

QUALIFYING INSPECTION REPORT

Inspection Date: _____
 Inspection Agency Name: _____ Inspector's Name: _____
 Email: _____ Phone: _____

Listee's Name: _____ Listing No.: _____
 Manufacturer's Name (if different from listee): _____
 Manufacturer's Contact Name: _____
 Manufacturer's Contact Phone: _____ Fax: _____ Email: _____
 Manufacturer's Address: _____
 City: _____ State: _____ Zip: _____
 Country: _____

Product Name & Description: _____

INSPECTION SUMMARY:

ALL SATISFACTORY.

OBSERVATION (ROOM FOR IMPROVEMENT).

NONCONFORMANCE(S) FOUND. CORRECTIVE ACTION PLAN IS REQUIRED WITHIN 30 DAYS OF THE DATE OF INSPECTION. NCR NO(S).: _____

WAS THE INSPECTION CONDUCTED REMOTELY? Yes* No

*If "yes," did technology used allow you to achieve your inspection objectives? Yes No**

**If no, please provide details. _____

Summary, or comments on findings:

Instructions: Check "Yes" if the required documentation exists and is effectively implemented. Check "No" if the documentation is lacking or the system is not implemented effectively. If the inspector writes "No" in any section of this report, an explanatory comment needs to be included. The inspector needs to have objective evidence that the manufacturer's quality assurance process ensures that product quality is consistent and acceptable. If the manufacturer is unable to provide to the inspector evidence of effective implementation of the quality system, corrective action must be requested.

SIGNATURES _____

MANUFACTURER'S REPRESENTATIVE **INSPECTOR**

FOR ICC-ES USE ONLY

Date of qualifying inspection: _____ Listing no(s): _____

Report Acceptable Follow-up required

Reviewer Signature/Name: _____ Date Reviewed: _____

QUALIFYING INSPECTION REPORT (cont.)

MANUFACTURER'S NAME/LOCATION: _____
 DATE OF QUALIFYING INSPECTION: _____ LISTING NO.: _____

	WHERE IN MANUFACTURER'S QUALITY SYSTEM DOCUMENTATION	EFFECTIVELY IMPLEMENTED?
1. Signature of authorized representative, and date If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
2. Manufacturing or final assembly location and contact information If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
3. Revision dates to show that the quality system documentation is reviewed periodically If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
4. Organizational information (organizational chart; duties and responsibilities of key personnel) If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
5. Packaging and storage, if critical to product performance If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
6. Complaints procedure and complaints records of listed products; records of actions taken addressing such complaints If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
7. Incoming materials (test procedures and/or the conditions of acceptance for incoming materials). Certification by supplier is permitted. If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
8. Final inspection (test procedures and/or the conditions of acceptance for final product before it is released for shipment carrying the ICC-ES listing mark) If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
9. Identification of test equipment used to determine whether products and materials meet minimum specifications If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
10. Calibrations (procedure for, and records showing, frequency of equipment calibration, and the means of determining the traceability of measurements to national standards) If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
11. Calibration: evidence that the calibration provider complies with ISO/IEC 17025 (e.g., accreditation of the calibration provider by an accreditation body that is asignatory to the Mutual Recognition Arrangement of the International Laboratory Accreditation Cooperation) If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no
12. Records retention (a minimum of two years records retention is required by ICC-ES) If no, comments:		<input type="checkbox"/> yes <input type="checkbox"/> no

SIGNATURES

MANUFACTURER'S REPRESENTATIVE

INSPECTOR

CORRECTIVE ACTION REQUEST NO. _____

Reference Section:	Quality Documentation (Doc No. and Date):
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Details of Inspection Findings

Requirement:
Findings:

CORRECTIVE ACTION REQUEST NO. _____

Reference Section:	Quality Documentation (Doc No. and Date):
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Details of Inspection Findings

Requirement:
Findings:

(Make additional copies, if needed)

Forms may also be submitted directly via email to espmg@icc-es.org