TÜVRheinland®

Referenznummer der Stelle, die die Inspektion durchführt:
Reference number of the body carrying out the inspection: **Q0740874.33**

Zusammenfassende Bewertung / Evaluation Summary
Follow up Besichtigung / Follow up Inspection

Fertigungsstättennummer / *factory number*: **Q0740874.32**

Fertigungsstätte / *factory*: **SRI Instruments, Inc.**

Genehmigungsinhaber / *license holder*: **SRI Instruments, Inc.**

Sachverständige(r) / *Inspector*: **Michael Hurley**

The above referenced factory was visited by the referenced inspector. The results were as follows:

Zusammenfassende Bewertung / *Evaluation summary*: P = Pass, F = Fail, N = Not applicable

CIG 022 A & B	Fertigungsstätten-daten *Factory data*	A	**N**	Prüfmittel *Measuring Equipment*	**P**	**Anhänge** / *Attachments*		
	Fragebogen *Questionnaire*	B	**N**	Endprüfungen *Final Tests*	**P**	**III**	Produktsicherheit, Gesamt-Ergebnis *Product Safety Final Evaluation*	**P**
				Aufzeichnungen *Quality Records*	**P**		Doumantation, Kennzeichnung *Documentation, Identification*	**P**
CIG 023	Fertigungsstättenbesichti-gung Gesamtergebnis *Factory Inspection Final Evaluation*		**P**	Lagerung, Verpackung, Versand *Storage, Packaging, Shipping*	**P**		Produktidentität *Product Identity*	**P**
	Wareneingang, rüfungen *Incoming Goods, Tests*		**P**			**IV**	Stückprüfungen *Sample Testing*	**N**
	Produktion *Production*		**P**	Fehlerhafte Produkte *Non-conforming Products*	**P**	**V**	Prüfmusterentnahme *Test Samples*	**N**

Produktionszeiträume *production times*: ☑ ganzjährig/*all year* ☐ saisonal/*seasonal*: von/*from* bis/*to*

Betriebsferien *holiday shut down*: ☑ nein / *no* ☐ ja / *yes:* von / *from* bis / *to* bis/*to*

Die Anforderung, dass mit der ordnungsgemäßen Fertigung und Überprüfung der zu zertifizierenden Produkte gerechnet werden kann, ist
The requirements in respect to an orderly production and the inspection of certified products are

☑ **erfüllt / *fulfilled***	☐ **erfüllt wenn / *fulfilled if***	☐ **nicht erfüllt / *not fulfilled***	☐ **nicht erfüllt / *not fulfilled***
keine Abweichungen/ *no deviations*	geringe Abweichungen/ *minor deviations*	gravierende Abweichungen/ *major deviations*	kritische Abweichungen/ *safety affected deviations*
positive Bestätigung/ *positive confirmation*	Überprüfung der Korrekturen während der nächsten Bes. / *corrections will be checked during next inspection*	Dokumentenprüfung der Korrekturen nötig / *document check of the corrective actions necessary*	erneute Besichtigung erforderlich/ *Re-insepction necessary*

Begründung / *explanation*:

Die Fertigungsstätte wird wieder besichtigt in
The factory will be visited again in

- ☐ zwei Jahren / *two years*
- ☐ einem Jahr / *one year*
- ☑ sechs Monaten / *six months*
- ☐ drei Monaten / *three months*
- ☐

Festlegung von Maßnahmen durch die Zertifizierungsstelle erforderlich
Determination of actions by certification body mandatory.

Die Fertigungsstättenbesichtigung wurde von _____ Uhr bis _____ Uhr durchgeführt.

The inspection was carried out between **10:30** and **12:00**.

Das Ergebnis der Besichtigung wurde dem Vertreter der Fertigungsstätte erläutert und von diesem zur Kenntnis genommen. Hiermit bestätigt ***die Fertigung,*** dass keine sicherheitstechnisch relevanten Änderungen an den Produkten durchgeführt wurden. Sie entsprechen den zuletzt zur Prüfung und Zertifizierung vorgestellten Produkten.

