marks? NOTE: <i>There shall be instructions as to which Certification Marks have to appear on the components/products in order to accept them.</i>	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Raw materials do not bear certification marks.				
Description of the procedure (one or more boxes may be ticked)				
<input type="checkbox"/> Rely on suppliers' out-going inspection <input type="checkbox"/> Audit conducted at the suppliers' premises <input type="checkbox"/> Supplier control based on Manufacturer's check list <input type="checkbox"/> Conduct own incoming inspection <input checked="" type="checkbox"/> Identification check <input checked="" type="checkbox"/> Checked for correct type <input type="checkbox"/> Comparison to a reference <input checked="" type="checkbox"/> Rating <input type="checkbox"/> Certification mark <input checked="" type="checkbox"/> Certificate of conformity <input type="checkbox"/> Others (provide details): <input type="checkbox"/> Details given on Inspector's Information page				
Description of the procedure or ref. of documented procedure & revision or issue date:				
<input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
File No.: QP/YR-7.4A-2015,issue date 2015-08-01. File No.: QP/YR-9.2A-2015,issue date 2015-08-01				
2.3	If the Manufacturer relies on Certificates of Conformity, do they clearly identify the product, quantity of items covered, the specification to which the products conform, the production date and are they properly issued?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.4	Is there a procedure covering the way to handle non-conforming components and materials?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date:				
<input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
File No.: QP/YR-8.3A-2015,issue date 2015-08-01				
2.5	Is the procedure and the way in which it is applied satisfactory? (e.g.: components and materials clearly identified and/or segregated to prevent unauthorised use?)	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.6	Are records of the incoming inspection maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
According to contact person, the product had not Lot produce, so no new incoming record was found on site				

2.7	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
According to contact person, the product had not Lot produce, so no new incoming record was found on site				
3 Production Control, Monitoring and Routine Tests				
3.1	Are the Quality Assurance and manufacturing Personnel adequately briefed on their duties?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.2	Do they have readily available up-to-date documents, manufacturing and test instructions, photographs, drawings or samples on all those parts which have an impact on the safety of the finished products?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.3	Is there evidence that the production process ensures that the final product is identical to the certified version as described in clause 15?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.4	Is there a procedure to ensure that all products will be tested or inspected according to the Manufacturer's requirements?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
File No.: QP/YR-9.1A-2015, issue date 2015-08-01				
3.5	Is the production process controlled at appropriate stages?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.6	Are products examined at appropriate stages of manufacture (Production Line Inspection)?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>NOTE: Give details of all tests and inspections performed by the Manufacturer and enter in the routine test table on the TEST DATA SHEET</p> </div>				
3.7	Do the Routine Tests entered on the TEST DATA SHEET sufficiently cover all the Certification Bodies' requirements?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.8	Is there a procedure covering the way to handle non-conforming products?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
File No.: QP/YR-8.3A-2015, issue date 2015-08-01				
Procedure of handling non-conforming products (one or more boxes may be ticked)				
<input type="checkbox"/> Automated segregation process <input checked="" type="checkbox"/> Manual segregation process <input checked="" type="checkbox"/> Non-conforming products are destroyed <input type="checkbox"/> Non-conforming products are repaired <input type="checkbox"/> Others (provide details): <input type="checkbox"/> Details given on Inspector's Information page				

<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i>				
<input type="checkbox"/> Details given on Inspector's Information page.				
<input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
3.9	Is the procedure and the way in which it is applied satisfactory? (e.g. non-conforming products clearly identified or segregated to prevent unauthorised use?)	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.10	Are repaired and reworked (corrected) items again subjected to appropriate tests/examinations in accordance with procedures?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i>				
<input type="checkbox"/> Details given on Inspector's Information page.				
<input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
File No.: QP/YR-8.3A-2015,issue date 2015-08-01				
3.11	Are test records of the routine tests maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
According to contact person, the product had not Lot produce, so no new record was found on site				
3.12	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
According to contact person, the product had not Lot produce, so no new record was found on site				
4 Functional Check of Test and Measuring Equipment used for Safety Tests				
4.1	Is there evidence that the functional check of the equipment is conducted properly, even if certified products were not in production?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
According to contact person, They only produce the switch box enclosure not included the electrical part for this client, Electrical part was assembly by client				
4.2	Is there a procedure describing how the functional checks shall be conducted? <input type="checkbox"/> Automated process <input checked="" type="checkbox"/> Manual process	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i>				
<input type="checkbox"/> Details given on Inspector's Information page.				
<input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
4.3	Is a functional check conducted with intervals which will allow previous production to be retested if incorrect functioning is detected before it leaves the factory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.4	Is the proper function of the test equipment verified with a simulated failure (dummy) or by other equivalent means? <input type="checkbox"/> Simulated failure (dummy) <input type="checkbox"/> Test procedure according to the equipment manual <input type="checkbox"/> Internal self-test; test program included in equipment certification <input type="checkbox"/> Internal self-test; verified by the Inspector <input type="checkbox"/> Others (<i>provide details</i>):	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

