ICC EVALUATION SERVICE®

Please download the form to your computer before filling out and submitting.

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/Model No: _____

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:

Inspection Method and Procedure: Inspection of the manufacturer shall be conducted in accordance with the ICC-ES PMG Rules of Procedures for Product Listings. Inspector shall 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. When applicable, the inspector shall note any deviations from this inspection method and procedure in the Summary section.

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		☐ yes ☐ no
If no, comments:		
2. Manufacturing or final assembly location and contact information		☐ yes ☐ no
If no, comments:		
3. Revision dates to show that the quality system documentation is reviewed periodically		☐ yes ☐ no
If no, comments:		
4. Organizational information (organizational chart; duties and responsibilities of key personnel)		☐ yes ☐ no
If no, comments:		
5. Packaging and storage, if critical to product performance		☐ yes ☐ no
If no, comments:		
6. Complaints procedure and complaints records of listed products; records of actions taken addressing such complaints		☐ yes ☐ no
If no, comments:		
7. Incoming materials (test procedures and/or the conditions of acceptance for incoming materials). Certification by supplier is permitted.		☐ yes ☐ no
If no, comments:		
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)		☐ yes ☐ no
If no, comments:		
9. Identification of test equipment used to determine whether products and materials meet minimum specifications		☐ yes ☐ no
If no, comments:		
10. Calibrations (procedure for, and records showing, frequency of equipment calibration, and the means of determining the traceability of measurements to national standards)		☐ yes ☐ no
Equipment _____ **Calibration Expiration Date** _____ **Calibration Provider** _____ **If no, comments:**		
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)		☐ yes ☐ no
If no, comments:		
12. Records retention (a minimum of two years records retention is required by ICC-ES)		☐ yes ☐ no
If no, comments:		

SIGNATURES

_____ _____

MANUFACTURER'S REPRESENTATIVE **INSPECTOR**

CORRECTIVE ACTION REQUEST NO. _____

Reference Section:	Quality Documentation (Doc No. and Date):

Details of Inspection Findings

Requirement:
Findings:

CORRECTIVE ACTION REQUEST NO. _____

Reference Section:	Quality Documentation (Doc No. and Date):

Details of Inspection Findings

Requirement:
Findings:

(Make additional copies, if needed)

SUBMIT

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