*The result of the factory inspection was explained to the representative of the factory and understood. This is to confirm that **the company** did not make any safety relevant modifications to the products, compared to those submitted previously for testing and certification.*

Datum / *date:* **2020-11-18**
Ort / *location*: **Las Vegas, NV**

Der/die Sachverständige / *the Inspector*

Für die Fertigung / *for the factory*

Begründung der Ausnahmeregelung für die Follow-up Besichtigung ohne laufende Produktion des zertifizierten Produktes.
Reason for exception of Follow-up Inspection without production of the certified product during the inspection.

Diese Ausnahmeregelung kann nicht in zwei aufeinander folgenden Jahren angewendet werden.
This exception cannot be used in two following years.

Begründung: / *Reason for exception:*

N\A

Datum und Unterschrift des Inspektors**:** _____
Date and signature of the inspector:

Ergebnis / *Result*: ☐ akzeptiert / *accepted* ☐ nicht akzeptiert / *not accepted*

Datum und Unterschrift des Zertifizierers: _____
Date and signature of the certifier:

Name des Zertifizierers: _____
Name of the certifier:

ECS European Certification System	**PERMANENT DOCUMENT**	**CIG 023**

Factory Inspection Report

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

EEPCA, the European Electrical Products Certification Association
17, rue de l'Amiral Hamelin, F-75783 Paris Cedex 16 – Tel: +33 140373563 – Email: secretariat@eepca.eu

***NOTE**:*
Front pages to be excluded from page numbering!

This document contains:

- two cover pages (excluded from page numbering)
- a report form
- Inspector’s Findings page
- Inspector’s Information page
- TEST DATA SHEET – Product Verification Test
- TEST DATA SHEET – Routine Tests
- IDENTIFICATION OF SELECTED SAMPLE

FACTORY INSPECTION REPORT

Inspection carried out by (Name of Inspection Body): **TRNA** **Reference number of the Body carrying out the inspection: Q0740874.33** *For page control, please write this number in the header of each page (including the attachments).*
GENERAL GUIDANCE – *The questions of this factory inspection report are based on the requirements given in Permanent Document CIG 021.* – *Guidance for the Inspector is given in Permanent Document CIG 024.* – *Both documents, PD CIG 021 and PD CIG 024 shall be taken into account during inspection.* – *Instructions to the Inspector are shown in italics.* – *The report shall be completed even if there is no production at the time of the visit.* – *For all 'NO' answers details shall be provided on the Inspector's Findings page.* – *For all 'N/A' answers rationale shall be provided as to why the item is not applicable.* – *Details should be given on Inspector's Information page.* – *This report as well as objective evidences attached to this report shall be written at least in English.*

1 GENERAL INFORMATION

1.1 Manufacturer's registered name and factory location

Manufacturer's registered name:	**SRI Instruments, Inc.**
Street and No.:	**6440 Sunset Corporate Drive**
Postal code:	**89120**
City:	**Las Vegas**
State/Province:	**NV**
Country:	**United States of America**
GPS-coordinates *(optional)*:	N: E:

1.2 Manufacturer's representative name and contact data

Manufacturer's representative name:	**Amanda Brown**
Position:	**Purchasing**
Telephone:	Country Code: **001** Area Code: **702** Phone:: **361 2210**
Fax:	Country Code: **001** Area Code: **702** Phone:
E-Mail:	**Amanda Brown <amanda@srigc.com>**

1.3 The names and position held of the main persons involved in the inspection

☑ same as mentioned under 1.2

If not the same as mentioned under 1.2, please give details.

Name:			
Position:			
Telephone:	Country Code:	City Code:	Phone:
Fax:	Country Code:	City Code:	Phone:
E-Mail:			

1.4 ☐ Pre-Licence ■ Routine ☐ ENEC
☐ HAR ☐ EMC ☐ Others:

1.5 <u>Pre-Licence only</u>: Is the information given in the Questionnaire CIG 022 Sections B.1 and B.2 (or provided in another format) accurate and complete? YES ☐ N/A ■ NO ☐

If 'NO', amend the Questionnaire as appropriate and attach a copy to this report.

