



**PERMANENT  
OPERATIONAL DOCUMENT**

**CIG 022  
Section B.2**

## **Pre-Licence Factory Inspection Questionnaire**

TO BE COMPLETED BY THE ~~MANUFACTURER~~ **FACTORY**

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

COVER PAGE EXCLUDED FROM PAGE NUMBERING

### **Legend:**

~~Text strikethrough~~ deleted

Text in red colour added

Approved by:	<del>ECS General Meeting 8-9 April 2014</del> <b>MCCB</b> <b>meeting 10 April 2019</b>	No. of pages: 3
Date of issue:	April <del>2014</del> <b>2019</b>	Page 1 of 3
Supersedes:	PD CIG 022 Section B.2 <del>May 2009</del> <b>September 2014</b>	

## PDOD CIG 022 SECTION B.2

Questionnaire to be completed by the **Manufacturer** **Factory**

<b>B.2.1 Manufacturer's Factory's registered name and address:</b>			
<b>Manufacturers-Factory's</b> name:			
Street and No.:			
Postal Code:			
City:			
Province:			
Country:			
GPS-coordinates (optional)		N: <b>S:</b>	
		E: <b>W:</b>	
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 Manufacturers-Factory'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 engaged 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)</i> , routine tests, <b>Product Verification Test's (PVTs) as applicable</b> 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.	
<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 <del>Manufacturers</del> Factory'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 <del>manufacturing</del> production 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 <del>Manufacturer</del> Factory:</b>	
Name and Function:	
Place and Date:	Signature:

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