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: _____ E-mail: _____
Manufacturer Address: _____
City: _____ State: _____ Zip: _____

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).:**

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		☐ 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
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 a signatory 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. ____

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

(Make additional copies, if needed)