1.6 Inspection Details:

Certification Body requesting inspection	Inspection X of Y	File Reference No.	Product Category	Type of Product
TRNA	**2 of 2**	**2072255.10/.11 12/.13/**	**MEAS**	**Gas Chromatography Systems**

1.7 Name of Inspector: **Michael Hurley**

Date of inspection: **2020-11-18**

2 Verification of purchased components and materials which have a safety implication on the certified product (Incoming Inspection)

2.1 Are materials, components and sub-assemblies verified by the Manufacturer as complying with appropriate specification? YES ☑ N/A ☐ NO ☐

2.2 Does this verification also include the verification of the Certification Marks? YES ☑ N/A ☐ NO ☐

> ***NOTE**:*
> *There shall be instructions as to which Certification Marks have to appear on the components/products in order to accept them.*

Description of the procedure
(one or more boxes may be ticked)

- ☐ Rely on suppliers' out-going inspection
- ☐ Audit conducted at the suppliers' premises
- ☐ Supplier control based on Manufacturer's check list
- ■ Conduct own incoming inspection
- ■ Identification check
  - ■ Checked for correct type
  - ☐ Rating
  - ☐ Comparison to a reference
  - ■ Certification mark
- ■ Certificate of conformity
- ☐ Others *(provide details):*

☐ Details given on Inspector's Information page

Description of the procedure or ref. of documented procedure & revision or issue date:

■ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report.
Please refer to attachment no.:

2.3 If the Manufacturer relies on Certificates of Conformity, do they clearly identify the product, quantity of items covered, and the specification to which the products conform, the production date and are they properly issued? YES ☑ N/A ☐ NO ☐

2.4 Is there a procedure covering the way to handle non-conforming components and materials? YES ☑ N/A ☐ NO ☐

Description of the procedure or ref. of documented procedure & revision or issue date:

■ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report.
Please refer to attachment no.:

2.5 Is the procedure and the way in which it is applied satisfactory? (e.g.: components and materials clearly identified and/or segregated to prevent unauthorised use?) YES ☑ N/A ☐ NO ☐

2.6 Are records of the incoming inspection maintained and satisfactory? YES ☑ N/A ☐ NO ☐

2.7	Are records kept at least for the period between two inspection visits?	YES ☑	N/A ☐	NO ☐

3	**Production Control, Monitoring and Routine Tests**			
3.1	Are the Quality Assurance and manufacturing Personnel adequately briefed on their duties?	YES ☑	N/A ☐	NO ☐
3.2	Do they have readily available up-to-date documents, manufacturing and test instructions, photographs, drawings or samples on all those parts which have an impact on the safety of the finished products?	YES ☑	N/A ☐	NO ☐
3.3	Is there evidence that the production process ensures that the final product is identical to the certified version as described in clause 15?	YES ☑	N/A ☐	NO ☐
3.4	Is there a procedure to ensure that all products will be tested or inspected according to the Manufacturer's requirements?	YES ☑	N/A ☐	NO ☐

Description of the procedure or ref. of documented procedure & revision or issue date:

■ Details given on Inspector's Information page.

☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:

3.5	Is the production process controlled at appropriate stages?	YES ☑	N/A ☐	NO ☐
3.6	Are products examined at appropriate stages of manufacture (Production Line Inspection)?	YES ☑	N/A ☐	NO ☐

***NOTE**:*
Give details of all tests and inspections performed by the Manufacturer and enter in the routine test table on the TEST DATA SHEET

3.7	Do the Routine Tests entered on the TEST DATA SHEET sufficiently cover all the Certification Bodies' requirements?	YES ☑	N/A ☐	NO ☐
3.8	Is there a procedure covering the way to handle non-conforming products?	YES ☑	N/A ☐	NO ☐

Procedure of handling non-conforming products
(one or more boxes may be ticked)

☐ Automated segregation process
■ Manual segregation process
☐ Non-conforming products are destroyed
■ Non-conforming products are repaired
☐ Others *(provide details):*

☐ Details given on Inspector's Information page

Description of the procedure or ref. of documented procedure & revision or issue date:
■ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report.
Please refer to attachment no.:

		YES	N/A	NO
3.9	Is the procedure and the way in which it is applied satisfactory? (e.g. non-conforming products clearly identified or segregated to prevent unauthorised use?)	☑	☐	☐
3.10	Are repaired and reworked (corrected) items **again** subjected to appropriate tests/examinations in accordance with procedures?	☑	☐	☐

Description of the procedure or ref. of documented procedure & revision or issue date:
■ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report.
Please refer to attachment no.:

		YES	N/A	NO
3.11	Are test records of the routine tests maintained and satisfactory?	☑	☐	☐
3.12	Are records kept at least for the period between two inspection visits?	☑	☐	☐

