

## SURVEILLANCE INSPECTION REPORT

Inspection Date: \_\_\_\_\_ Previous 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):** \_\_\_\_\_  
☐ **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 and the listing

☐ N/A    ☐ S    ☐ U

– For Canadian listings: Where required, is there dual-language (English/French) safety labeling on the product? (if No, corrective action is required)

☐ N/A    ☐ Yes    ☐ No

– For WaterSense listings: Is the product appropriately marked with the WaterSense label? (if No, corrective action is required)

☐ N/A    ☐ Yes    ☐ No

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) and evidence that the calibration provider conforms with ISO/IEC 17025 (e.g., is properly accredited)

☐ N/A    ☐ S    ☐ U

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

Equipment

Calibration Expiration Date

Traceability to a National Standard

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 7. Review of the certification report to assure correctness.

☐ N/A    ☐ S    ☐ U

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

#### 8. Assurance that the current version of the applicable standard or protocol is on site.

☐ N/A    ☐ S    ☐ U

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

#### 9. Review of records to assure that finished products are inspected and tested on regular basis.

☐ N/A    ☐ S    ☐ U

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

#### 10. Review and verification of raw material and components at the factory versus the list provided to ICC-ES to show compliance with NSF/ANSI 61.

☐ N/A    ☐ S    ☐ U

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

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 of 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: \_\_\_\_\_

## SAMPLING AND 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's Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Manufacturer's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Product Name & Description: \_\_\_\_\_

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

- ☐ Samples for testing and examination shall be selected in accordance with the specified relevant requirements. They shall be representative of the models to be listed and made using components and subassemblies identical to those used in production. Samples selected shall also be made from production tools and assembled using methods established for the production run.
- ☐ 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.
- ☐ On-site witness testing (ensure that the equipment used is calibrated)

☐ N/A ☐ S ☐ U

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

- ☐ The laboratory has the appropriate scope of capabilities. If not, then find another laboratory.
- ☐ Is the laboratory accredited by IAS or by an accreditation body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA) or otherwise recognized by ICC-ES?

Name of recognized/accredited laboratory: \_\_\_\_\_  
 Laboratory Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Laboratory Accredited by: \_\_\_\_\_

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

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

- ☐ Test reports must comply with ICC-ES Acceptance Criteria for Test Reports (AC85) and must clearly indicate models listed by ICC-ES and must show satisfactory compliance to the correct standard and the correct edition. [www.icc-es.org/criteria/pdf\\_files/ac85.pdf](http://www.icc-es.org/criteria/pdf_files/ac85.pdf).
- ☐ 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)

**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)