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## FOREWORD

### History of changes

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<tr>
<td>2022-02-15</td>
<td>2 new paragraphs added to clause 5.</td>
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<td></td>
<td>Clause 16.1 alignment made regarding OD-2021 Part 3 reference to be in line with said OD.</td>
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<td>Clause 17.2 clarified</td>
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<td></td>
<td>Removal of bullet points 3 to 6 of Annex B as not publications as indicated in the Annex title</td>
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<td>Annex E updated with revision of OD-2006-F2</td>
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<tr>
<td>2021-10-20</td>
<td>Inclusion in clause 13 of text removed from IECCE 02-2 Ed.9 clause 3.2.1.2 f).</td>
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<td>Revision of clause 17.1.</td>
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<td>New 4th bullet added in Annex D.</td>
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<tr>
<td>2021-02-09</td>
<td>Clause 2, new paragraph added for Non-Accredited Internal Calibration associated with all types of assessment.</td>
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<tr>
<td></td>
<td>Clause 10, Annex A reference moved and updated.</td>
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<td></td>
<td>Annex A updated and reworked to be &quot;Guidance Example for sampling of standards &amp; product categories in re-assessments&quot;.</td>
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<td>Annex E: effective and review dates updated for OD-2006-F1</td>
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<td>2020-02-13</td>
<td>Clause 2, Follow-up assessments, bullets moved to Annex G.</td>
</tr>
<tr>
<td></td>
<td>Creation of new Annex G – Criteria for requesting a Follow-up Assessment and title modified to include “addition of another location”.</td>
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<td>Clause 2, Relocation Assessments title updated to add: (including addition of another location as per clause 17).</td>
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<td>Clause 12, Documentation to be made available during the assessment of CBTLs/SPTLs, new item m) included</td>
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<tr>
<td>2019-11-05</td>
<td>References to FSBs and factory surveillance have been removed throughout the document following the withdrawal of CFS, FSB and factory surveillance services.</td>
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<td>2019-07-17</td>
<td>Revision of Annex D to include HU MB proposal as per CMC Decision 33/2019: The NCB of assigned assessor must be copied in the first email, where an assessor is asked if he/she can undertake an assessment or an independent technical review (expert advice).</td>
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<td>2019-02-11</td>
<td>Updating of clause 2, follow-up assessment section added examples. New section for quality management system assessments (QMS)</td>
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<td>Inclusion of reference to OD-2034 in clause 7.</td>
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<td></td>
<td>Clauses 10.1 and 17.1 updated to include the option of the assessment team verifying competence where zero experience could be demonstrated for standards during re-assessment.</td>
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<td>New Annex E listing associated forms</td>
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<td></td>
<td>New paragraph in clause 8 regarding interim testing equipment lists</td>
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<td>New paragraph in clause 14 regarding standards to be listed in Annex 1A/B of assessment reports</td>
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<td>Annex D: update regarding peer order confirmation, administrative scope extension bullet updated. Additional paragraph added regarding non-compliance with requirements.</td>
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<td>2017-11-02</td>
<td>Clause 6 and 17.2.1 changed as per CMC decision 66/2017, 14.</td>
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<td>Clause 2 updated to include additional guidance for follow-up assessments and updating of the clause title.</td>
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<td>Clause 14 has been updated for clarification purposes.</td>
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<td>2016-12-15</td>
<td>The following clause have been updated: Introduction, 1, 2, 4, 5, 7, 8, 10, 10.1, 10.2, 11, 13, 14, 17.1, 17.2.1, 17.2.2, Annex A, B, C, D, E.</td>
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<td>2016-06-01</td>
<td>The following sub-clauses have been updated: Introduction.</td>
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<td>Renumbered clauses 2, 4 to 6, 8 to 12, 14, 16, 17</td>
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<td>The following new clauses have been added: 1 and 13</td>
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<td>General: Addition of FSB and factory surveillance references where relevant.</td>
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<td>2023-01-01</td>
<td>2026-01-01</td>
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Introduction

The Peer Assessment programme’s aim is to evaluate whether the candidate NCB and/or CBTL is capable and competent to test and/or certify products against a range of IEC standards, whether they operate in accordance with ISO/IEC 17065 (for Certification Bodies NCBs), ISO/IEC 17025 (for the Testing Laboratory – CBTLs, SPTLs), ISO/IEC 17065 and the applicable IECEE Rules and Operational Documents.

The assessment programme’s aim is also to foster confidence among the members of the IECEE.

Note: An assessment is a “sampling exercise” and thus every aspect of the NCB/CBTL/SPTL activities cannot be covered. It does not follow, therefore, that non-conformances do not exist in areas where no assessment can be carried out.

1. Scope

This document outlines the requirements for IECEE Peer Assessment of IECEE NCBs, CBTLs, and SPTLs.

2. Types of assessments and Assessment Teams

Initial Assessments

NCBs, CBTLs, and SPTLs undergoing Initial Assessments shall be assessed by three experts, to be appointed by the Secretary of the IECEE.

At the discretion of the IECEE Secretary, the number of experts may be reduced or increased to accommodate the scope of the application and the size of the candidate.

Follow up Assessments

NCBs, CBTL, and SPTLs undergoing Follow up Assessments shall be assessed by one expert, to be appointed by the Secretary of the IECEE.

At the discretion of the IECEE Secretary, the number of experts may be increased to cover the issues that will have to be assessed.

Based on the guidance of the Lead Assessor, a follow-up assessment may be recommended based on, for example excessive findings related to the following situations or other situations where effective implementation of corrective actions cannot be verified without onsite assessment: Refer to Annex G for details on criteria for requesting a Follow-up Assessment.

Scope Extension Assessments

NCBs, CBTLs and SPTLs undergoing Scope Extension Assessments shall be assessed by one or more experts, to be appointed by the Secretary of the IECEE.

At the discretion of the IECEE Secretary, the number of experts may be increased to accommodate the scope of the application and the size of the candidate NCB.