4 Functional Check of Test and Measuring Equipment used for Safety Tests

		YES	N/A	NO
4.1	Is there evidence that the functional check of the equipment is conducted properly, even if certified products were not in production?	☑	☐	☐
4.2	Is there a procedure describing how the functional checks shall be conducted? ☐ Automated process ■ Manual process	☑	☐	☐

Description of the procedure or ref. of documented procedure & revision or issue date:
■ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report.
Please refer to attachment no.:

		YES	N/A	NO
4.3	Is a functional check conducted with intervals which will allow previous production to be retested if incorrect functioning is detected before it leaves the factory?	☑	☐	☐
4.4	Is the proper function of the test equipment verified with a simulated failure (dummy) or by other equivalent means? ☐ Simulated failure (dummy) ☐ Test procedure according to the equipment manual ■ Internal self-test; test program included in equipment certification ☐ Internal self-test; verified by the Inspector ☐ Others *(provide details):*	☑	☐	☐

		YES	N/A	NO
4.5	Is there evidence that the simulated failure represents the tripping limits as required? ***NOTE**:* *Except for spark testers in cable production.*	☑	☐	☐
4.6	Is there a procedure requiring appropriate actions to be taken by the operator if a functional check is found to be unsatisfactory?	☑	☐	☐
Description of the procedure or ref. of documented procedure & revision or issue date: ■ Details given on Inspector's Information page. ☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:				
4.7	Is this procedure appropriate to ensure that improperly checked products are re-tested?	☑	☐	☐
4.8	Are subsequent corrective actions taken recorded in all cases?	☑	☐	☐
4.9	Are the test records of results of functioning checks of test and measuring equipment maintained and satisfactory?	☑	☐	☐
4.10	Are records kept at least for the period between two inspection visits?	☑	☐	☐

5 Products seen in Production during visit

Identify type number and any certification mark that appeared on products seen in production at the time of the visit.
If no certified products were seen, indicate what kinds of products were manufactured at the time of visit. The manufacturing process shall nevertheless be examined.
At least one kind of product per product category and electrical insulation class shall be listed.

☐ No production
■ Production seen for the following product:

Kind of product: **Gas Chromatography System**
Product category: **MEAS**
Insulation Class: **1**
Type number: **310C**
Certification Marks: **cTUVus**

Complete TEST DATA SHEET for each kind of product per product category and electrical insulation class even if there is no production.

6 Calibration/Verification of Safety Test and Measuring Equipment

		YES	N/A	NO
6.1	Is test and measuring equipment used calibrated or verified?	☑	☐	☐

(one or more boxes may be ticked)
- ☐ **Verification** done by the Manufacturer by means of calibrated reference equipment
- ■ **Calibration** done by:
  - ☐ Laboratory accredited according to ISO/IEC 17025
  - ■ Test equipment Manufacturer/Supplier
  - ☐ National metrology institute
- ☐ Other *(provide details):*

Provide details for at least one electrical measuring equipment:

Kind of equipment:	**Electrical Safety Tester**
Type reference:	**Scotcher 568 S/N 04422-0016**
Calibration reference number:	**0084323**
Date of last calibration:	**July 08, 2020**
Calibration due date:	**July 08, 2021**

		YES	N/A	NO
6.2	Is reference equipment (used for verification) calibrated?	☐	☑	☐

(one or more boxes may be ticked)
Calibration of reference equipment done by:
- ☐ Laboratory accredited according to ISO/IEC 17025
- ☐ Test equipment Manufacturer/Supplier
- ☐ National metrology institute
- ☐ Other *(provide details):*

		YES	N/A	NO
6.3	Is the equipment provided with a label or similar indicating the next 'calibration due' date or another method ensuring the valid calibration/verification status?	☑	☐	☐
6.4	Do the calibration/verification records indicate that calibration is traceable to national/international standards of measurement?	☑	☐	☐
6.5	Are the records for calibration/verification of test and measuring equipment maintained and satisfactory?	☑	☐	☐
6.6	Are records kept at least for the period between two inspection visits?	☑	☐	☐

7 Handling and Storage

		YES	N/A	NO
7.1	Are the components and materials to be used for production stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	☑	☐	☐
7.2	Are the finished products stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	☑	☐	☐

