

# IECRE OPERATIONAL DOCUMENT

**IEC System for Certification to Standards relating to Equipment for use in Renewable Energy applications (IECRE System)**

## **Certification Body Assessment Report**

**Confidential to the applicant, assessment team & IEC Central Office**

**ME/PV/WE-OMC/ / (assigned by the Secretariat on finalization)**

### **Certification Body:**

**Fill in with complete Legal Entity name of the Certification Body and country of domicile.**

**Date of assessment: yyyy-mm-dd**

**The aim of this document is to provide guidance for Assessors undertaking Certification Body assessments and completing form OD-XXX Certification Body Assessment Report.**

**Note: orange text is guidance text and should be removed before the report is finalized and submitted to the Secretariat.**



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INTERNATIONAL  
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COMMISSION

PRICE CODE

**ZZ**



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## 1 Object and field of assessment

### 1.1 Object

Assessment covering	IECRE Assessment	Unified Assessment	Accreditation Body	Scope of Accreditation
Initial Assessment (IAR)	<input type="checkbox"/>	<input type="checkbox"/>		
Extension of Scope (EAR)	<input type="checkbox"/>	<input type="checkbox"/>		
Re-Assessment (RAR)	<input type="checkbox"/>	<input type="checkbox"/>		
Follow-up Assessment (FAR)	<input type="checkbox"/>	<input type="checkbox"/>		

### 1.2 Energy Sector

#### 1.2.1 Energy Sector covered by the assessment

Please cross (X) as appropriate and refer to Annex 1 for a complete list of the scope of the assessment containing details of the relevant IEC Standards and relevant experience including editions and amendments.

<input type="checkbox"/> Marine Energy	<input type="checkbox"/> Solar PV Energy	<input type="checkbox"/> Wind Energy
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### 1.3 Previous Assessment Report (if applicable)

Previous Assessment Report Number	ME/PV/WE-OMC/ /
Previous Assessment Date	yyyy-mm-dd

### 1.4 Complete legal entity name and address of the Certification Body

If the Certification Body is already an accepted IECRE RECB and the assessment is a Scope extension the box "Accepted" should be checked.

Type	Candidate	Accepted
RECB	<input type="checkbox"/>	<input type="checkbox"/>

Legal Entity Name	
Address	
Contact Person	
Email	
Tel	
Mobile	
Fax	
Website	



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**1.5 Members of the Assessment Team**

	Name	Organization
Lead Assessor		
Assessor		
Assessor		

**1.6 Place(s) and date(s) of Assessment**

If multiple buildings, include all addresses, such as: ABC Certification Body in City A together with DEF Certification Body in City D.

Main location(s)	
If applicable, other location(s)	

**1.7 Assessment Base**

- IEC CA 01 & Suppl.
- IECRE Rules of Procedure
- IECRE ODs
- IEC Standards as noted in Annex 1
- ISO/IEC 17065

The above documents are to be based upon the latest published editions

**2 Organization**

**2.1 Brief history of the Certification Body**

Include information about the legal entity of the Certification Body and ownership.



## 2.2 National Certification Marks, Certificates & Programmes

Show/briefly describe the national certification mark(s) owned, controlled or licensed by the Certification Body and which can be issued by that body on the basis of valid IECRE certificates / test reports.

Specify whether the national certification mark/certificate is owned by the RECB or by an external organization

Describe the situation regarding registration of the national certification mark in the RECB's country(ies) of operation as a certification body.

## 2.3 Financial support

Include information about how the Certification body receives its financial support, particularly if from other sources than fees from clients. Reference ISO/IEC 17065, Sub-clause 4.3.23 and briefly describe the structure of the financial operation of the organization.

## 2.4 Organization of the Certification Body

Include information relevant to the organization of the Certification Body pertaining to the operated Energy Sector(s).

If the quality management system is such that the Quality Manual and/or Quality Procedure include one or more organization charts then this could be attached as an appendix to the Assessment Report.

**NOTE: The IECRE Executive Secretary will redact the organization chart(s) in Sub-Clause 2.4 for the Summary Assessment Report.**



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### 3 Personnel Structure

When the declared years of experience is low, the assessment team should make a professional judgment based upon interviews on the awareness and knowledge of the standards, witnessing of Test Report review, witnessing of testing and measuring as well as CV information e.g. previous employments and function, training programmes completed.

