**GENERAL INFORMATION OF INSPECTION**

|  |  |
| --- | --- |
| **Certificate Holder (main license)** | Company name:  Address: |
| **Date of inspection** |  |
| **Name and email of inspector** |  |
| **Name of observers accompanying inspector** |  |
| **Type of inspection** | Follow-up  Physical inspection  Initial(pre-license)  Sample selection |
| **Last inspection** | Date:  Report number: |
| **Manufacturing plant** | Company Name:  Address: |
| **Names and positions** of key persons involved in inspection |  |
| **Date and revision of Solar Keymark Scheme Rules:** |  |
| **Products under scope of Inspection**  **Products under main license**   |  |  |  | | --- | --- | --- | | **Certificate number /Pre-license** | **Product Type** | **Trade Mark(s) and family description** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

|  |  |
| --- | --- |
| **Other Certificate holders (Sublicense or OBL)** | **Certified Products under sublicense or OBL** |
| Company name:  Address: | Certificate number/Pre-license:  Product name |
| Company name:  Address; | Certificate number/Pre-license:  Product name |

**FACTORY PRODUCTION CONTROL**

**Assessment of requirements included in Annex E of current Solar Keymark Scheme Rules**

|  |  |
| --- | --- |
| **Code for Compliance column** | *(Below is an example for a code of compliance)*  **C:** Conforming to requirement  **NC:** Non Conformity detected  **OBS:** Observation  **NA:** Not applicable |
| (Each CB may use different a different code. All findings are explained in last page of Report) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Clauses of Annex E** | | **Checked (Yes/No)** | **Compliance** |
| **1** | **General** | | |
|  | Certified Quality Management System that includes in its scope the manufacturing of Certified Products. If the Certification Body is accredited and proper documentation is presented, the requirements on this page and internal audit may not be checked |  | Certificate nº:  Date of validity**:**  Date of last ISO 9001 audit report**:** |
| **2** | **Organization** | | |
| **2.1** | **General** | | |
|  | FPC system exists that ensures compliance of products |  |  |
|  | Records kept for at least 3 years |  |  |
|  | Documentation is updated |  |  |
| Document checked: | | | |
| **2.2** | **Responsibility and authority** | | |
|  | Responsibility, authority and interrelationships are defined |  |  |
| Document checked: | | | |
| **2.3** | **Management representative for the FPC** | | |
|  | A representative is appointed and given the responsibility |  |  |
| Document checked: | | | |
| **2.4** | **Quality Objectives** | | |
|  | At least one measurable quality objective is established |  |  |
| Document checked: | | | |
| **2.5** | **Management review** | | |
|  | Takes place once a year and is recorded |  |  |
|  | Contains minimum input |  |  |
| Document checked: | | | |
| **2.6** | **Training of personnel** | | |
|  | A procedure for training established and maintained |  |  |
|  | There is a training plan and corresponding records |  |  |
|  | Personnel performing quality tests and inspections is qualified accordingly |  |  |
| Document checked: | | | |
| **3** | **Quality Documentation** | | |
|  | There is quality documentation according to requirements a) to k) |  |  |
| Document checked: | | | |

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| **Clauses of Annex E** | | **Checked (Yes/No)** | **Compliance** |
| **4** | **Inspection and testing** | | |
| **4.1** | **General** | | |
|  | Responsibility for control, calibration and maintenance of testing, measuring and inspection equipment, whether owned or subcontracted |  |  |
| Document checked: | | | |
| **4.2** | **Test equipment** | |  |
|  | Appropriate testing equipment and working instructions |  |  |
|  | Control(calibration and/or verification) on test equipment |  |  |
| Document checked: | | | |
| **4.3** | **Inspection and testing of raw materials and other constituent materials** | | |
|  | There are specified and documented requirements |  |  |
|  | There is traceability to the supplier’s documentation |  |  |
|  | Records for checks and frequencies in corresponding table |  |  |
| Document checked: | | | |
| **4.4** | **Inspection and testing during manufacture and on finished product** | | |
|  | There are specified and documented requirements |  |  |
|  | Records for checks and frequencies in corresponding table |  |  |
| Document checked: | | | |
| **4.5** | **Inspection and test records** | | |
|  | Results are recorded containing correct information |  |  |
| Document checked: | | | |
| **5** | **Actions in the case of non-conforming products** | | |
|  | Actions are taken without delay on non-conforming products |  |  |
|  | Non-conforming products are marked, isolated or controlled |  |  |
|  | Once identified or rectified, test or inspection is repeated |  |  |
|  | Corrective and preventive actions are taken and documented |  |  |
| Document checked: | | | |
| **6** | **Handling, storage, packaging and marking of products** | | |
|  | Prevention of damage or deterioration through handling, storage, packaging and marking |  |  |
| Document checked: | | | |
| **7** | **Traceability of products** | | |
|  | Main components are traceable and identifiable |  |  |
| Document checked: | | | |
| **8** | **Internal audit** | | |
|  | If not applicable, the exclusion is documented |  |  |
|  | Takes place once a year with a properly defined program |  |  |
|  | The auditing team is impartial |  |  |
|  | Documented procedure |  |  |
|  | Records of audits |  |  |
|  | Corrective actions taken |  |  |
|  | Follow-up and verification of effectiveness of corrective actions |  |  |
| Document checked: | | | |