8 Product Verification Tests / Periodic Tests (PVT)

8.1 Are required PVT conducted? YES ☐ N/A ☑ NO ☐

(one or more boxes may be ticked)
- ■ NO PVT required, all questions of this section shall be marked with 'N/A'
- ☐ PVT conducted at the factory location
- ☐ PVT conducted at an external laboratory owned by the Manufacturer
- ☐ PVT conducted at an external laboratory owned by the Licence Holder
- ☐ PVT conducted by independent external laboratory
- ☐ PVT conducted by certification body's laboratory
- ☐ Others *(provide details):*

☐ Details given on Inspector's Information page
☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:

***NOTE**:*
*Describe which tests (required by the Certification Body/certification scheme) are conducted and at what sampling rate on TEST DATA SHEET – **Product Verification Tests***

8.2 Are the tests conducted in accordance with procedures? YES ☐ N/A ☑ NO ☐

Description of the procedure or ref. of documented procedure & revision or issue date:
☐ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:

8.3 Is appropriate equipment that is required for conducting tests available? YES ☐ N/A ☑ NO ☐

8.4 Are the tests described in TEST DATA SHEET – **Product Verification Tests** in compliance with the requirements of the Certification Schemes and/or the requesting Certification Body? YES ☐ N/A ☑ NO ☐

8.5 Is there a procedure requiring actions to be taken if PVT are found to be unsatisfactory? YES ☐ N/A ☑ NO ☐

Description of the procedure or ref. of documented procedure & revision or issue date:
☐ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:

8.6 Are the records of product verification tests maintained and satisfactory? YES ☐ N/A ☑ NO ☐

8.7 Are records kept at least for the period between two inspection visits? YES ☐ N/A ☑ NO ☐

9 Void

10 Corrective actions in response to Inspector's evaluation

If there were any unsatisfactory findings entered in the previous inspection report, have these been corrected? YES ☐ N/A ☑ NO ☐

***NOTE**:*
If the Inspection Report is not available, tick 'N/A' and give details.
If there were no findings at the previous inspection report, tick 'N/A' as well.

See inspector information page for additional information

Provide details of each unsatisfactory finding and how each has been resolved.

11 Quality Management System

If the Manufacturer has a Quality Management System certified or assessed by an accredited Body, provide details of QMS standard, scope, name of certification body and certificate expiry date or provide copy of the certificate.

- ■ Quality Management System NOT certified
- ☐ Quality Management System certified by an accredited Body
- ☐ Quality Management System certified by a non-accredited Body
- ☐ Copy of the certificate provided as appendix to this report

Details of QMS standard:
Does the scope covers the production of the certified product:
☐ YES ☐ NO

Name of certification body: Certificate no.:
Certificate issued date: Certificate expiry date:

12 Manufacturer's self-assessment of the manufacturing and control process of certified products (Former: Audits of the Quality System)

12.1 Does the Manufacturer regularly check that all procedures as required by the Certification Body (is) and the harmonised inspection scheme (CIG 021) are followed? YES ☑ N/A ☐ NO ☐

12.2 Are records regarding results and actions taken available? YES ☑ N/A ☐ NO ☐

***NOTE**:*
The use of CIG 023 to document the results of the self-assessment is acceptable.

12.3 Are the personnel carrying out above required checks appropriately trained and independent of the process being assessed? YES ☑ N/A ☐ NO ☐

12.4 If there were any unsatisfactory findings identified from the Manufacturer's self-assessment of the manufacturing and control process of certified products, have these been corrected? YES ☑ N/A ☐ NO ☐

13 Void

14 Technical Complaints

The Manufacturer shall record any technical complaint regarding the certified product.
The questions in this section shall be answered even if no customer complaints have been received. In this case the questions shall be applied to the process.

14.1 Is there a procedure regarding how to handle customer complaints? YES ☑ N/A ☐ NO ☐

Description of the procedure or ref. of documented procedure & revision or issue date:
■ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report.
Please refer to attachment no.:

14.2 Are the received complaints reviewed on a regular basis regarding whether they are related to single errors or system errors? YES ☑ N/A ☐ NO ☐