**NOTE: The IECRE Executive Secretary will redact ALL names in Clause 3 for the Summary Assessment Report.**

#### 3.1 Employees

Number of overall people employed by the legal entity of the Certification Body	
Number of people involved with the certification activity within the scope of this assessment	

#### 3.2 Responsible Managers for Certification

Name [REDACT NAMES IN SUMMARY ASSESSMENT REPORT]	Position (title) and field of expertise	Years of relevant experience	Experience checked & appropriate		To whom do they report? [REDACT NAMES IN SUMMARY ASSESSMENT REPORT]
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

#### 3.3 Principal staff involved in Certification

Name [REDACT NAMES IN SUMMARY ASSESSMENT REPORT]	Position (title) and field of expertise	Years of relevant experience	Experience checked & appropriate		To whom do they report? [REDACT NAMES IN SUMMARY ASSESSMENT REPORT]
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	



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### 3.4 Staff involved in the Quality Management System of the Certification Body

Name <small>[REDACT NAMES IN SUMMARY ASSESSMENT REPORT]</small>	Position (title) and field of expertise	Years of relevant experience	Experience checked & appropriate		To whom does the quality management system staff report? <small>[REDACT NAMES IN SUMMARY ASSESSMENT REPORT]</small>
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

### 3.5 Assessment of staff competence

Briefly describe how the competence was assessed e.g. interview, CV check, demonstration of certification decisions, knowledge of the standard, reviewing of the Test Reports, etc.





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#### 4 Quality Management System

If the Certification Body is accredited, check the most recent accreditation assessment report and the scope covered by the accreditation.

If the Certification Body is not accredited or if the Certification Body does not make the accreditation report available, the quality management system of the Certification Body shall be examined in detail.

Briefly describe the structure of the quality system, its documentation and degree of implementation, and how it is checked for compliance with ISO/IEC 17065.

State whether reports from external/internal audits, management reviews and corrective action processes have been reviewed and other relevant items from ISO/IEC 17065.

In any case the ODs, clarification sheets, and the Rules of Procedure of the relevant Energy Sector should be assessed in order to verify that they are duly included in the quality management system and implemented in practise and effective.

##### Structure of the Quality System

Briefly describe the structure of the quality system, its documentation and degree of implementation, and how it is checked for compliance with ISO/IEC 17065. State whether reports from external/internal audits, management reviews and corrective action processes have been reviewed and other relevant items from ISO/IEC 17065.

In all cases the IECRE Rules of Procedure should be assessed in order to verify that they are duly included in the quality management system and implemented in practice and effective. This assessment may include, but is not limited to, e.g. Operational Documents, Clarification Sheets, process of Document control and provision to use the appropriate IEC Standards, etc.

	Yes	No	N/A
Is the Certification Body accredited by a reputable Accreditation Body?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the accreditation include the standards covered by this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Structure of the Quality System</b>
<b>General requirements</b> <small>Example: ISO/IEC 17065 4.1 Legal and contractual matters, 4.2 Management of impartiality, 4.3 Liability and financing, 4.4 Non-discriminatory conditions, 4.5 Confidentiality, 4.6 Publicly available information</small>
<b>Structural requirements</b> <small>Example: ISO/IEC 17065 5.1 Organizational structure and top management, 5.2 Mechanism for safeguarding impartiality</small>



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<b>Resource requirements</b> Example: ISO/IEC 17065 6.1 Certification body personnel, 6.2 Resources for evaluation
<b>Process requirements</b> Example: ISO/IEC 17065 7.1 General, 7.2 Application, 7.3 Application review, 7.4 Evaluation, 7.5 Review, 7.6 Certification decision, 7.7 Certification documentation, 7.8 Directory of certified products, 7.9 Surveillance, 7.10 Changes affecting certification, 7.11 Termination, reduction, suspension or withdrawal of certification, 7.12 Records, 7.13 Complaints and appeals
<b>Management system requirements</b> Example: ISO/IEC 17065 8.2 General management system documentation, 8.3 Control of documents, 8.4 Control of records, 8.5 Management review, 8.6 Internal audits, 8.7 Corrective actions, 8.8 Preventive actions
<b>IECRE Rules of Procedure</b>
<b>IECRE Operational Documents</b>
<b>Clarification Sheets</b>
<b>Use of appropriate IEC standards</b>



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Current IECRE decisions

## 5 Training

Briefly describe if the Certification Body has documented procedures for training in each field of the Certification Body's competence relevant to its scope for which the body is assessed (ISO/IEC 17065, Sub-clauses 6.1.2.1).

Indicate if the records of training were checked.