4.5	Is there evidence that the simulated failure represents the tripping limits as required?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<p>NOTE: Except for spark testers in cable production.</p>				
4.6	Is there a procedure requiring appropriate actions to be taken by the operator if a functional check is found to be unsatisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<p>Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:</p>				
4.7	Is this procedure appropriate to ensure that improperly checked products are re-tested?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.8	Are subsequent corrective actions taken recorded in all cases?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.9	Are the test records of results of functioning checks of test and measuring equipment maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.10	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
5 Products seen in Production during visit				
<p>Identify type number and any certification mark that appeared on products seen in production at the time of the visit. If no certified products were seen, indicate what kinds of products were manufactured at the time of visit. The manufacturing process shall nevertheless be examined. At least one kind of product per product category and electrical insulation class shall be listed. <input checked="" type="checkbox"/> No production <input type="checkbox"/> Production seen for the following product: Kind of product: Product category: Insulation Class: Type number: Certification Marks: Complete TEST DATA SHEET for each kind of product per product category and electrical insulation class even if there is no production.</p>				
1520INST: English waterproof installation socket 250V 13A with CE mark was production during this visit.				
6 Calibration/Verification of Safety Test and Measuring Equipment				
6.1	Is test and measuring equipment used calibrated or verified?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
The dial calliper was not calibration during this visit.				

<i>(one or more boxes may be ticked)</i>			
<input type="checkbox"/>	Verification done by the Manufacturer by means of calibrated reference equipment		
<input type="checkbox"/>	Calibration done by:		
<input type="checkbox"/>	Laboratory accredited according to ISO/IEC 17025		
<input type="checkbox"/>	Test equipment Manufacturer/Supplier		
<input type="checkbox"/>	National metrology institute		
<input type="checkbox"/>	Other <i>(provide details)</i> :		
<i>Provide details for at least one electrical measuring equipment:</i>			
Kind of equipment:			
Type reference:			
Calibration reference number:			
Date of last calibration:			
Calibration due date:			
6.2	Is reference equipment (used for verification) calibrated?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
			NO <input checked="" type="checkbox"/>
<i>(one or more boxes may be ticked)</i>			
Calibration of reference equipment done by:			
<input type="checkbox"/>	Laboratory accredited according to ISO/IEC 17025		
<input type="checkbox"/>	Test equipment Manufacturer/Supplier		
<input type="checkbox"/>	National metrology institute		
<input type="checkbox"/>	Other <i>(provide details)</i> :		
6.3	Is the equipment provided with a label or similar indicating the next 'calibration due' date or another method ensuring the valid calibration/verification status?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
			NO <input checked="" type="checkbox"/>
6.4	Do the calibration/verification records indicate that calibration is traceable to national/international standards of measurement?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
			NO <input checked="" type="checkbox"/>
6.5	Are the records for calibration/verification of test and measuring equipment maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
			NO <input checked="" type="checkbox"/>
6.6	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input type="checkbox"/>
			NO <input checked="" type="checkbox"/>
7	Handling and Storage		
7.1	Are the components and materials to be used for production stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
			NO <input type="checkbox"/>
7.2	Are the finished products stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
			NO <input type="checkbox"/>