☐ Actual case checked ■ Procedure checked

14.3 Are corrective actions and decisions regarding customer complaints recorded? YES ☑ N/A ☐ NO ☐

☐ Actual case checked ■ Procedure checked

14.4 Is the originator of the complaint informed about the handling and the result of the complaint? YES ☑ N/A ☐ NO ☐

☐ Actual case checked ■ Procedure checked

14.5 Are the records of customer complaints maintained and satisfactory? YES ☑ N/A ☐ NO ☐

14.6 Are records kept at least for the period between two inspection visits? YES ☑ N/A ☐ NO ☐

15 Certified Products and Changes to Certified Products

15.1 Is reference about the certified version available? YES ☑ N/A ☐ NO ☐

(one or more boxes may be ticked)
■ Set of drawings ■ Parts list ■ Product description
☐ Reference sample ■ Photo-documentation ☐ Other specification *(provide details):*

■ Details given on Inspector's Information page

15.2 Is this reference under control of the Licence Holder? YES ☑ N/A ☐ NO ☐

15.3 Is there a procedure ensuring that no changes to the construction of certified products will be implemented prior to acceptance by the Licence Holder? YES ☑ N/A ☐ NO ☐

Description of the procedure or ref. of documented procedure & revision or issue date:
■ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:

15.4 If the Manufacturer is also the Licence Holder: Is there a procedure ensuring that constructional changes of the certified product will be made only after approval by the Certification Body? YES ☑ N/A ☐ NO ☐

Description of the procedure or ref. of documented procedure & revision or issue date:
■ Details given on Inspector's Information page.
☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:

15.5.1 Have changes been made to the certified product since last inspection?

☐ YES ■ NO

- *If 'YES', answer the question below.*
- *If 'NO', tick 'N/A' below.*

15.5.2 Have these changes been made with the authorization of the Licence Holder? YES ☐ N/A ☑ NO ☐

16 Selection and Shipping of Re-Examination Sample(s)

Regarding samples requested by the Certification Body(ies) please refer to the table IDENTIFICATION OF SELECTED SAMPLES and enter details as appropriate.

16.1 If selection of samples for re-examination is required, have the required samples been selected? YES ☐ N/A ☑ NO ☐

The reasons why no samples were selected during the inspection:
(one or more boxes may be ticked)

- ■ None required by the certification body:
- ☐ No production, no stock:
- ☐ Build to clients' order
- ☐ No access to warehouse
- ☐ Warehouse not at Manufacturer's location
- ☐ Manufacturer has been instructed to send re-examination samples:
- ☐ Others *(provide details):*

☐ Details given on Inspector's Information page
☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:

16.2 If the selected sample(s) do not bear the Certification Mark then provide the reason for selection in the table IDENTIFICATION OF SELECTED SAMPLES.
(one or more boxes may be ticked)

- ☐ Type reference is mentioned on the certification bodies certification list
- ☐ Mark is applied on the package, catalogue or by other means
- ☐ Special sample selection order
- ☐ Others *(provide details)*
- ☐ Details given on Inspector's Information page
- ☐ Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment no.:

17 Inspector's Evaluation

17.1 *List your findings on the Inspector's Findings page by referencing the applicable clauses in this report (including comments, recommendations, etc.) and explain them to the Manufacturer. If possible, indicate also the corrective actions the Manufacturer intends to take*.

17.2 *Give your recommendations by ticking the appropriate box.*

1	No unsatisfactory findings	**Grant or continue certification.**	☑
2	Minor unsatisfactory finding(s)	**Manufacturer's corrective action(s) will be checked at next visit. Grant or continue certification.**	☐
3	Major unsatisfactory finding(s) Safety not directly affected	**Manufacturer shall confirm corrective action(s). Grant or continue certification.** Special or early routine inspection recommended for checking corrective action(s).	☐
4	Critical unsatisfactory finding(s) **Safety directly affected**	**Certification refused/suspended and repeated factory inspection recommended after the Manufacturer has confirmed implementation of corrective action(s).**	☐

17.3 Attachments:

For page control, write the reference number in the header of each attachment page.

☐ PD CIG 023 Appendix 1 – Signature page	No. of pages:
☐ PD CIG 023 Appendix 2 – ENEC Appendix	No. of pages:
☐ Copy of Quality Management Certificate	No. of pages:
■ Others **Calibration certificates**	No. of pages:

Total no. of pages of this report including all attachment pages: **25**

(Front pages to be excluded from page numbering!)

A copy of this report shall be provided to the undersigned contact person who should be aware of the contents and sign for its receipt.

