ICC EVALUATION SERVICE

Marketing Claim Verification Qualifying Inspection Report

Inspection Date:

Inspection Agency Name: **Inspector's Name:**

Email: **Phone:**

Report Holder's Name: **ESV Report No.:**

Manufacturer's Name (if different from Report Holder's Name):

Manufacturer's Contact Name:

Email: **Phone:** **Fax:**

Manufacturer's 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.:

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: _____

ICC EVALUATION SERVICE

MANUFACTURER'S NAME/LOCATION: _____

DATE OF QUALIFYING INSPECTION: _____ **ESV Report 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 ESV Report Number)		☐ 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

ICC EVALUATION SERVICE

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)