8 Product Verification Tests / Periodic Tests (PVT)				
8.1	Are <u>required</u> PVT conducted?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<i>(one or more boxes may be ticked)</i>				
<input checked="" type="checkbox"/> NO PVT required, all questions of this section shall be marked with 'N/A'				
<input type="checkbox"/> PVT conducted at the factory location				
<input type="checkbox"/> PVT conducted at an external laboratory owned by the Manufacturer				
<input type="checkbox"/> PVT conducted at an external laboratory owned by the Licence Holder				
<input type="checkbox"/> PVT conducted by independent external laboratory				
<input type="checkbox"/> PVT conducted by certification body's laboratory				
<input type="checkbox"/> Others <i>(provide details)</i> :				
<input type="checkbox"/> Details given on Inspector's Information page				
<input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
NOTE: <i>Describe which tests (required by the Certification Body/certification scheme) are conducted and at what sampling rate on TEST DATA SHEET – Product Verification Tests</i>				
8.2	Are the tests conducted in accordance with procedures?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i>				
<input type="checkbox"/> Details given on Inspector's Information page.				
<input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
8.3	Is appropriate equipment that is required for conducting tests available?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
8.4	Are the tests described in TEST DATA SHEET – Product Verification Tests in compliance with the requirements of the Certification Schemes and/or the requesting Certification Body?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
8.5	Is there a procedure requiring actions to be taken if PVT are found to be unsatisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i>				
<input type="checkbox"/> Details given on Inspector's Information page.				
<input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
8.6	Are the records of product verification tests maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
8.7	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
9 Void				

10 Corrective actions in response to Inspector's evaluation				
If there were any unsatisfactory findings entered in the previous inspection report, have these been corrected?		YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
NOTE: <i>If the Inspection Report is not available, tick 'N/A' and give details.</i>				
Pre-license inspection without pre-finding				
Provide details of each unsatisfactory finding and how each has been resolved.				
11 Quality Management System				
<i>If the Manufacturer has a Quality Management System certified or assessed by an accredited Body, provide details of QMS standard, scope, name of certification body and certificate expiry date or provide copy of the certificate.</i>				
<input checked="" type="checkbox"/> Quality Management System NOT certified <input type="checkbox"/> Quality Management System certified by an accredited Body <input type="checkbox"/> Quality Management System certified by a non-accredited Body <input type="checkbox"/> Copy of the certificate provided as appendix to this report				
Details of QMS standard: Does the scope covers the production of the certified product: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name of certification body:		Certificate no.:		
Certificate issued date:		Certificate expiry date:		
12 Manufacturer's self-assessment of the manufacturing and control process of certified products (Former: Audits of the Quality System)				
12.1 Does the Manufacturer regularly check that all procedures as required by the Certification Body(is) and the harmonised inspection scheme (CIG 021) are followed?		YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
File No.: QP/YR-8.2.2A-2015,issue date 2015-08-01				
12.2 Are records regarding results and actions taken available?		YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
NOTE: <i>The use of CIG 023 to document the results of the self-assessment is acceptable.</i>				
12.3 Are the personnel carrying out above required checks appropriately trained and independent of the process being assessed?		YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
12.4 If there were any unsatisfactory findings identified from the Manufacturer's self-assessment of the manufacturing and control process of certified products, have these been corrected?		YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
13 Void				

14 Technical Complaints			
<i>The Manufacturer shall record any technical complaint regarding the certified product. The questions in this section shall be answered even if no customer complaints have been received. In this case the questions shall be applied to the process.</i>			
14.1	Is there a procedure regarding how to handle customer complaints?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i>			
<input type="checkbox"/> Details given on Inspector's Information page.			
<input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:			
File No.: QP/YR-7.2A-2015,issue date 2015-08-01			
14.2	Are the received complaints reviewed on a regular basis regarding whether they are related to single errors or system errors?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Actual case checked	<input checked="" type="checkbox"/>	Procedure checked
14.3	Are corrective actions and decisions regarding customer complaints recorded?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Actual case checked	<input checked="" type="checkbox"/>	Procedure checked
14.4	Is the originator of the complaint informed about the handling and the result of the complaint?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Actual case checked	<input checked="" type="checkbox"/>	Procedure checked
14.5	Are the records of customer complaints maintained and satisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
14.6	Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
15 Certified Products and Changes to Certified Products			
15.1	Is reference about the certified version available?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
<i>(one or more boxes may be ticked)</i>			
<input checked="" type="checkbox"/>	Set of drawings	<input checked="" type="checkbox"/>	Parts list
<input checked="" type="checkbox"/>	Reference sample	<input checked="" type="checkbox"/>	Photo-documentation
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Product description
<input type="checkbox"/>		<input type="checkbox"/>	Other specification <i>(provide details):</i>
<input type="checkbox"/>	Details given on Inspector's Information page		
15.2	Is this reference under control of the Licence Holder?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	