Re-assessments

Accepted NCBs, CBTLs, and SPTLs are re-assessed on a regular basis every three years. Re-assessments are carried out by a team composed of one Lead Assessor and one (Expert) Assessor. At the discretion of the IECEE Secretary, the number of Assessors may be increased if the Re-assessment also includes extension(s) of the NCB/CBTL/SPTL scope.

The three year Re-assessment cycle will take place regardless of whether the previous time-scale is met.
Example:

Normal Cycle:

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<td>-</td>
<td>-</td>
<td>Re-assessment</td>
<td>-</td>
<td>-</td>
<td>Re-assessment</td>
<td></td>
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Breakdown in First Cycle:

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<tbody>
<tr>
<td>Initial Assessment</td>
<td>-</td>
<td>-</td>
<td>Delays occur</td>
<td>Re-assessment</td>
<td>-</td>
<td>Re-assessment</td>
<td></td>
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Relocation Assessments (including addition of another location as per clause 17)

CBTLs and SPTLs undergoing Relocation Assessments shall be assessed typically by one Lead Assessor, to be appointed by the Secretary of the IECEE. This is not considered to be equivalent to a Re-assessment and will not reset the Re-assessment cycle.

At the discretion of the IECEE Secretary, the number of experts may be increased to cover the issues that will have to be assessed.

The complete OD-2005-2 form will be used to document a Relocation Assessment. For sections where there has been no change (with respect to the information provided in the last assessment report), the report can simply state “no change”. In general, there is no need to fill in Annexes 1A, 1B and 1C.

The assessment shall, in any case, cover the Power Supply Distribution, total Harmonic Distortion and the ambient conditions of the new location, and at least some sampling, including verification of previous NCRs. Test equipment which may have been impacted by the relocation shall be examined as well.

In a Relocation Assessment Report, a statement “No Change” represents a declaration of the assessed CBTL/SPTL that the information provided in the previous Assessment Report is still valid. Verification of this information during a Relocation Assessment may be only partial at the discretion of the Lead Assessor.

Quality Management System (QMS) Assessment

QMS Assessments are only applicable to CBTLs and SPTL that cannot demonstrate a valid accreditation by a reputable accreditation body. NCBs are not subjected to QMS Assessments.

CBTLs and SPTLs subject to QMS Assessments are assessed on an annual basis. QMS Assessments are carried out typically by one Lead Assessor, to be appointed by the Secretary of the IECEE.

OD-2005-2 form will be used to document a QMS Assessment, but only the sections related to the Quality Management System need to be completed, including quality system training of staff.

Unified Assessments

For Unified Assessments conducted together with accreditation bodies, as described in OD-G-2003, at least one IECEE Lead Assessors is appointed who is also recognized as a competent IECEE Technical Assessors to perform these assessments and assist in preparing Assessment Reports on behalf of the IECEE.
Non-Accredited Internal Calibration* associated with all types of assessment

As relevant to the types of assessments above, CBTLs/SPTLs performing non-accredited internal calibration must declare this activity to the Secretariat before the assessment, as per the requirements in OD-2007. A dedicated CALI (Internal Calibration) assessor will be assigned to cover such internal calibration activities. If an assessment team finds out that a lab performs non-accredited internal calibration that was not previously declared, the assessment team shall request a follow-up assessment for internal calibration by an assessor with Calibration in scope.

* If the scope of accreditation for calibration is smaller than the scope of internal calibration performed as relevant to the IECEE, the part not covered by accreditation has to be considered as "non-accredited internal calibration" and subject to the requirements here.

3. NCB representation during an on-site assessment

In accordance with IECEE 02-3, an NCB representative should fulfil the following criteria:

a. It needs to be documented that this person is working for the NCB
b. Must have the authority to sign documents on behalf of the NCB, e.g. the Assessment Report.

c. Needs to be familiar with the NCB operations and testing facilities being assessed.
d. Must be very knowledgeable of the IECEE Rules.

If in doubt, the representative must be able to demonstrate that he/she meets the above criteria.

4. Accreditation

Where the assessed NCB, CBTL, or SPTL Members can provide a valid Accreditation to ISO/IEC 17065, 17025 and/or 17020 respectively within the same or greater IECEE scope, the accreditation shall be considered to fulfil the basic IECEE management system requirements. Where the accreditation scope is lesser than the IECEE scope, the accreditation may also be considered to fulfil the basic IECEE management system requirements provided that the accredited quality management system of the NCB, CBTL or SPTL also applies to the additional activity of the laboratory within the IECEE.

In all such cases, an assessment of NCBs, CBTLs or SPTLs is required:

- to establish/confirm their technical competence, and
- to verify that the management system operates in accordance with all relevant IECEE rules and procedures.

5. Staff experience

5.1 Personnel availability

Each CBTL must have its own minimum required qualified personnel at the CBTL to carry out testing, evaluation, review/approve and issue CB test reports for every standard in its recognized scope. To be considered part of the CBTL, these people must be either employees or be on contract with the CBTL.

Where additional personnel are used for capacity reasons, a CBTL may utilize on a temporary basis technical staff. The requirements for training, qualification and documentation are identical as applicable for own staff as stated above and being documented in the quality system of the location. Temporary used staff has to be available during the assessment if considered necessary by the assessment team.

5.2 Personnel experience

When the declared years of experience is considered to be low or not sufficient, the assessment team should make a professional judgment based upon interviews on the awareness and knowledge of the standards, Test Report review, witnessing of testing and measuring, knowledge and experience for surveillance as well as CV information e.g. previous
employments and function, training programmes completed. The experience listed in an Assessment Report for a member of staff should include the overall experience of the individual member of staff and not just the experience in the assessed organization.

6. Independence of the certification decision

- sub-clause 7.6.2 of ISO/IEC 17065 specifies “The certification decision shall be carried out by a person or group of persons (e.g. a committee, see 5.1.4) which has not been involved in the evaluation process …”. Testing and inspection, among others, are evaluation tasks.
- the IECEE procedures are very specific on this matter. OD-2048 (and OD-2020) clearly states that at least two CBTL or CTF signatures are required on the test report: "Tested by" or Witnessed by", "Approved by" and "Supervised by". Therefore, even if the person approving the test report has had no involvement in the evaluation, he/she is still acting on behalf of the CBTL and cannot at the same time be making a decision on certification.

