

## SURVEILLANCE INSPECTION REPORT

Inspection Date: \_\_\_\_\_ Previous Inspection Date: \_\_\_\_\_  
 Listee's Name: \_\_\_\_\_ Listing No.: \_\_\_\_\_  
 Manufacturer's Name (if different from listee): \_\_\_\_\_  
 Manufacturer's Contact Name: \_\_\_\_\_  
 Manufacturer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Manufacturer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 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.:** \_\_\_\_\_  
 **OTHER** (Products destroyed/released for sale; impoundment; recall required): \_\_\_\_\_

Summary or Comments on findings: \_\_\_\_\_

*Note: N/A = Not applicable; S = Satisfactory; U = Unsatisfactory. If the inspector writes "U" in any section of this report, an explanatory note is needed.*

**1. Review effectiveness of corrective action plan for nonconformances found during previous inspection**

N/A   S (Nonconformance is closed)  U (Follow-up required)

Note: \_\_\_\_\_

**2. Review ICC-ES Listing Mark in literature, on website and on listed products**

N/A  S  U

Note: \_\_\_\_\_

**3. Review markings found on listed products in accordance with the standard**

N/A  S  U

Note: \_\_\_\_\_

**4. Review complaint records on listed products**

N/A  S  U

Note: \_\_\_\_\_

**5. Review changes to the quality manual/procedures that may affect listed products**

N/A  S  U

Note: \_\_\_\_\_

**6. Review calibration records (attach additional sheets as needed)**

N/A  S  U

Note: \_\_\_\_\_

Equipment	Calibration Expiration Date	Traceability to a National Standard
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7. Select listed products at random for testing to ensure they are still complying with the applicable requirements:**

On-site witness testing (ensure that the equipment used is calibrated)  N/A  S  U

Product to be sent to laboratory (name/address): \_\_\_\_\_

Listed Model Number(s)	Test Criteria
_____	_____
_____	_____
_____	_____

The signature of the Contact acknowledges that (a) he/she witnessed the presence of the ICC-ES inspector whose signature appears below at this plant location on the day indicated; (b) he/she received a completed copy of this form; and (c) he/she will send a complete copy of this form to the responsible person in charge at this location if he/she is not the responsible person in charge.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Contact Signature) (ICC-ES Inspector)  
 Time In: \_\_\_\_\_ Out: \_\_\_\_\_ In: \_\_\_\_\_ Out: \_\_\_\_\_ OT Hours: \_\_\_\_\_

**FOR ICC-ES USE ONLY**

Report Acceptable  
 Follow-up required: \_\_\_\_\_  
  
 Reviewer Signature/Date Reviewed: \_\_\_\_\_

## TESTING INSTRUCTION FOR LABORATORY

Inspection Date: \_\_\_\_\_ Previous Inspection Date: \_\_\_\_\_

Listee's Name: \_\_\_\_\_ Listing No.: \_\_\_\_\_

Manufacturer's Name (if different from listee): \_\_\_\_\_

Manufacturer's Contact Name: \_\_\_\_\_

Manufacturer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Manufacturer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Product Description: \_\_\_\_\_

**Name of recognized/accredited laboratory:** \_\_\_\_\_

**Laboratory Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Listed Model Number(s)**
**Test Criteria**


***A copy of the test results shall be sent directly to ICC-ES business/regional office in Whittier, CA.***

Inspector, please make sure that the following are properly addressed:

- The laboratory has the appropriate scope of capabilities. If not, then find another laboratory.
- Obtain enough samples for testing using a means so that the selected samples cannot be substituted.
- Whenever possible, also obtain an equal number of samples from the same batch for backup using the same method above, and leave these samples with the manufacturer. The backup samples are to be used in case the original samples, being sent to the laboratory, get lost during shipping or in case there is a failure during testing by the laboratory and the listee wants to retest to confirm the results. The manufacturer can use the backup samples again once the laboratory has issued a test report based on the original selected samples.
- Attach only this page on the selected samples for testing with the name and address of the laboratory properly shown on the front for the purpose of shipping.
- The manufacturing date of the selected sample: \_\_\_\_\_
- There are no abnormalities observed on the selected samples. If yes, explain the type of abnormalities:  
\_\_\_\_\_

The selected samples are required to be sent by the manufacturer to a recognized laboratory within 72 hours of the selection date. If the manufacturer can not send the selected samples within the specified time, the manufacturer shall explain to ICC-ES in writing why there was a delay in sending the samples to the recognized laboratory. The costs associated with sending the selected sample(s) to the laboratory, and for testing of the selected sample(s) by a recognized laboratory, is the responsibility of the listee/manufacturer.

 \_\_\_\_\_  
 Inspector (Name/Signature)

 \_\_\_\_\_  
 Manufacturer Contact (Name/Signature)