☐ Printed copy provided ☑ Electronic copy provided

Content of this report including findings as documented on Inspector's Findings page (if any) have been explained by the Inspector to the Manufacturer's contact person.

Inspection duration: **1.5** **Hours**

The responsibility for ensuring that a product is manufactured in accordance with the standard to which it was originally approved rests with the Licence Holder.

Date: **2020-11-18**	Date: **2020-11-18**
Inspector's name (printed letters): **Michael Hurley**	Contact person's name (printed letters): **Amanda Brown**
Signature:	Signature:

☐ For signatures see attached signature page.

Inspector's Findings Page

Related clause number of this report:	Inspector's points requiring corrective action from the Manufacturer *Use separate Supplementary Page for different Certification Bodies if necessary.*
	No Findings To Report

Inspector's Information Page

Related clause number of this report:	*Use separate Supplementary Page for different Certification Bodies if necessary.*
2	**File Maker System SRI inspection tied to PO** **Inspection manual includes all certification marks required and is used/updated with each receipt. Checked log**
3	**Product traveler and final assembly checklist for each product** **HiPot manual for Model 568 and HiPot test log and traveler**
4	**Continuity test procedure test resistor verifies fail at .1 ohm and pass at .9 ohm verification log up to date**
10	**No previous findings**
12	**Continuous verification of CDF**
14	**RMA log checked**
15	**ECO form**

TEST DATA SHEET – Product Verification Tests / Periodic Tests (PVT)

***NOTE**:*
CB stands for Certification Body or Certification Scheme

CB	Product, Sampling Rate, Standards Clause or Test-Parameters, Results
	N\A

Reference number of the body carrying out the inspection: **Q0740874.33**

TEST DATA SHEET – Routine Tests

☐ No production	
☑ Production seen	Certification mark: **S72122478 / CU72122479**
Product Category: **MEAS**	Kind of product: **Gas Chromatography Systems**
Type number: **310C**	Electrical Insulation Class: **1**
Rated voltage: **100-240 VAC**	CB Routine Test Requirement: **YES**

TESTS		% check	Test value applied	Time	Factory limits applied:	Failure indicated by	Remarks	W / R
a	Earth continuity	100	25A	60 **s**	<100m **Ohm (max.)**	**Audio\Visual**	**AC-Inlet - Chassis**	W
b	Insulation resistance			**s**	**MOhm (min.)**			_
c	Leakage current				**mA (max.)**			_
Dielectric strength	Basic insulation	100	**1.69 KVAC**	60 **s**	10 **mA (max.)**	**Audio\Visual**	**L\N - Chassis**	W
Dielectric strength	Supplementary insulation			**s**	**mA (max.)**			_
Dielectric strength	Reinforced insulation			**s**	**mA (max.)**			_
e	Load deviation							_
f	Functional test	100				**Audio\Visual**		W

e Indicate method used (hot/cold, at mains voltage, low voltage resistance check, etc.).
f Are all controls and components checked during the test?
W = Test witnessed by the Inspector; R = according to records

Reference number of the body carrying out the inspection: **Q0740874.33**

IDENTIFICATION OF SELECTED SAMPLES	at Manufacturer: **SRI Instruments, Inc.**				Date: **2020-11-18**
Selected for	Label No.	Quantity	Product/Type/Technical data	Licence No.	Production period	Code letters
Visual	**310C**	**1**	**Gas Chromatography Systems MEAS 100-240 VAC**	**S72122478 / CU72122479**	**Per Order**	☐P ☐F ☐S ☐T ☐A
						☐P ☐F ☐S ☐T ☐A
						☐P ☐F ☐S ☐T ☐A
						☐P ☐F ☐S ☐T ☐A
						☐P ☐F ☐S ☐T ☐A
						☐P ☐F ☐S ☐T ☐A
						☐P ☐F ☐S ☐T ☐A

Code letters:

P = Sample from Production

S = Stock

F = Forwarded by the Manufacturer

T = Transported to the Certification Body by the Inspector

A = Shipped by the Inspection Agency

III. Fragebogen zur Produktsicherheit

Für jedes zertifizierte Produkt muss je ein Fragebogen ausgefüllt werden.

Questionnaire regarding the product safety

A separate questionnaire must be filled in for each certified product or product category.