The person who takes the decision on certification (and signs the Certificate) shall be a person different from those who carried out the testing evaluation.

The only exception could be made in the case of NCB staff conducting witness testing. This could hypothetically involve only two individuals at the NCB: the first one witnessing tests; and the second reviewing, approving and making a decision on certification - all in one. The test report would still carry three signatures: "Tested by" (CTF), "Witnessed by" (NCB), "Approved by" (NCB) and "Supervised by". It would be redundant to involve a third individual at the NCB.

7. Additional information for Re-assessments

Due to the fact that statistics show many situations related to a "0 or limited number" of issued CB-Test Certificates/Test Reports for specific product categories, the related experience and the availability of equipment shall be deeply investigated.

The Re-assessment shall include verification of the previous assessment of the accepted corrective actions implementation. Two separate NCRs are to be issued if the corrective actions are not implemented. One NCR is issued for the actual non-conformity and the second one is issued for the NCB/CBTL’s quality system, for the failure of its corrective action system.

The IECEE Executive Secretary shall provide additional information about the PAC specific recommendations or other specific issues, such as administrative scope extension documentation, the PTP provider’s summary of programs participated in, GNCRs, etc. related to the assessed NCB, CBTL or SPTL in the “Particular Points to be checked”.

Where LTRs and/or remote certification officers are involved, they should also be assessed for example by remote means (video conference, telephone interview, etc.), based on the criteria specified in OD-2034.

8. Assessment documentation

A checklist of the documents required can be obtained in OD-2007. These documents are provided and posted on the IECEE website.

The Assessment Team is informed via e-mail on how they can access the relevant assessment documentation.

It is the Role of the Lead Assessor to complete the Assessment Report(s) OD-2004 (NCBs) and OD-2005-2 (CBTls/SPTls), however, for the sake of efficiency and to save time, it is desirable that the assessed organization pre-completes these ODs with as much information as possible by using the same (or compatible) virus free software.

Where no published equipment list is available for a standard, the CBTL shall prepare a interim equipment list, in accordance with the requirements of OD-5003. This list will be provided with the assessment documentation batch to the IECEE Secretariat and will be used during the assessment. The applicant shall clearly identify the interim list(s) to the Secretariat. The list(s) will be provided by the Secretariat to the CTL Secretariat for assignment to the appropriate ETF.
It is also the role of the Lead Assessor to check the language of the Quality Manual, Quality Procedures and Working Instructions, making the request to the assessed organization to have a third party translator available during the assessment should this language not match that of the Assessment Team.

9. Assessment plan including witness tests

For the sake of properly preparing the assessment, the Assessment Team under the responsibility of the Lead Assessor, shall start preparing an assessment plan at least five weeks before the on-site assessment.

The assessed Organization shall be provided with the assessment plan three weeks before the assessment takes place.

However, during the course of the opening meeting or during the course of the on-site assessment the Assessment Team can ask to add and/or delete some witness testing depending on the factual situation that may arise during the meeting, e.g. available/unavailable samples of the products, incorrect settings or equipment out of calibration, etc.

10. Scope of Re-assessment

The Assessment Team under the leadership of the Lead Assessor shall determine in their Assessment Plan the standards they would like to assess through the IECEE Website where the scope of NCBs, CBTLs and SPTLs is detailed. It is the responsibility of the Lead Assessor to set up the assessment plan pertaining to the sampling of the standards to be assessed and to provide it to the assessed organization preferably during the opening meeting of the on-site assessment.

It is underlined that Scope extensions for NCBs, CBTLs and SPTLs shall be processed following the current procedure and cannot be included in the Annex 1A nor can scope extensions be processed without the formal assignment by the IECEE Secretariat.

The selection of the standards & product categories is a sampling exercise and is dependent e.g. on the competence of the Lead Assessor and Technical Assessor and the product category that is targeted. When assessing organizations with large scopes, priority should be given to particular standards not assessed in the previous assessment. Throughout the assessment, the tests to be witnessed, reports and equipment lists to be reviewed and the observations on number of certificates issued should be limited to the selected standards. Annex A of this Operational Document provides guidance for this sampling exercise.

During the assessment the assessed organization must be able to provide, on the basis of the assessment plan and upon request by the assessment team, the number of relevant certificates and test reports and surveillance reports issued in last three years. The Assessment Team can then request to see these certificates or test reports as appropriate (NCB, CBTL or SPTLs).

Note: if the assessed organization is not able to provide figures for the number of test reports/CBTCs for the selected standards during the on-site assessment the Lead Assessor shall issue a non-conformity report for improper document control.

10.1 For NCBs and CBTLs - Annex 1A of the Assessment Report:

If the assessed organization is unable to demonstrate testing/certification experience for the selected standard, the standard should still be listed in Annex 1A with indication that there is no experience, and the "not accepted" box should be checked. As an alternative, if time permits during a re-assessment, the assessment team could carry out an on-site validation of the organization’s capability to operate for these standards and indicate acceptance, even if there is zero experience for those standards during the last three years. The required assessment time needs to be taken into account. The Assessment Team should assess through the documentation of the assessed organization that the real situation is matching the statement by the organization. Subsequently, the Assessment Team shall re-consider the sampling of the standards they would like to assess.
Testing/certification experience for national/regional standards that are reasonably harmonized with the equivalent IEC/ISO standards can be counted as experience if no experience can be demonstrated for the IEC/ISO standards. This shall be clearly indicated, for example:

<table>
<thead>
<tr>
<th>Product Category</th>
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<th>Number of Test Reports issued during the last 3 (three) years</th>
<th>Assessment Team acceptance</th>
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<tr>
<td>OFF</td>
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<td>333</td>
<td>Yes</td>
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* experience also includes equivalent national/regional standards.