15.3	Is there a procedure ensuring that no changes to the construction of certified products will be implemented prior to acceptance by the Licence Holder?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
File No.: QP/YR-9.0A-2015,issue date 2015-08-01				
15.4	If the Manufacturer is also the Licence Holder: Is there a procedure ensuring that constructional changes of the certified product will be made only after approval by the Certification Body?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
File No.: QP/YR-9.0A-2015,issue date 2015-08-01				
15.5.1	Have changes been made to the certified product since last inspection?			
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	- If 'YES', answer the question below. - If 'NO', tick 'N/A' below.			
15.5.2	Have these changes been made with the authorisation of the Licence Holder?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Pre-license inspection without production				
16	Selection and Shipping of Re-Examination Sample(s)			
Regarding samples requested by the Certification Body(ies) please refer to the table IDENTIFICATION OF SELECTED SAMPLES and enter details as appropriate.				
16.1	If selection of samples for re-examination is required, have the required samples been selected?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
The reasons why no samples were selected during the inspection: (one or more boxes may be ticked) <input type="checkbox"/> None required by the certification body: <input checked="" type="checkbox"/> No production, no stock: <input type="checkbox"/> Build to clients' order <input type="checkbox"/> No access to warehouse <input type="checkbox"/> Warehouse not at Manufacturer's location <input type="checkbox"/> Manufacturer has been instructed to send re-examination samples: <input type="checkbox"/> Others (provide details): <input type="checkbox"/> Details given on Inspector's Information page <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				

16.2 If the selected sample(s) do not bear the Certification Mark then provide the reason for selection in the table IDENTIFICATION OF SELECTED SAMPLES.

(one or more boxes may be ticked)

- Type reference is mentioned on the certification bodies certification list
- Mark is applied on the package, catalogue or by other means
- Special sample selection order
- Others *(provide details)*
- Details given on Inspector's Information page
- Objective evidence is provided as an attachment to this Factory Inspection Report.
Please refer to attachment no.:

17 Inspector's Evaluation			
17.1 List your findings on the Inspector's Findings page by referencing the applicable clauses in this report (including comments, recommendations, etc.) and explain them to the Manufacturer. If possible, indicate also the corrective actions the Manufacturer intends to take.			
17.2 Give your recommendations by ticking the appropriate box.			
1	No unsatisfactory findings	Grant or continue certification.	<input type="checkbox"/>
2	Minor unsatisfactory finding(s)	Manufacturer's corrective action(s) will be checked at next visit. Grant or continue certification.	<input checked="" type="checkbox"/>
3	Major unsatisfactory finding(s) Safety not directly affected	Manufacturer shall confirm corrective action(s). Grant or continue certification. Special or early routine inspection recommended for checking corrective action(s).	<input type="checkbox"/>
4	Critical unsatisfactory finding(s) Safety directly affected	Certification refused/suspended and repeated factory inspection recommended after the Manufacturer has confirmed implementation of corrective action(s).	<input type="checkbox"/>
17.3 Attachments: <i>For page control, write the reference number in the header of each attachment page.</i>			
<input type="checkbox"/> PD CIG 023 Appendix 1 – Signature page		No. of pages:	
<input type="checkbox"/> PD CIG 023 Appendix 2 – ENEC Appendix		No. of pages:	
<input type="checkbox"/> Copy of Quality Management Certificate		No. of pages:	
<input type="checkbox"/> Others		No. of pages:	
Total no. of pages of this report including all attachment pages: (Front pages to be excluded from page numbering!)			
A copy of this report shall be provided to the undersigned contact person who should be aware of the contents and sign for its receipt.			
<input type="checkbox"/> Printed copy provided		<input checked="" type="checkbox"/> Electronic copy provided	
Content of this report including findings as documented on Inspector's Findings page (if any) have been explained by the Inspector to the Manufacturer's contact person.			
Inspection duration: hours			
The responsibility for ensuring that a product is manufactured in accordance with the standard to which it was originally approved rests with the Licence Holder.			
Date:		Date:	
Inspector's name (printed letters):		Contact person's name (printed letters):	
Signature:		Signature:	
<input checked="" type="checkbox"/> For signatures see attached signature page.			