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## 6 Certification files reviewed during the assessment

**NOTE:** The IECRE Executive Secretary will redact ALL names in Clause 6 for the Summary Assessment Report.

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## 7 Number of Non-Conformity Reports issued

**NOTE:** The IECRE Executive Secretary will redact ALL of Clause 7 for the Summary Assessment Report.

Number of NCRs appended	
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**8 Recommendations of the Assessment Team**

This assessment has been a sampling exercise and thus every aspect of the Certification Body's activities has not been covered. It does not follow, therefore, that non-conformances do not exist in areas where none have been reported in this assessment report.

Standard recommendations:

1. The Assessment Team recommends <b>acceptance</b> of the assessed organization for the scope(s) as reported in <a href="#">Annex 1</a> of this Assessment Report as appropriate.	<input type="checkbox"/>
2. The Assessment Team recommends <b>acceptance</b> of the assessed organization for the scope(s) as reported in <a href="#">Annex 1</a> of this Assessment Report, <b>subject to clearance</b> of the outstanding Non-conformity Reports as appropriate.	<input type="checkbox"/>
3. The Assessment Team recommends that the acceptance of the assessed organization is <b>postponed</b> until a further <b>follow-up assessment</b> is carried out and is found satisfactory.	<input type="checkbox"/>
4. Other, please specify using similar terminology	<input type="checkbox"/>

**8.1 Additional Information**



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### 9 Signatures of the Assessment Team

Date: yyyy-mm-dd

	Printed name	Signature
Lead Assessor		
Assessor		
Assessor		

### 10 Acknowledgement by the assessed organization

- We acknowledge and agree with the content of the Assessment Report.
- We acknowledge the content of the Assessment Report and we disagree for the following reasons:

Date: yyyy-mm-dd

	Printed name	Signature
Certification Body Representative		



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## Annex 1 Assessment Scope

### Type of assessment (IAR, EAR, FAR, RAR)

Indicate for each standard the type of assessment being conducted as a part of this report.

### Standard:

The assessment team completes this section with the standard(s) selected for this assessment.

List the standards in the Certification Body scope, including the editions and amendments.

### Number of type certificates issued during the last three years and the number of type certificates reviewed during the assessment:

The Certification Body should provide this information during the assessment.

Type Certificates completed can also include certificates based on the equivalent National Standard.

### Sufficient expertise demonstrated:

The assessment team completes this section based upon the on-site assessment.

Where insufficient experience is demonstrated the "No" box shall be checked.

### Example:

Type of assessment (IAR, EAR, FAR, RAR)	Standard	Number Type Certificates issued during the last three years / type certificates reviewed during the assessment	Sufficient expertise demonstrated	
			Yes	No
RAR	IEC/TS 62600-10:2015	5 / 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EAR	IEC 61215:2005	9 / 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Certification experience for national/regional standards that are reasonably harmonized with the equivalent IEC standard can be counted as experience if no experience can be demonstrated for the IEC standard. This shall be clearly indicated by adding an asterisk after the number for type certificates issued, for example:

Type of assessment (IAR, FAR, EAR, RAR)	Standard	Number Type Certificates issued during the last three years* / type certificates reviewed during the assessment	Sufficient expertise demonstrated	
			Yes	No
IAR	IEC 61400-12-1:2005	3* / 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\* experience also includes equivalent national/regional standards.

Type of assessment (IAR, EAR, FAR, RAR)	Standard	Number of Type Certificates issued during the last three years / type certificates reviewed during the assessment	Sufficient expertise demonstrated	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Note: For the organization's full scope please see the IECRE Website



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**Annex 2      Organization chart**

Include the relevant organization chart(s) here.

**NOTE: The IECRE Executive Secretary will redact ALL of Annex 2 for the Summary Assessment Report.**



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### **Annex 3 Accreditation Certificate relevant to the IECRE operations**

Include the relevant accreditation certificate(s) here.





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#### Annex 4 “Independence and impartiality” including “Commercial consultancy”

Note: This Annex applies only to RECBs which have not already been assessed against it. If this Annex has been completed at least once and the organization is accredited according to ISO/IEC 17065, this Annex does not have to be completed again, except for clause 0.