** scope excludes subcategory RT

The Assessment Team will then complete the blank Annex 1A listing only those standards which have been selected from the current scope and checked during the assessment. They will provide their acceptance recommendation by ticking YES or NO as appropriate.

It is obvious that the Assessment Team assigned for the next round of the Re-assessment shall take into account the previously selected standards and shall determine their sampling based upon this.

11. Documentation to be made available during the assessment of NCBs

During the preparation of an on-site assessment the Lead Assessor may request the following documentation to be made available during the assessment:

a) Information about the authority under which the certification body operates;

b) A documented statement of its product certification system, including its rules and procedures for granting, maintaining, extending, suspending and withdrawing certification;

c) Information about the evaluation procedures and the certification process related to each product certification system;

d) A description of the means by which the organization obtains financial support and general information on the fees charged to applicants and to suppliers of certified products;

e) A description of the rights and duties of applicants and suppliers of certified products, including requirements, restrictions or limitations on the use of the certification body’s logo and on the ways of referring to the certification granted;

f) Information about procedures for handling complaints, appeals and disputes;

g) A directory of certified products and their suppliers;

h) Agreement/Contract between the NCB and associated CBTL(s) as per IECEE 02-2

i) Agreement/Contract between the NCB and associated CTFs

j) Complete certification files of each product category, including CB Test and associated Test reports.

k) IEC standards as per the scope

l) IECEE-CMC list of current decisions

m) IECEE 01, IECEE 02, IECEE 03 (if applicable), Operational Documents

n) IECEE-CTL Decision Sheets and Operational Procedures

o) C.V. of involved staff

p) List of National Differences

q) List of Regulatory requirements

r) IECEE Training provided to NCB’s staff and associated CBTL(s)/SPTL(s)

s) Quality Manual and other associates procedures (at least the index in English).

t) Impartiality and Confidentiality policy
In addition to assessing the NCB against ISO/IEC 17065, the Assessment Team should focus on:

- Knowledge of the personnel responsible for the area audited on CB procedures
- Document control of standards
- Procedures relevant to:
  - a) grant, maintain, withdraw and, if applicable, suspend certification
  - b) Re-evaluation; in the event of changes significantly affecting the product’s design or specification that the product may no longer comply with the requirements of the certification process.
- Application of the relevant IECEE-CMC and CTL procedures
- Review on randomly-checked completed **“down-stream/up-stream”** files,

* Files that contain all information including, for example, application from Applicant/Manufacturer, setting of the type testing programme, Test Report, certification decision, etc.

**Tip:** Select CB Test Certificates from the IECEE CBTC On-line System and track the certification process over the corresponding CBTL/SPTL file.

### 12. Documentation to be made available during the assessment of CBTLs/SPTLs

During the preparation of an on-site assessment the Lead Assessor may request the following documentation to be made available during the assessment:

- a) Completed Test Reports and associated measurement records
- b) IEC Standards and related IEC interpretation sheets and CTL Decision Sheets
- c) Working instructions, Testing procedures/methods
- d) IECEE Blank Test Report Forms related to the scope for which the CBTL/SPTL has been accepted
- e) Testing proficiency experience (PTPs completed)
- f) Calibration records
- g) Calibration Services and Calibration Traceability
- h) List of defined Testing Equipment/facilities
- i) C.V. of involved staff
- j) List of National Differences
- k) List of Regulatory requirements
- l) Measurement Uncertainty and Accuracy procedure(s)
- m) Three examples of Measurement Uncertainty calculations that are different from the examples reviewed during the previous assessments, across their scope, e.g. electrical, mechanical, performance, etc.
- n) Sample Identification procedure
- o) Quality Manual* and associated procedures that support the Quality Manual

Impartiality and Confidentiality policy* If the Quality Manual and associated procedures are not in English, at least the index and headings must be in English.

In addition to assessing the CBTL/SPTL against ISO/IEC 17025, the Assessment Team should focus on:

- a) The Laboratory’s procedures for achieving traceability of records/measurements
- b) Procedures for calibration, verification and maintenance of equipment
- c) The personnel competence and capability to carry out tests on selected clauses of the standards;
d) The adequacy between the testing requirements and the testing facilities necessary to complete the testing programme

e) The operational staff’s understanding of sensitive requirements of relevant standards and CTL decisions;

f) The review of selected Test Reports linked with the “Up-stream/down-stream” of the responsible NCB;

g) The procedures agreed with the NCB regarding the acceptance of critical component;

h) The effectiveness of the power supply system (voltage stability, current, distortion percentage, electric schematics, previous campaign of tests aimed to check the suitability of the system);

i) The subcontracting of tests and the relevant documentation (agreements, list of instruments, distances from the subcontracted laboratory, compatibility with test sequences.

j) Some other matters, not yet covered at present by Operational Documents, such as the existence of SPTLs owned by the assessed organization.

k) The Proficiency Testing Programmes undergone/undergoing.

The Re-assessment Team should also focus on previous Assessment Reports and clearance of related NCRs, and additional information arising from current issues dealt with by the IECEE Secretariat.

Note: In order to verify these requirements the candidate CBTL/SPTL is requested to repeat some significant tests under the scope of the application.

13. Acceptance of standards and product categories

Standards listed in Annex 1A/B of OD-2004 and OD-2005-2 must detail the Standard publication year and the Amendment as applicable.

The NCB must ensure that only standards listed in the IECEE Scope can be included in Annex 1A/B of OD-2004 and OD-2005-2.

For Initial Assessments, Follow-up Assessments, Scope Extension Assessments, and Re-Assessments, the assessed NCBs/CBTLs/SPTLs shall show evidence of certification/testing experience for determined IEC standards or equivalent national/regional standard.

Note: testing/certification on the basis of national/regional standard can be taken into account if the relevant standards are reasonably harmonized to IEC standards.

For initial assessments and scope extensions of NCBs, experience is considered sufficient when, within the last 3 (three) years, at least 10 Certificates have been issued for the product category. However, at least one Certificate is required for each standard requested. Therefore, the required minimal number of Test Certificates presented may exceed 10 Test Certificates.

