



Company name
Contact Person
Address
Postal Code Town
Country

Third Party Surveillance – REPORT (Appendix)

1 General

1.1	Date of inspection	20YY-MM-DD
1.2	Type of inspection	<input type="checkbox"/> Initial (pre-licence) <input type="checkbox"/> Follow-up <input type="checkbox"/> Sample selection
1.3	Name of inspector	
1.4	Report no. and date of last inspection	
1.5	Certificate holder	Company name Address
1.6	No. of inspection agreement	210-XX-YYYY
1.7	Certificates and products comprised by the inspection	
1.8	Manufacturer's registered name and factory location	Name of manufacturer Address
1.9	Names and positions of persons seen in the factory	Name, Surname, Position
1.10	Number of non-conformities (see item 9)	X non-conformities Y observations

2 Quality system

2.1	Quality system	yes	no
	Does the manufacturer hold a certified quality management system that includes the products in question? Is it adequate for the products in question?	<input type="checkbox"/>	<input type="checkbox"/>
	Certification no.:		
	Date of expiry:		
	Remarks:		



3 Organisation

3.1 Organisation		yes	no
a)	Is the organisational structure, responsibilities and authority of the management adequate for the products in question?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Is there sufficient documentation?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

3.2 Responsibility and authority		yes	no
a)	Are responsibilities and authority of the management with regard to product, management clearly defined? Is it clear who has the responsibility to take actions regarding product conformity?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Is there sufficient documentation?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

3.3 Management representative for the FPC		yes	no
a)	Is it clear who the management representative is?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Is there sufficient documentation?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

3.4 Quality objectives		yes	no
a)	Are there quality objectives that are relevant?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Is there sufficient documentation?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

3.5 Management review		yes	no
a)	Is there a procedure for management review? Has it been performed? Is the content adequate?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Is there sufficient documentation?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			



4 Procedures and documentation

4.1 Document control		yes	No
a)	Are there procedures for control of documentation affecting the FPC, such as updating, approval and publishing of procedures?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are there procedures for archiving and archiving times of records?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.2 Contract review		yes	no
	Are there procedures for contract review that take into account customer requirements? Are they followed correctly?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.3 Suppliers and subcontractors		yes	no
	Are there procedures for assessment of suppliers and subcontractors? Are there records?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.4 Materials and components		yes	no
	Are there procedures for specifying and verifying the raw materials and other constituent materials?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.5 Production control		yes	no
	Are there procedures for production control, including inspections and tests that are performed before, during and after production?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.6 Handling of finished products		yes	no
	Are there procedures for handling, packaging and storage of finished products?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessed documents:			
Remarks:			



4.7 Non-complying products		yes	no
a)	Are there procedures that specify how non-complying products shall be dealt with and how long records shall be kept?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are there records?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.8 Traceability		yes	no
	Are there procedures for ensuring traceability of products?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.9 Certification marks		yes	no
	Are there procedures regarding the use of certification marks?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.10 Non-conformities and corrective actions		yes	no
a)	Are there procedures for implementing corrective actions to eliminate the cause of non-conformities, in order to prevent recurrence?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are records of non-conformities, together with their evaluation and corrective actions, kept for at least 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.11 Internal audits		yes	no
	Are there procedures for internal audits, including planning, conducting, recording and handling of discovered non-conformities?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.12 Previous audits		yes	no
	Are there procedures for closing non-conformities from previous audits?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			



4.13 Complaints		yes	no
a)	Are there procedures for handling customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are records of customer complaints and the corresponding corrective actions kept for at least 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

4.14 Training and qualification		yes	no
a)	Are there procedures for training and qualification of staff?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Is it documented which staff is qualified for operations that can affect product quality?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

5 Inspection and testing

5.1 Production during visit		yes	no
	Were the products included in the certification or intended for certification in production at the time of the visit? <i>If "Yes", identify product name and any cert.no. that appeared on them.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Products in production:			
Remarks:			

5.2 Inspection before production		yes	no
a)	Are specifications and/or drawings of raw materials and components available for checking?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Does the manufacturer ensure that the incoming materials/products and/or subcontracted services are in conformity with the specified requirements?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Are non-conforming materials clearly identified and/or segregated to prevent any unauthorised use?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