0. Compliance with ISO/IEC 17065	Yes	No
The CB has a valid accreditation to ISO/IEC 17065.	<input type="checkbox"/>	<input type="checkbox"/>

1. General Operating Procedure	Yes	No
Does the Certification Body have a documented procedure for independence and impartiality that as a minimum includes the following while carrying out conformity assessment activities: a) to be objective, b) to identify, avoid, mitigate and manage conflicts of interest, and c) to ensure independence, so as to increase the amount of trust, confidence and value that those activities have in the market place	<input type="checkbox"/>	<input type="checkbox"/>
Document title: _____	Document number: _____	

2. Reference Document	Yes	No
Does the Body have access to ISO/IEC 17065:2012	<input type="checkbox"/>	<input type="checkbox"/>
Does the Body have access to ISO/IEC 17025:2005	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** The IECRE Executive Secretary will redact ALL names in Clause 3, Annex 4, for the Summary Assessment Report.

3. Knowledge, training and decision making	Yes	No
Does the Body’s staff have knowledge of the basic concepts of independence and impartiality?	<input type="checkbox"/>	<input type="checkbox"/>
Were the training records of the Body’s staff checked?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Body’s selected staff have sufficient knowledge in the principles of independence and impartiality to provide initial training and retraining to other staff?	<input type="checkbox"/>	<input type="checkbox"/>
Names of person(s): [REDACT NAMES IN SUMMARY ASSESSMENT REPORT]		
Were examples of training programs of the Body’s staff reviewed and found to be sufficient?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Body’s staff select and make pass/fail decisions taking the principles of independence and impartiality into account?	<input type="checkbox"/>	<input type="checkbox"/>
Are the Body’s decisions based on objective evidence of conformity (or nonconformity) obtained by the Body’s staff?	<input type="checkbox"/>	<input type="checkbox"/>
Are the Body’s decisions influenced by other interests or parties?	<input type="checkbox"/>	<input type="checkbox"/>

4. Documentation and Implementation	Yes	No
Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure the independence and impartiality of all staff?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Body have documented and implemented (on an on-going basis) sufficient procedures to ensure that the remuneration of staff is free from pressures and inducements and is not dependent on the number, outcome of the result of their activities?  Note: It is recognized that the source of revenue of the Body is its customers paying for its services and that this is a potential threat to independence and impartiality.	<input type="checkbox"/>	<input type="checkbox"/>
Does the Body have documented sufficient procedures for the identification, review, resolution and prevention of conflict of interest (including “commercial consultancy”) where conflicts of interest are suspected or proven (including subcontracted personnel) and does the Body keep records of such reviews and decisions?	<input type="checkbox"/>	<input type="checkbox"/>

5. Marketing and advertising materials	Yes	No	N/A
Do the Body’s marketing materials give the impression that “commercial consultancy” activities are offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Body linked to an organization that provides “commercial” consultancy services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a documented policy/procedure to ensure that there is an effective separation between all conformity assessment activities and consultancy services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Body’s certification staff participate in “commercial consultancy”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Staff declarations	Yes	No
Does the Body require all staff acting on its behalf to declare any potential conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>

7. Compliance	Yes	No
Does the Body comply with all the above independence and impartiality principles on an ongoing basis?  Note: If the answer is NO a Non-Conformity Report must be issued	<input type="checkbox"/>	<input type="checkbox"/>



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### Non-Conformity Reports (NCRs)

General

Copy this template for each non-conformity found.

Non-conformity Report No.

Assign a consecutive number to each NCR issued and include the total number of NCRs issued. Example: 1/5.

Standard Clause / Sub-clause of Non-Conformity and/or IECRE Rule/OD

NCR related to ISO/IEC 17065, IEC CA 01 & Suppl., IECRE Rules of Procedure, ODs, Clarification Sheets.

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<b>Non-conformity Report No</b>	/	<b>Date</b>	YYYY-MM-DD
Standard Clause / Sub-clause of Non-Conformity and/or IECRE Rule/OD.			
Non-conformity description			
Lead Assessor	Certification Body representative acknowledgement of the issuance of the NCR		
Signature and printed name	Signature, printed name and title		
Root cause of non-conformity			
Proposed Corrective action(s)			



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Implementation date	Certification Body representative confirms implementation of corrective actions
YYYY-MM-DD	Signature, printed name, title and date
<b>Proposed Corrective Action(s) acceptance by the Lead Assessor</b>	
Acceptance, no further verification required	<input type="checkbox"/>
Acceptance, further verification of implementation is required, <u>without</u> on-site follow-up assessment	<input type="checkbox"/>
Acceptance, further verification of implementation is required, <u>with</u> on-site follow-up assessment	<input type="checkbox"/>
Lead Assessor (Signature, printed name and date)	
<b>Implementation verified and final clearance provided by Lead Assessor (only if further verification of implementation is required)</b>	
Lead Assessor signature, printed name and date	