In the case of CYBR, experience is determined based on the assessment of staff and not issued Certificates.

For re-assessments of NCBs, a minimum of 1 certificate issued within the last 3 years is considered sufficient experience for each standard selected.

For CYBR, if the recognized scope is not fully covered by completed certificate(s):

1) A case study is prepared by the assessment team in advance of the assessment and is presented to the assessed organization at the beginning of the assessment.

   The option of utilizing a case study can only be exercised during the first reassessment after the scope was granted.

2) The assessment will then focus on discussion of the case study with the assessed organization’s experts.
For initial assessments and scope extensions of CBTLs and SPTLs*, experience is considered sufficient when, within the last 3 (three) years, at least 10 Test Reports have been issued for the product category. However, at least one Test Report is required for each standards requested. Therefore, the required minimal number of Test Reports presented may exceed 10 Test Reports.

If a CBTL/SPTL* has the required number of completed test reports, but does not demonstrate adequate competence for a specific standard, the assessment team may allow, as part of the NCR, a review of three subsequently completed test reports to confirm the competence of the CBTL/SPTL*. This would also apply to scope extension applications.

In the case of CYBR, experience is determined based on the assessment of staff and not Test Reports. Scope of application and acceptance is based on the declared capability in the specific standards in scope.

For re-assessments of CBTLs and SPTLs*, a minimum of 1 test report issued within the last 3 years is considered sufficient experience for each standard selected.

In the case of CYBR, a minimum of one (1) project for each of the standards in its scope covering at least 3 functional areas (i.e. a single or multiple projects covering all functional areas in scope) is considered sufficient experience for each standard selected unless:

1) If no CYBR project is completed or if the recognized scope is not fully covered by the completed project(s):
   a) A case study is prepared by the assessment team in advance of the assessment and is presented to the assessed organization at the beginning of the assessment. The option of utilizing a case study can only be exercised during the first reassessment after the scope was granted.

The “technical assessment” will then focus on discussion of the case study with the assessed organization’s experts.

* For SPTLs the requirement is seen as complied with if there is evidence that the work of the SPTL was used in the required number of test reports.

CTF stage 1 (including LTR experience) can be taken into account to show compliance with the above rules, however the experience by the CBTL shall exceed 50% of the required minimum.

For Part 2 standards, where only one project was completed during the last three years, it must be based on testing at the CBTL.

As a result of the assessment of the NCBs/CBTLs/SPTLs experience the Lead Assessor’s shall either:

a) Tick the box(es) “Accepted” in the relevant part of Annex 1 of OD-2004 and/or OD-2005-2 when at least 10 Certificate/Test Report have been issued during the last 3 years for the product category applied for but at least one Certificates/Test Reports for each standard applied for.

b) To tick the box(es) “Not Accepted” in the relevant part of Annex 1 of OD-2004 and/or OD-2005-2 when less than 10 Certificates/Test Reports have been issued during the last 3 years for the product category applied for or no Certificates/Test Reports for each standard applied for.

14. Issuance of Assessment Reports

Assessment Reports should be completed, agreed, signed and dispatched to the IECEE Secretariat after the final meeting that takes currently place at the end of the assessments but no later than 10 working days after the assessment. In special circumstances the Lead Assessor, in consultation with the IECEE Secretariat, may be given extra time to forward the final Assessment Report to the IECEE Secretariat.

Disclaimer: This document is controlled and has been released electronically. Only the version on the IECEE Website is the current document version.
15. Non-Conformity Reports

Root causes of the Non-conformities raised by the Assessment team and the proposed corrective actions to overcome such non-conformities do not need to be completed at the time of the assessment if the assessed organization needs time to investigate further the non-conformities.

In these circumstances the root causes and proposed corrective actions shall be provided to the Assessment Team 1 month from the time the Assessment Report is provided and Signed by the parties, unless otherwise notified by the Secretariat.

In all circumstances the root causes for NCRs shall be reported.

In clearance of an NCR, the Lead Assessors shall provide to the IECEE Secretariat copies of final completed NCRs without the evidence documentation. Important information related to the NCR that is recommended to be considered by the future Assessment Team may be included by the Lead Assessor within the cleared NCR. In case extraordinary issues are encountered during the assessment and/or clearance process of the NCR(s), the IECEE Secretariat may be contacted for support.

16. Additional issues for Re-Assessments

16.1 When the assessed NCBs/CBTLs/SPTLs cannot show evidence of certification/testing experience for determined standards since the last Re-assessment yet wishes to maintain these standards in its scope, they may provide Claims of Competence (OD-2021, Part 3) within one month of reassessment and is subject to clearance of any relevant NCRs, unless the alternative process described in clause 10.1 is followed.

Since the Claim(s) of Competence processing is outside the task of the Assessment Team, if the latter is provided with the Claim(s) of Competence during the on-site Re-assessment, the Lead Assessor shall:

a) Tick the box(es) “not accepted” in the relevant part of Annex 1A of OD-2004 and/or OD-2005-2 and Annex 1 of OD-4006.

b) Request the assessed organization to send the Claim(s) of Competence to the IECEE Secretariat for further processing.

The aim of the Claims of Competence Part 3 and part 4 is to enable NCBs, CBTLs, SPTLs to demonstrate that, although no test/certification/surveillance to standards/programs covered within the IECEE Scope was completed since the last Re-assessment, the organization and the staff have the competence for acceptance. The required evidence shall include, but not be limited to, the following:

- List of required test equipment and procedures
- National accreditation
- Experience, within the last three years, with the same or similar international, national or other standards/programs.

In the event no test/surveillance reports based on the same or similar international, national or other standards/programs completed within the last three years, are provided, the Secretariat may require further scrutiny of the other evidence provided.