5.3 Inspection during production		yes	no
a)	Are updated versions of relevant documents available to production staff, e. g. procedures, quality plans, inspection and test-instructions, photographs, drawings or samples for all operations/parts that have an impact on the conformity of the finished products?	<input type="checkbox"/>	<input type="checkbox"/>



5.3 Inspection during production		yes	no
b)	Are there instructions describing how to handle the production equipment?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Is there a documented procedure describing the measurements and tests performed during the whole production process?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Are there appropriate records available for all checks and tests performed during the production?	<input type="checkbox"/>	<input type="checkbox"/>
e)	Is there a documented procedure describing how to handle non-conforming products and are they clearly identified and/or segregated to prevent any unauthorized use?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

5.4 Inspection Records		yes	no
a)	Are records from inspections and tests, before during and after production, kept for at least 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

5.5 Handling and marking of finished products		yes	no
a)	After final inspection and test, are the products handled and stored in such a way that their compliance with the standards is not affected?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are certified products marked according to the scheme rules?	<input type="checkbox"/>	<input type="checkbox"/>
Checked products:			
Remarks:			

6 Handling of measuring equipment

6.1 Documented Procedure		yes	no
	Is there a documented procedure describing how to handle measuring equipment including the responsibilities related?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			



6.2 Equipment and identification		yes	no
a)	Is a list with all equipment used for measurements available?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Is all measuring equipment clearly marked with ID and calibration status?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

6.3 Calibration / function check		yes	no
a)	Is the relevant measuring equipment used in all stages of the factory production control calibrated and/or checked?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are records of calibration and function check kept for at least 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Is calibration/function check traceable to national or international standards?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Is the time for next calibration/check clearly documented?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

7 Follow-up of previous audits

7.1 Handling of non-conformities		yes	no
	Have possible non-conformities from previous audits been handled and corrected adequately? (If initial inspection, not applicable.)	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

8 Changesto Certified Product

8.1 Documented Procedure		yes	no
	Is there a documented procedure describing how to deal with changes on certified products?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

8.2 Changes		yes	no
	Has any certified product been changed since the last assessment? If yes, list the changes performed. (If initial inspection, not applicable.)	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			



8.3 Report of Changes		yes	no
If yes on question 8.2, were the changes reported to the certification body for approval? (If initial inspection, not applicable.)		<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

Clauses 9 to 11 shall be used for each product:

Name of product:	Certificate number of product:
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9 Correspondence of the burglar resistance product with the certificate

9.1 Structure of door and window		Compliance	
		yes	no
Does the structure of the door and/or window casement comply with the evidence provided?		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Do proper reinforcements exist? Are the required drill protection/wall inserts installed? Are the openings for locks, fittings, hinges as accurate as required (e.g., clearance at the sides)? Do the edge joints conform to the evidence provided? 			
Assessed documents:			
Remarks:			

9.2 Structure of door and window frames/cases		Compliance	
		yes	no
Does the structure of the door and/or window casement comply with the evidence provided?		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Do proper reinforcements exist? Do the edge joints conform to the evidence provided? 			
Assessed documents:			
Remarks:			



9.3 Fillings / glazing		Compliance	
		yes	no
	<ul style="list-style-type: none">• How are fillings / top panels built, how are they fixed?• Are the requirements concerning glazing satisfied?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

9.4 Rebate clearance		Compliance	
		yes	no
	<ul style="list-style-type: none">• Which methods are used to measure the rebate clearance?• Does the measured rebate clearance comply with the evidence provided?• Do rebate clearing limitations exist?	<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:			
Remarks:			

10 Building hardware

10.1 For doors		yes	no
	Door hinges (type, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Hinge mortise (type, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Locks (type, forend, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Striking plates (type, fixing):	<input type="checkbox"/>	<input type="checkbox"/>



