

QUALIFYING INSPECTION REPORT

Date of qualifying inspection: _____ Name of Inspector: _____
 Company Name: _____ Listing no(s): _____
 Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Manufacturer's contact and title: _____
 Manufacturer's name: _____
 Manufacturer's Address: _____

Phone: _____ Fax: _____ E-mail: _____

Product 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): _____

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

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

(Make additional copies, if needed)