Inspector's Information page

Related clause number of this report:	<i>Use separate Supplementary Page for different Certification Bodies if necessary.</i>
1.1	Actual found the injection workshop was location in other place and the GPS was “N: 28°4.992' E: 120°55.457'” and the distance between the injection workshop and the factory place about 2km.
1.6	Actual found the product was switching Box of socket, and according to contact person, they only produce the switch box enclosure not included the electrical part for this client, Electrical part was assembly by client , So inspector conduct the inspector based on IEC60884-1
2.6,2.7,3.1 1,3.12	According to contact person, the product had not Lot produce, so no new record was found on site

TEST DATA SHEET – Product Verification Tests / Periodic Tests (PVT)

NOTE:
CB stands for Certification Body or Certification Scheme

CB	Product, Sampling Rate, Standards Clause or Test-Parameters, Results
VDE	No electrical part No requirement in PM375E(2016-05-09)

TEST DATA SHEET – Routine Tests

<input checked="" type="checkbox"/> No production	
<input type="checkbox"/> Production seen	Certification mark: No Mark
Product Category: 1520 INST	Kind of product: switching Box enclosure
Type number: 436_PLQ_CON_MEMBRANA	Electrical Insulation Class:
Rated voltage: No electrical parameter	CB Routine Test Requirement: PM375E(2016-05-09)

TESTS	% check	Test value applied	Time	Factory limits applied:	Failure indicated by	Remarks	W
							R
a Visual check	100				By Operator	workmanship	R
Based on 436_PLQ_CON_MEMBRANA 2017-12-12							

e Indicate method used (hot/cold, at mains voltage, low voltage resistance check, etc.).

f Are all controls and components checked during the test?

W = Test witnessed by the Inspector; R = according to records

IDENTIFICATION OF SELECTED SAMPLES				at Manufacturer: 30024632		Date: 2018-01-24	
Selected for	Label No.	Quantity	Product/Type/Technical data	Licence No.	Production period	Code letters	
	Pre-licence inspection without production					<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A	

Code letters:

P = Sample from Production

S = Stock

F = Forwarded by the Manufacturer

T = Transported to the Certification Body by the Inspector

A = Shipped by the Inspection Agency

Attachment: Factory Gate



28°4.609'正北 120°55.077'正东

Reference number of the body carrying out the inspection: 30024632-2018-01-24

Attachment: injection workshop



纬度 经度
28°4.992'正北 120°55.457'正东

Attachment : Direction to factory



5楼车间

4楼成品仓库

3楼办公室库

2楼办公室库

1楼进料

Attachment: injection workshop plan



友谊路77号

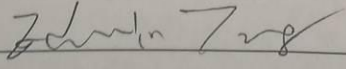
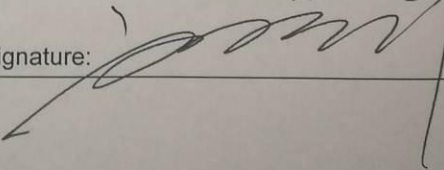
注塑车间

Attachment: Signature Page

Reference number of the body carrying out the inspection:

APPENDIX 1 TO PD CIG 023 FACTORY INSPECTION REPORT

Signature Page

17 Inspector's Evaluation			
17.1 List your findings on the Inspector's Findings page by referencing the applicable clauses in this report (including comments, recommendations, etc.) and explain them to the Manufacturer. If possible, indicate also the corrective actions the Manufacturer intends to take.			
17.2 Give your recommendations by ticking the appropriate box.			
1	No unsatisfactory findings	Grant or continue certification.	<input type="checkbox"/>
2	Minor unsatisfactory finding(s)	Manufacturer's corrective action(s) will be checked at next visit. Grant or continue certification.	<input checked="" type="checkbox"/>
3	Major unsatisfactory finding(s) Safety not directly affected	Manufacturer shall confirm corrective action(s). Grant or continue certification. Special or early routine inspection recommended for checking corrective action(s).	<input type="checkbox"/>
4	Critical unsatisfactory finding(s) Safety directly affected	Certification refused/suspended and repeated factory inspection recommended after the Manufacturer has confirmed implementation of corrective action(s).	<input type="checkbox"/>
17.3 Attachments: For page control, write the reference number in the header of each attachment page.			
<input type="checkbox"/> PD CIG 023 Appendix 1 – Signature page		No. of pages: 1	
<input type="checkbox"/> PD CIG 023 Appendix 2 – ENEC Appendix		No. of pages: 0	
<input type="checkbox"/> Copy of Quality Management Certificate		No. of pages: 0	
<input type="checkbox"/> Others		No. of pages: 4	
Total no. of pages of this report including all attachment pages: (Front pages to be excluded from page numbering!)			
A copy of this report shall be provided to the undersigned contact person who should be aware of the contents and sign for its receipt.			
<input type="checkbox"/> Printed copy provided		<input checked="" type="checkbox"/> Electronic copy provided	
Content of this report including findings as documented on Inspector's Findings page (if any) have been explained by the Inspector to the Manufacturer's contact person.			
Inspection duration: 6 hours			
The responsibility for ensuring that a product is manufactured in accordance with the standard to which it was originally approved rests with the Licence Holder.			
Date: 2018-01-24	Date: 2018-01-24		
Inspector's name (printed letters): Mr. Edwin Tsang	Contact person's name (printed letters): Mr. Xianzuo Liu		
Signature: 	Signature: 		

	PERMANENT DOCUMENT	CIG 022 Section B.1
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Pre-Licence Factory Inspection Questionnaire

TO BE COMPLETED BY THE LICENCE HOLDER

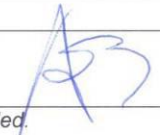
WARNING:
THIS DOCUMENT IS ONLY VALID IF USED BY ECS MEMBERS
AND THEIR AUTHORISED AGENTS

COVER PAGE EXCLUDED FROM PAGE NUMBERING

Approved by:	ECS General Meeting 8-9 April 2014	No. of pages: 2
Date of issue:	September 2014	
Supersedes:	PD CIG 022 – May 2009	Page 1 of 2

PD CIG 022 SECTION B.1

Questionnaire to be completed by the Licence Holder

B.1.1 Licence Holder's name and address:	
Licence Holder's name:	VIVION S.A.
Street and No.:	Ejido 1690PB
Postal Code:	11200
City:	Montevideo
Province:	Montevideo
Country:	Uruguay
Telephone:	Country Code: 598 City Code: 2 Phone: 9030314
Fax:	Country Code: City Code: Phone:
E-Mail:	abardier@vivionelectric.com
Licence Holder's representative name and contact data:	
Name:	Andrés Bardier
Function:	Quality Chief
Telephone:	Country Code: 598 City Code: 2 Phone: 9030314
Fax:	Country Code: City Code: Phone:
E-Mail:	abardier@vivionelectric.com
B.1.2 Category(ies), brand(s) and type designation(s) of the products for which the Certification Mark has been requested:	
PVC trunking	
B.1.3 Which Certification Mark is requested according to which standards? <i>Please specify the requested type-approval procedure (CCA, CB or National).</i>	
voluntary factory audit	
B.1.4 Control of Production	
The following questions need only to be answered if the Licence Holder is not the manufacturing site:	
1) Are you the owner of the product design?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
2) Are you keeping control of design modifications?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3) Do you control the quality system of the manufacturing site?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
4) Does your contract with the manufacturing site cover questions 1, 2, and 3?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Please describe briefly how the contract covers these questions or provide a copy: The contract covers product specifications, the IEC standard the product must comply, to do preshipment inspections for every order and the sampling method for inspection	
B.1.5 Signed for the Licence Holder:	
Name and Function: Andrés Bardier, Quality Chief	
Place and Date: 2017/11/28	Signature: 

Note: The signatory to this form declares the accuracy of the information provided.

