

**Pre-Licence Factory Inspection Questionnaire**  
TO BE COMPLETED BY THE LICENCE HOLDER

**WARNING:**  
THIS DOCUMENT IS ONLY VALID IF USED BY ECS MEMBERS  
AND THEIR AUTHORISED AGENTS

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Supersedes:	PD CIG 022 – May 2009	Page 1 of 2

## PD CIG 022 SECTION B.1

Questionnaire to be completed by the Licence Holder

<b>B.1.1 Licence Holder's name and address:</b>			
Licence Holder's name:			
Street and No.:			
Postal Code:			
City:			
Province:			
Country:			
Telephone:	Country Code:	City Code:	Phone:
Fax:	Country Code:	City Code:	Phone:
E-Mail:			
<b>Licence Holder's representative name and contact data:</b>			
Name:			
Function:			
Telephone:	Country Code:	City Code:	Phone:
Fax:	Country Code:	City Code:	Phone:
E-Mail:			
<b>B.1.2 Category(ies), brand(s) and type designation(s) of the products for which the Certification Mark has been requested:</b>			
<b>B.1.3 Which Certification Mark is requested according to which standards?</b> <i>Please specify the requested type-approval procedure (CCA, CB or National).</i>			
<b>B.1.4 Control of Production</b>			
The following questions need only to be answered if the Licence Holder is not the manufacturing site:			
1) Are you the owner of the product design?			<input type="checkbox"/> yes <input type="checkbox"/> no
2) Are you keeping control of design modifications?			<input type="checkbox"/> yes <input type="checkbox"/> no
3) Do you control the quality system of the manufacturing site?			<input type="checkbox"/> yes <input type="checkbox"/> no
4) Does your contract with the manufacturing site cover questions 1, 2, and 3?			<input type="checkbox"/> yes <input type="checkbox"/> no
Please describe briefly how the contract covers these questions or provide a copy:			
<b>B.1.5 Signed for the Licence Holder:</b>			
Name and Function:			
Place and Date:		Signature:	

**Note:** The signatory to this form declares the accuracy of the information provided.

**Pre-Licence Factory Inspection Questionnaire**  
TO BE COMPLETED BY THE MANUFACTURER

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## PD CIG 022 SECTION B.2

Questionnaire to be completed by the Manufacturer

<b>B.2.1 Manufacturer's registered name and factory address:</b>			
Manufacturer's name:			
Street and No.:			
Postal Code:			
City:			
Province:			
Country:			
GPS-coordinates (optional)	N:		
	E:		
Directions for reaching the factory (nearest railway station, airport): <i>Attach photocopy of local map (if possible).</i>			
<b>B.2.2 Data of the contact persons located in the factory and the management representative responsible for product certification:</b>			
Name of the contact person:			
Function:			
Telephone:	Country Code:	City Code:	Phone:
Fax:	Country Code:	City Code:	Phone:
E-Mail:			
Name of the deputy contact person:			
Function:			
Telephone:	Country Code:	City Code:	Phone:
Fax:	Country Code:	City Code:	Phone:
E-Mail:			
Name of the management representative:			
Function:			
Telephone:	Country Code:	City Code:	Phone:
Fax:	Country Code:	City Code:	Phone:
E-Mail:			
<b>B.2.3 Manufacturer's head office address and contact data (if different from B.2.1):</b>			
Street and No.:			
Postal Code:			
City:			
Province:			
Country:			
Telephone:	Country Code:	City Code:	Phone:
Fax:	Country Code:	City Code:	Phone:
E-Mail:			

**Note:** Management representative may be located outside the factory, e.g. at the head office.

<b>B.2.4 Total number of employees in the factory: Number of employees engage in the production of certified products:</b>	
<b>B.2.5 Specify which safety critical components are purchased from outside suppliers</b> <i>(such as switches, lamp holders, cord-sets, motors, transformers, sub-assemblies or parts of components such as contacts, etc.)?</i>	
<b>B.2.6 Describe in detail and make reference to documentation</b> <i>(copies may be attached), routine tests and inspections performed in receiving, in-process and final inspection and testing in order to ensure conformity of the end product with the applicable standards.</i>	
<b>B.2.7 Which Certification Marks are already granted by other Certification Bodies for this product category?</b>	
<b>B.2.8 Has the manufacturer's quality system been assessed and certified?</b> <i>Please give details.</i>	
<b>B.2.9 We agree that the Inspector representing the Certification Body may enter all locations of the manufacturing process including receiving inspections which are essential for conformity of the complete product with the relevant standards, during normal working hours, after having contacted the contact person or the deputy contact person.</b>	
<b>B.2.10 Signed for the Manufacturer:</b>	
Name and Function:	
Place and Date:	Signature:

**Note:** The signatory to this form declares the accuracy of the information provided.