	Inactive leaf locking:	<input type="checkbox"/>	<input type="checkbox"/>
	Striking plate for inactive leaf locking (type, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Hinge security fittings (type, forend, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Striking plates for hinge security fittings (type, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Security plates (type, fixing, cylinder cover):	<input type="checkbox"/>	<input type="checkbox"/>
	Locking cylinder (type, plug pulling protection, evidence):	<input type="checkbox"/>	<input type="checkbox"/>
	Drill protection insert:	<input type="checkbox"/>	<input type="checkbox"/>

10.2	For windows	yes	no
	Fitting system:	<input type="checkbox"/>	<input type="checkbox"/>



	Casement fitting (type, forend, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Window hinges (type, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Hinge mortise (type, forend, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Inactive leaf locking (type, forend, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Drill protection insert:	<input type="checkbox"/>	<input type="checkbox"/>
	Hinge security fittings (type, forend, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Security plates for hinge security fittings (type, fixing):	<input type="checkbox"/>	<input type="checkbox"/>
	Lockable handle (type, fixing, evidence):	<input type="checkbox"/>	<input type="checkbox"/>
	Security plates (type, fixing, cylinder cover):	<input type="checkbox"/>	<input type="checkbox"/>



	Locking cylinder (type, plug pulling protection, evidence):	<input type="checkbox"/>	<input type="checkbox"/>

11 Audited product

11.1 Outer dimensions [mm] of product						Compliance	
		Target [mm]	Actual [mm]	Place of measurement	Control method	yes	no
	Height	±				<input type="checkbox"/>	<input type="checkbox"/>
	Width	±				<input type="checkbox"/>	<input type="checkbox"/>
	Depth	±				<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:							
Remarks:							

11.2 Component 1							
Component name:						Compliance	
		Target [mm]	Actual [mm]	Place of measurement	Control method	yes	no
						<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:							
Remarks:							

11.3 Component 2							
Component name:						Compliance	
		Target [mm]	Actual [mm]	Place of measurement	Control method	yes	no
						<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:							
Remarks:							



11.4 Component 3						
Component name:					Compliance	
	Target [mm]	Actual [mm]	Place of measurement	Control method	yes	no
					<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:						
Remarks:						

11.5 Component 4						
Component name:					Compliance	
	Target [mm]	Actual [mm]	Place of measurement	Control method	yes	no
					<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:						
Remarks:						

11.6 Component 5						
Component name:					Compliance	
	Target [mm]	Actual [mm]	Place of measurement	Control method	yes	no
					<input type="checkbox"/>	<input type="checkbox"/>
Assessed documents:						
Remarks:						



12 Non-conformities and observations

12.1 Non-conformities	
1.	X.XX – Section in the report: Non-conformity description
2.	X.XX – Section in the report: Non-conformity description
3.	X.XX – Section in the report: Non-conformity description

For non-conformities no. X-Y, corrective actions shall be performed and reported to the inspection body within 30 days (45 days for initial inspection), no later than 20YY-MM-DD.

For non-conformities no. Q and R, the manufacturer shall implement corrective actions which will be followed-up at next inspection.

12.2 Observations	
1.	X.XX – Section in the report: Observation description
2.	X.XX – Section in the report: Observation description
3.	X.XX – Section in the report: Observation description

Observations are to be seen as suggestions of improvement, or as items that might need to be followed-up at future inspections. Reporting of corrective actions is not necessary.

13 Recommendation

	Degree of criticism	Required action
1	<input type="checkbox"/> No criticisms	No action is required
2	<input type="checkbox"/> Limited number of criticisms	Continued certification is recommended. The manufacturer shall report the implementation of corrective actions for observed non-conformities, see item 9.1. From the presented documentation, it will be decided if an extra inspection will be needed.
3	<input type="checkbox"/> Criticism(s) to the extent that conformity with the standard is endangered	A new factory inspection must be performed after that the manufacturer has confirmed the implementation of the corrective actions.



14 General and Other Remarks/Comments

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

1	
2	
3	

This report is signed both by the inspector and by the factory representative.
By signing, the factory representative accepts the non-conformities and the report content.

The inspector sends a copy to the certification body according to their agreement.

Next inspection:

Date: **20YY-MM-DD**

Name of inspector

Name of factory representative:

NAME NAME

NAME NAME