Claims of Competence to maintain standards/programs in the scope of acceptance is exclusively related to Re-assessments and shall not be taken into account for Initial or Scope Extension Assessments.
16.2 Guidance on Assessment of NCBs Conducting CTF Activities

16.2.1 The assessment of NCBs conducting CTF activities must cover the following elements:

a) NCB must have a comprehensive procedure for managing CTF activities, in accordance with OD-2048, that includes:
   i) Ensuring that all NCB personnel involved in CTF-related activities are fully trained for this purpose;
   ii) Verification that the NCB has copies of completed CTF Assessment Reports
       OD-2048-F2-2 CTF Assessment Report (CTF Stages 1 and 2)
       OD-2048-F3-2 CTF Assessment Report (CTF Stages 3 and 4)
   iii) Providing to the CTF all relevant IECEE information and documents, such as procedures, decisions and TRFs, and ensuring that their standards are up to date.
   iv) Assessment of technical competence of CTF staff (e.g. standards and CTL decisions) and facilities (equipment, calibration, and lab accommodations);
   v) Initial Assessment, Re-assessment, on-going control, and decisions on progression of the CTF in accordance with the CTF procedures;
   vi) Maintaining a sustained program of supervision that includes of witnessing of tests and monitoring of the quality management system at the CTF;
   vii) Approval the test programs for which CB Test Reports are prepared;
   viii) Reviewing test reports prepared by the CTF;
   ix) Where a NCB performs CTF work without involving a CBTL/SPTL, having appropriate procedures and resources for direct CTF operations.

b) Verification of NCB staff competence to perform CTF activities should address:
   i) Qualification, training and experience in the assessment of laboratories to ISO/IEC 17025;
   ii) Understanding and proper use of the relevant IECEE ODs, such as OD-2048.

c) Verification of effective implementation of CTF procedures should include:
   i) Checking existence of CTF assessment plans;
   ii) Review of the Assessor selection process;
   iii) Review of examples of CTF Assessment Reports, including checking Assessors’ competence records;
   iv) Reviewing the process of NCR resolution;
   v) Ensuring that there are appropriate agreements between the NCB, CBTL, SPTL and the CTF;
   vi) Registration of the Customer’s Testing Facility (CTF) with the IECEE Secretariat, and the maintenance of the correct details in the IECEE register of CTFs;
   vii) Issuing CB Test Certificates correctly to identify CTF operations;
   viii) Ensuring the CTF’s participation in applicable CTL Proficiency Testing Programs;
   ix) Arranging all other required tests that are not carried out at the CTF;
   x) Adjusting the Stage of the CTF, as may be necessary, if any of the changes noted in clauses 10.4.2 and 10.4.3 occur.

16.2.2 For Stage 4, the NCB is required to appoint a representative to the IECEE Peer-Assessment Team. This appointed representative may also be acting during the Peer-Assessment as Assessor. In case of multiple NCBs (see clause 14 in OD-2048) each NCB involved with this CTF shall appoint a representative to the Assessment Team.
17. Multiple testing locations

17.1 Multiple testing sites can be considered as one single testing entity (CBTL) if the Laboratories have the:
- same quality management system;
- same laboratory manager.

Each additional location's scope can cover any part of the CBTL's scope.

The distance from any of the additional locations to the main CBTL location must be less than 1 hour away (by any means). If an additional location is more than 1 hour away from the main CBTL location, then it cannot be considered to be part of the single testing entity (CBTL).

The distance between each of the additional locations is irrelevant.

The assessment team is permitted to plan 1 additional assessment day or assessor for each additional location. However, if an additional location is less than 15 minutes away from the main CBTL location (by any means), no extra assessment time may be required for this additional location.

In case the scope of the CBTL’s main and additional location(s) can be covered in less time, the assessment team can reduce the planned assessment time accordingly.

For example: The assessment time for a CBTL with main location and 3 additional locations could be planned as 2 days (main location) + 3 x 1 day (3 additional locations) = 5 assessment days.

17.2 Adding additional testing sites to an existing CBTL

If a new location is added to a CBTL, an onsite assessment is required.
Annex A – Guidance for sampling of product categories, standards, tests, records and projects in re-assessments

A.1 Average number of product categories per each assessor should not exceed three. This is a flexible guidance and this figure could be greater when there are product categories technically very similar (f.i. ITAV, OFF and TRON).

A.2 When selecting the re-assessment scope:

- Select product categories and standards not selected in the previous assessment.
- Select standards that have been accepted in dates after the last assessment (probably these standards are going to be included into the particular points to be checked submitted by the IECEE Secretariat).
- Average number of standards selected per product category should not exceed of five, but again, this is a flexible guidance.

A.3 Tests to be witnessed must be those of the standards selected for the re-assessment. When selecting tests:

- Select tests different to the ones witnessed during the last assessment, except for those for which there were major non-conformities, or the testing equipment have been inappropriate/not available, that can be repeated to confirm the clearance of previous findings.
- If possible, try to select tests that are common or very similar for several product categories.
- An average of four to six tests per assessor is an acceptable rule.
- Try to cover within the full set of tests selected several aspects of the applicable standards (i.e. accessibility to live parts, working voltage, heating, leakage current, environment resistance, abnormal operation, mechanical hazards and strength, construction, earthing, clearances, resistance to heat and fire, etc.).

A.4 Project records for CBTR/CBTC issued selected for reviewing must be those of the standards selected for the re-assessment. When selecting projects:

- Try to include into the selection the widest range of available products, even under the same product category or standard, instead of reviewing several for similar products.
- As a guidance, a minimum of one or two projects should be reviewed per each product category in the selected scope with the total numbers being an average of four to six projects per product category.
Annex B – Publications pertaining to measurement uncertainty

2) IECEE Guide 115, Application of uncertainty of measurement to conformity assessment activities in the electrotechnical sector.
Annex C – Particular issues for assessment of Risk Management called out by the 3rd edition of the IEC 60601-1

C.1 Staff training, experience and qualification

To be considered qualified and competent for certification of products to IEC 60601-1 3rd edition, involved staff must have training and experience in applying risk management per the ISO 14971 standard.