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| **General information and questions** | **YES/NO** | **Compliance** |
| Have all of the non-conformities detected in the last inspection report been properly closed? |  |  |
| Is the Marking of the Product in compliance with the requirements of clause 14 of Keymark Scheme Rules? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SAMPLE TAKING SHEET** | | | |
| **Manufacturer name and address:** | |  | |
| Main License Holder: | |  | |
| Type of product: | |  | |
| Type of sample taking: | | Physical  Remote with pictures  Remote with video | |
| **SAMPLES SELECTED** | | | |
| **Trade Mark/Serial number/Manufacturing date/Dimensions** | | | **Test(s) to be carried out** |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| **The same number of samples selected have been chosen and are kept by the manufacturer as counter samples:  Yes  No**  **THE MANUFACTURER WILL SEND A COPY OF THIS PAGE TO THE LABORATORY** | | | |
| **Name and address of Laboratory:** | | | |
| Date:  201x/xx/xx | Signature:  The inspector The Manufacturer  … | | |

**PHYSICAL INSPECTION REPORT**

**Product under inspection:** ................................

1. **List of performed Inspections**

Please list all performed inspections for the relevant product, including the initial PI.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of Inspection | Date of inspection (DD/MM/YYYY) | Location (ref. License holder) | Inspector | Inspection Body | Products trade name |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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1. **Declaration of changes**

Please list all changes and their declarations and assessments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Declaration of change | Handed in to inspection body | Checked and declared in test report number | Accepted by inspection body | Change in force for the product since: |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **Defining the Design**
   1. **Part Lists**

Please compare the part lists from the former Physical Inspection with the ones accessible during inspection and make sure that these are the latest version in use.

Discrepancies will be documented in chapter 5.

|  |  |  |
| --- | --- | --- |
| Part list identification (e.g. revision no./date) during initial type test | Part list identification (e.g. revision no./date) during further inspections | Annotations (please describe the deviations from the initial design) |
|  | Inspection 2 (2 years after the initial type test) |  |
| Inspection 3 (2 years after the 2. inspection) |  |
| … |  |
|  |  |
|  |  |

* 1. **Engineering Drawings**

Please compare the drawings from the former Physical Inspection with the ones accessible during inspection and make sure that these are the latest version in use.

Discrepancies will be documented in chapter 5.

|  |  |  |  |
| --- | --- | --- | --- |
| Component | Drawing no./date  during the initial type test | Revision no./dates during further inspections | Annotations (please describe the deviations from the initial design) |
|  |  | Inspection 2 (2 years after the initial type test) |  |
| Inspection 3 (2 years after the 2. inspection) |  |
| … |  |
|  |  |
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**3.3 Data sheets**

Please compare the data sheets from the former Physical Inspection with the ones accessible during inspection and make sure that these are the latest version in use. Discrepancies will be documented in chapter 5.

|  |  |  |  |
| --- | --- | --- | --- |
| Component | Data Sheet no./date  during the initial type test | Revision no./dates during further inspections | Annotations (please describe the deviations from the initial design) |
|  |  | Inspection 2 (2 years after the initial type test) |  |
| Inspection 3 (2 years after the 2. inspection) |  |
| … |  |
|  |  |
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1. **Recommendations of the Inspector to the certification body regarding need for tests**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If discrepancies occurred please indicate which further action is needed to prove consistency with initial type testing** | | | | | | | | | |
| Impact on thermal performance | | ☐ | no | | | ☐ | minor | ☐ | Major, Performance Test necessary |
| Impact on service ability | | ☐ | no | | | ☐ | minor | ☐ | Major, revision necessary |
| Recommendations | | | | | | | | | |
| ☐ | Internal Pressure Test of Absorber | | | ☐ | External Thermal Shock Test | | | | |
| ☐ | Exposure Test | | | ☐ | Rain Penetration Test | | | | |
| ☐ | Internal Thermal Shock Test | | | ☐ | Performance Test | | | | |
| ☐ | Mechanical Load Test | | | ☐ | Measurement of the stagnation temperature | | | | |
| ☐ | Effective thermal capacity | | | ☐ | Final inspection | | | | |
| ☐ | High Temperature Resistance Test | | |  |  | | | | |
| Comments | | | |  | | | | | |

**FINDINGS AND CONCLUSION OF INSPECTION REPORT**

### Description of detected non-conformities

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

***For all non-conformities detected in this report, a corrective action plan shall be sent to the Certification Body within a period of one month***

### Notes, Remarks or comments

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

The report shall be signed by the inspector and the factory representative

Name and signature of inspector Name and signature of factory representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***NAME NAME***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***SIGNATURE SIGNATURE***