Pre-Licence Factory Inspection Questionnaire

TO BE COMPLETED BY THE MANUFACTURER

**WARNING:
THIS DOCUMENT IS ONLY VALID IF USED BY ECS MEMBERS
AND THEIR AUTHORISED AGENTS**

COVER PAGE EXCLUDED FROM PAGE NUMBERING

Approved by:	ECS General Meeting 8-9 April 2014	No. of pages: 3
Date of issue:	September 2014	
Supersedes:	PD CIG 022 – May 2009	Page 1 of 3

PD CIG 022 SECTION B.2

Questionnaire to be completed by the Manufacturer

B.2.1 Manufacturer's registered name and factory address:	
Manufacturer's name:	WENZHOU YINGRUN ELECTRICAL CO., LTD
Street and No.:	NO.57 XILONG ROAD, LIUSHI
Postal Code:	325604
City:	WENZHOU
Province:	ZHEJIANG
Country:	CHINA
GPS-coordinates (optional)	N: E:
Directions for reaching the factory (nearest railway station, airport): <i>Attach photocopy of local map (if possible).</i>	YUEQING STATION or WENZHOU YONGQIANG AIRPORT
B.2.2 Data of the contact persons located in the factory and the management representative responsible for product certification:	
Name of the contact person:	XIANGUO LIU (刘贤国)
Function:	GENERAL MANAGER
Telephone:	Country Code: 86 City Code: 577 Phone: 13806603595
Fax:	Country Code: 86 City Code: 577 Phone: 61778537
E-Mail:	847258022@qq.com
Name of the deputy contact person:	MAVIS LEE
Function:	FOREIGN TRADE MANAGER
Telephone:	Country Code: 86 City Code: 577 Phone: 61727575
Fax:	Country Code: 86 City Code: 577 Phone: 61723367
E-Mail:	sales@kinghom-solar.com
Name of the management representative:	XIANGUO LIU (刘贤国)
Function:	GENERAL MANAGER
Telephone:	Country Code: 86 City Code: 577 Phone: 13806603595
Fax:	Country Code: 86 City Code: 577 Phone: 61778537
E-Mail:	847258022@qq.com
B.2.3 Manufacturer's head office address and contact data (if different from B.2.1):	
Street and No.:	No.75 XINGUANG ROAD, LIUSHI
Postal Code:	325604
City:	WENZHOU
Province:	ZHEJIANG
Country:	CHINA
Telephone:	Country Code: 86 City Code: 577 Phone: 61775167
Fax:	Country Code: 86 City Code: 577 Phone: 61778537
E-Mail:	847258022@qq.com

Note: Management representative may be located outside the factory, e.g. at the head office.

B.2.4	Total number of employees in the factory:	120
	Number of employees engage in the production of certified products:	40
B.2.5	Specify which safety critical components are purchased from outside suppliers <i>(such as switches, lamp holders, cord-sets, motors, transformers, sub-assemblies or parts of components such as contacts, etc.)?</i>	
	Bolts, screws and spring.	
B.2.6	Describe in detail and make reference to documentation <i>(copies may be attached)</i> , routine tests and inspections performed in receiving, in-process and final inspection and testing in order to ensure conformity of the end product with the applicable standards.	
	1. Incoming inspection: We check the quantity and weight then put in stock and do records. 2. In-process quality control: Before the next process, make sure the previous stage is correct 3. Routine inspection: The production manager will check the products at random 4. Final inspection: We choose some products to inspect and test. (See attached report)	
B.2.7	Which Certification Marks are already granted by other Certification Bodies for this product category?	
	CE	
B.2.8	Has the manufacturer's quality system been assessed and certified? <i>Please give details.</i>	
	NO	
B.2.9	We agree that the Inspector representing the Certification Body may enter all locations of the manufacturing process including receiving inspections which are essential for conformity of the complete product with the relevant standards, during normal working hours, after having contacted the contact person or the deputy contact person.	
B.2.10	Signed for the Manufacturer:	
	Name and Function: XIANGUO LIU / GENERAL MANAGER	
	Place and Date: WENZHOU / 2017-12-14	Signature:

Note: The signatory to this form declares the accuracy of the information provided.