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Date	Description of modification	Revision number
13/09/2018	Initial version	1
06/12/2023	Change of the note in section 1	2

1 General

This report is for use during the document control test at manufacturing sites for certificate holders using the “one off admission testing approach”.

Note: that this document is only a template that may be used or not. However, all the information shall be provided, whatever the format.

2 Certificate information

Date of inspection	yyyy-mm-dd
Name of inspector	Name, Surname
Type of inspection	<input type="checkbox"/> Follow-up <input type="checkbox"/> Initial (pre-licence) <input type="checkbox"/> Sample selection
Report No. and date of last inspection	No, yyyy-mm-dd
Holder of certificate(s) <i>(fill in company name and full address or make reference to “Issued to:” above)</i>	Name of manufacturer Street Postal code Town Country
Certificate No.	Product name
xxx000	yyy
Manufacturer’s registered name and factory location	Name of manufacturer Street Postal code Town Country
Names and positions of person(s) seen in the factory	Name, Surname, Position
Name and position of contact person	Name, Surname, Position
Number of non-conformities (see also 13)	No

Holder of OBL certificate(s) <i>(fill in company name and full address)</i>	Name of manufacturer Street Postal code Town Country
Certificate No.	Product name
xxx000	yyy



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3 List of previous inspections

Inspection No.	Date	Name of Inspector	Report No.

4 Declaration of changes


Name/No. of Declaration of Changes	Date	Change in force for subtype since:	Checked in Test Report No.

5 Documentation

Part Lists		
Identification (Revision No./Date) during the Initial Type Test (ITT)	Identification (Revision No./Date) during further inspections	Annotations (please describe the deviations from the initial design)

Technical drawings		
Identification (Revision No./Date) during the Initial Type Test (ITT)	Identification (Revision No./Date) during further inspections	Annotations (please describe the deviations from the initial design)

Data sheets		
Identification (Revision No./Date) during the Initial Type Test (ITT)	Identification (Revision No./Date) during further inspections	Annotations (please describe the deviations from the initial design)


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6 Non-conformities

For the following non-conformities, supplementary documentation shall be presented to the inspector/certification body before the following dead-line.			
Non-conformities according section:	Remarks	Dead-line	
		<input type="checkbox"/>	Next Inspection
		<input type="checkbox"/>	TT/MM/YYYY
		<input type="checkbox"/>	Next Inspection
		<input type="checkbox"/>	TT/MM/YYYY
		<input type="checkbox"/>	Next Inspection
		<input type="checkbox"/>	TT/MM/YYYY

7 Corrective actions

If non-conformities occurred, please indicate which further action is needed to prove consistency with Initial Type Testing.						
Effects on performance	<input type="checkbox"/>	none	<input type="checkbox"/>	minor	<input type="checkbox"/>	major; additional testing required
Effects on safety/usability	<input type="checkbox"/>	none	<input type="checkbox"/>	minor	<input type="checkbox"/>	major, additional testing required
Performance tests	Sound power level tests			Operating tests		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks/additional actions:						

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8 Recommendations

	Degree of non-conformity	Required action
1	<input type="checkbox"/> No deviation.	---
2	<input type="checkbox"/> Limited number of deviations.	The certificate remains valid. The manufacturer shall confirm the implementation of the corrective actions to the inspector. Based on the presented documentation it will be decided if an additional inspection will be needed.
3	<input type="checkbox"/> Deviations to the extent that conformity with the standard is endangered.	The certificate is suspended. The physical inspection must be repeated after the manufacturer has confirmed the implementation of the corrective actions.

9 General and Other Remarks/Comments

Any relevant remarks not included in the previous questions should be given.

1	
2	
3	

Two copies of the report are signed by the inspector and the factory representative. The factory representative accepts by signature the non-conformities. One signed copy of the report stays with the factory representative, the other one will be kept by the inspector who sends it to the certification body according to their agreement.

Date: **yyyy-mm-dd**

Inspector

Factory representative

Signature

Signature



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Identification of selected samples

Manufacturer					
Company name					
Address					
Testing laboratory					
Serial No.	Product/subtype/technical data	Ref. No.	Selected from		Production Period
			Production	Stock	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
		Date/Signature:			