C.2 CBTL/SPTL capabilities

As a minimum, IECEE Assessors should verify that the CBTL/SPTL:

- properly uses the TRF for IEC 60601-1:2005(3rd Edition)/AMD1:2012 (correct TRF version)
- understands when risk management is applicable
- understands and correctly uses OD-2044 and OD 2055
- is capable of reviewing Risk Management Files, and in particular
- can make informed decision when deviation from IEC 60601 requirement is acceptable
- can evaluate and approve a manufacturer’s justification that the residual risks resulting from applying alternative means of construction are equal to or less than residual risks resulting from a direct application of the requirements of IEC 60601
- can apply the flowchart of figure B.1 of annex B of the ISO 14971

C.3 Documentation for Assessors during the assessment of CBTLs/SPTLs

a) Required:

- Sample (completed) Test Reports, including Risk Management Tables
- Associated measurement records for Test Reports,
- CBTL/SPTL defined method for ensuring consistency in the evaluation of Risk Management Files,
- Training records.

b) Supplemental (optional):

- Critical elements (Manufacturer provided objective evidence) from the Risk Management File.

C.4 Subcontracting

Risk management File evaluations are not subcontractable.

Note: This would be considered nonconformity.

C.5 Assessment of the 60601-1 3rd evaluations performed by the CBTL/SPTL

C.5.1 The Assessor should verify that CBTL/SPTL evaluation of the Risk Management File includes the following:

- Reference to manufacturer’s RM team
- Risk Management policy and acceptance criteria established for the evaluated medical device
- Intended use of Electrical Medical Device
- Measures introduced to ensure the device performs safely and effectively in its intended environment
- Essential performance identified
- The risks associated with EMD identified
- Risks assessed against acceptance criteria
- Effectiveness of introduced measures verification
- Evaluation of the need for defining test methods or compliance criteria

C.5.2 The Assessor should verify that the CB Test Reports address the following:

- Was the policy leading to acceptance criteria reviewed?
- Were hazards identified and documented?
- Were protective measures taken from IEC 60601 series or from other published standards?
- Were any identified hazards not covered by the IEC 60601 standard addressed by the manufacturer following the applicable elements of their Risk Management process per ISO 14971?
- When applicable, did the manufacturer identify alternative means to provide an equivalent safety level to IEC 60601 series of standards?
- Was the Risk Management File reviewed and the review documented?
- Were Risk Management tables in the TRF completed according to the Guide?
- Did the manufacturer apply the Risk Acceptability Criteria to Risk Acceptability decisions?
- Were references to Risk Management documents provided?
- Did CBTL/SPTL collect and document sufficient evidence and justification?

C.6 Completion of Annex 6 of OD-2005-2

The results of the evaluations as outlined in D.1 thru D.5 are reported in Annex 6 of the assessment report OD-2005-2.

C.7 Assessment of EMC CBTLs/SPTLs having IEC 60601-1-2:2014 in its scope

IEC 60601-1-2:2014 includes key Risk Management requirements that are tightly integrated within both these standards. IEC 60601-1-2:2014 requirements cannot be addressed without Risk Management and Essential performance, which also requires the application of Risk Management according to ISO 14971.

Consequently, the EMC CBTLs/SPTL having IEC 60601-1-2:2014 in their scope shall be able to demonstrate adequate competency and training in Risk Management as required in accordance with the standard ISO 14971:2007, Medical Devices – Application of risk management to medical devices.

C.8 Reference documents

- OD 2044, Guidelines for Risk Management in Medical Electrical Equipment
- OD 2055, Document on Medical Electrical Equipment in the CB Scheme according to the IEC 60601 and IEC/ISO 80601 Series of Standards
- OD-2020, clause 3.4.2.2, Note 3 Use of the verdict N/E
Annex D – Duties, Responsibilities and Code of Conduct for IECEE Peer Assessors

Introduction

The IECEE Peer Assessment concept and practice are part of the foundation of the IECEE System. The marketplace success of the primary IECEE deliverable, the mutual acceptance of Certificates and Test Reports, is based entirely on the participants’ confidence in each other’s technical competence and integrity. In the business world, confidence is based on ongoing verification.

The IECEE Assessments, and other related activities for verifying competence, are the responsibility of all IECEE participants, the NCBs, CBTLs, and SPTLs, who have assigned this role to the Lead and Technical Assessors that they appointed.

General

The IECEE Assessors have the following duties and responsibilities:

- Complete (and have the NCB endorse) the Assessor application form - Questionnaire for Assessors and Factory Inspectors, AD-001, and submit it to the IECEE Secretariat.
- Attend IECEE Assessor Training every three years and pass the required examinations. If an Assessor misses the tri-annual training workshop on his/her continent, the training must be taken in the following year, in a different region, to retain the active Assessor status.
- Be thoroughly familiar with all Operational Documents utilized in IECEE Assessments.
- Ensure there is no personal or professional conflict of interest, both real or perceived, before accepting an IECEE assessment assignment.
- Make decision on accepting assessment assignments from the IECEE Secretariat within two weeks and respond to the IECEE Secretariat.
- Carry out assessments and complete IECEE Assessment Reports in accordance with IECEE 02-3 and OD-2006 and the relevant CMC and PAC Decisions.
- Conduct assessments in a professional, courteous and efficient manner, keeping in mind the overall concept of Peer Assessment and mutual cooperation.
- Provide technical support for the IECEE Secretariat where an independent technical review is needed for:
  - IECEE Assessments involving “Conditional Acceptance”, or
  - The Secretariat’s decisions on administrative scope extensions. Response to the Secretariat shall be made within 10 working days.
- The NCB of assigned assessor must be copied in the first email, where an assessor is asked if he/she can undertake an assessment or an independent technical review (expert advice).

Non-compliance with these requirements may lead to de-activation of assessor status and/or financial penalties in accordance with the IECEE rules.

Lead Assessors

Additionally, it is a duty of the IECEE Lead Assessors to:

- Act as Assessment Report Reviewers when appointed by the IECEE Secretariat.

Code of Conduct for IECEE Peer Assessors

To promote the highest standards of professional conduct, efficiency and integrity in IECEE Assessments, and to provide positive reinforcement for the mutual confidence among the IECEE members, the following is the Code of Conduct for IECEE Peer Assessors.
The Lead Assessor makes contact with the Technical Assessor(s) and the organization to be assessed shortly after accepting the assignment - to establish an initial timeframe for the assessment. The NCB must be copied on this correspondence.

All Assessment Team members review the relevant information in advance of the assessment and come well prepared.

The Assessment Team members must exercise a high level of personal and professional discretion in dealing with the management and staff of the assessed organization under all conditions, including:

- Showing respect for each individual,
- Making the staff being questioned feel “at-ease”,
- Directing any conclusions towards the organization rather than individuals,
- Discussing options for resolution of the NCRs (where root causes have been properly identified) and for providing acceptable evidence of completion,
- Politely declining “excessive hospitality” if in the opinion of the Lead Assessor it can impact the effectiveness, the process or the integrity of the assessment.

All financial arrangements related to the cost of the assessment must be strictly in accordance with the IECEE rules in OD-2026, and must be handled only prior to and after completion of the assessment.

The NCB must be copied on all correspondence related to NCR resolution of their CBTLs/SPTL and must be notified promptly if the Lead Assessor identifies potential obstacles to timely resolution.
## Annex E – Forms & Templates associated with OD-2006

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Form Number</th>
<th>Publication date/Effective date</th>
<th>Brief summary of changes</th>
<th>Maintenance Due Date</th>
<th>Edition</th>
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<td>OD-2006-F1</td>
<td>2022-01-01</td>
<td>Form document control added to OD</td>
<td>2025-01-01</td>
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<td>Assessment Plan template</td>
<td>OD-2006-F2</td>
<td>2023-01-01</td>
<td>Logistics tab: new line added for additional location</td>
<td>2026-01-01</td>
<td>1.1</td>
</tr>
</tbody>
</table>
Annex F – Assessment of Functional Safety Competency Related to IEC 61800-5-2 (STO function), IEC 60947-5-5, and IEC 60947-5-3

F.1 Staff training, experience and qualification

To be considered qualified and competent for certification of products to IEC 61800-5-2 (STO function), IEC 60947-5-5, and IEC 60947-5-3, involved staff must have training and experience in applying functional safety management principles per the IEC 61508 standard.

F.2 CBTL/SPTL capabilities

As a minimum, IECEE Assessors should verify that the CBTL/SPTL:
- properly uses the TRF for IEC 61800-5-2 (STO function), IEC 60947-5-5, or IEC 60947-5-3
- has the necessary Education/Qualification:
  - University degree (bachelor, master, PhD) or an equivalent level of experience in a technical profession (e.g. electrical engineering, technical, computer science, etc.).

F.2.1 Required expertise and skills

The assessor shall verify competency in specific expertise and skills as defined in the specific standard(s) being applied including skills and expertise in all four (4) of the following general functional safety focus areas:
- Application of specified functional safety design measures for fault monitoring and control
- Application of specified data calculation methodologies for characterizing safety integrity in terms of probability or frequency of random failures
- Application of specified test methods for verification and validation of functional safety specific attributes
- Application of specified functional safety management techniques and measures to achieve necessary systematic integrity

F.3 Documentation for Assessors during the assessment of CBTLs/SPTLs

Required:
- Sample (completed) Test Reports, including referenced documentation addressing:
  - Application of specified functional safety design measures for fault monitoring and control
  - Application of specified data calculation methodologies for characterizing safety integrity in terms of probability or frequency of random failures
  - Application of specified test methods for verification and validation of functional safety specific attributes
  - Application of specified functional safety management techniques and measures to achieve necessary systematic integrity
- Functional Safety specific training records.

F.4 Subcontracting

Functional Safety evaluations as a part of the Scope of a CBTL are not permitted to be subcontracted.

Note: This would be considered a nonconformity.
Annex G – Criteria for requesting a Follow-up Assessment

Follow-up assessment may be recommended based on, for example, multiple findings related to the following situations:

- Major management system findings or excessive number of management system findings requiring significant QA changes
- Non-functioning corrective action system, lack of internal audits or management review, missing required management system documentation, failure to implement IECEE requirements.
- Major competence findings or excessive number of competence findings. E.g. evidence of lack of competency based on review of test reports, witnessing of tests or staff interviews, review of training experience records.
- Repeated NCRs which might severely impact the credibility of CB Test Certificates and CB Test Reports
- Missing major test equipment or facilities, including using defective, uncalibrated or inappropriate test equipment or laboratory environment.
- Evidence of multiple potential infringements or multiple items in the lists below, that are not identified in OD-2033.

Any combination of the following examples for NCBs:

1) No availability of certifiers in the scope of the NCB
2) The NCB does not carry out onsite audits of its CBTLs
3) NCB not involved in the application review at the CBTL
4) Lack of procedure and relevant records of competence of personnel involved in the certification process
5) Procedure for LTR monitoring not implemented
6) Corrective actions from the previous audits (internal and IECEE) not implemented
7) Internal audit not conducted as per the IECEE rules
8) No management review conducted
9) Issuing the wrong IECEE certificate or other deliverable

Any combination of the following examples for CBTLs:

1) Wrong decisions in Test Report, e.g. judging pass when the test result is over the limit
2) During interview and test demonstrations, the technical staff show lack of competence
3) Using incorrect or defective equipment that was in service during the assessment
4) Lack of technical personnel
5) Lack of major testing and measurement equipment
6) Unsuitable environment including inadequate power supply
7) Corrective actions from the previous audits (internal and IECEE) not implemented
8) No internal audit conducted as per the IECEE Rules
9) No management review conducted
10) Measurement Uncertainty requirements not fully implemented by the laboratory
11) Test equipment control procedures not implemented
12) Samples in the laboratory not unambiguously identified
13) The laboratory is missing a clear contract review process
Annex H – Technical decisions to be considered during assessments

It is not required to assess all aspects of EMC tests if EMC is not in the assessed organization’s scope. The HOUS assessor should be aware of how the outcome of EMC tests affects compliance with the safety requirements, which should be assessed on a sampling basis. This also applies to other product categories that included EMC requirements, such as CONT & MED.