Für Produkt / Produktgruppe: **Gas Chromatography Systems**
For Product / Product Line:

Typ-Bezeichnung / Modell: **310C**
Type / Model:

- Für alle „NO“ Antworten müssen Details auf der Seite BEWERTUNG DES INSPEKTORS-Ergebnisse angegeben werden
  For all “NO” answers details shall be provided on the INSPECTORS EVALUATION-Findings page
- Für alle „N/A“ Antworten müssen Begründungen angegeben werden, warum dieser Punkt nicht anwendbar ist.
  For all “N/A” answers rationale shall be provided as to why the item is not applicable

1 Dokumentation / *documentation*

1.1 Existiert für jedes zertifizierte Produkt eine ausreichende Dokumentation? (z.B. Zeichnungen, Stücklisten, usw.)
Does an acceptable documentation exist for each certified product?
(e.g. drawings, parts lists, etc.)?

P	N	F
☑	☐	☐

Stimmen die Angaben der Produktdokumentation mit denen der Dokumentation der Prüfstelle (AÜ's, Stücklisten, usw.) überein?
Is the information in the documentation the same as the information in the documentation of the test agency (CDF's, parts lists, etc.)?

P	N	F
☑	☐	☐

1.2 Nur für Produkte des harmonisiert geregelten Bereichs (CE-kennzeichnungspflichtige Produkte)!
Only for products of the harmonised regulated area (products that need to be labelled with the CE-marking)!

Existiert für die o.a. Produkte eine entsprechende EG-Konformitätserklärung?
Does an EU declaration of conformity exist for the above mentioned products?

P	N	F
☑	☐	☐

Werden die relevanten Überwachungsprüfungen im Rahmen der EG-Richtlinien durchgeführt? (Modul G, Einzelprüfung)
Are the relevant follow-up tests performed according to the EC Directives? (Module G, EC unit verification)

P	N	F
☑	☐	☐

1.3 Sind die sicherheitsrelevanten Daten, Prüf- (und CE-) Zeichen aufdem Typenschild aufgebracht?
Are the safety related data, test (and CE-) marks shown on the manufacturers plate?

P	N	F
☑	☐	☐

Ist das Prüfzeichen korrekt und auf dem aktuellen Stand?
Is the test mark correct and up-to-date?

P	N	F
☑	☐	☐

Ist die Typenbezeichnung korrekt?
Is the type designation correct?

P	N	F
☑	☐	☐

Ist die Herstellerbezeichnung und ggf. Adresse des Inverkehrbringers korrekt?
Is the name of the manufacturer and if applicable the address of the importer correct?

P	N	F
☑	☐	☐

Entspricht die Anbringung der Typenschilder den Anforderungen?
Are the manufacturers plates mounted according to the requirements?

P	N	F
☑	☐	☐

Stimmen die Angaben auf der Verpackung?
Is the information on the packaging correct?

P	N	F
☑	☐	☐

1.4 Sind Montageanleitungen, Beipackzettel, usw. adäquat und in der Sprache des Zielmarktes ausgeführt?
Are the user instructions, package information, etc. adequate, and are they in the proper language of the market for sale?

P	N	F
☑	☐	☐

2 Freigehalten (jetzt in Abschnitt 15 des CIG023-Berichtes behandelt)
Void (now covered in item 15 of the CIG023 report)

Bemerkungen / *remarks*:

IV. Durchzuführende Prüfungen / *Tests to be Performed*

Elektrische Produkte / *Electrical products*

Es wurde folgendes zertifiziertes Produkt überprüft:
The following certified product was checked:

Geräteart / *product*: **See Test Data Sheet Above**

Typ / *type*: _____

Test *Test*	**Testbedingungen** *Test conditions*	**Anforderungen** *Requirements*	**Ergebnis** *Result*
Hochspannungs-prüfung *high voltage test*	Prüfspannung: *test voltage:* ____ V Prüfdauer: *test time:* ____ s zwischen: *between:* und / *and*	Kein Durchschlag der Spannung *no breakthrough*	☐ P ☐ N ☐ F
Isolationswider-stand *Isolation resistance*	Prüfspannung: *test voltage:* ____ V Prüfdauer: *test time:* ____ s zwischen: *between:* und / *and*	Mindestwiderstand: *min. restistance:* ≥ ____ Ω	☐ P ☐ N ☐ F
Schutzleiter-widerstand *earth continuity test*	Prüfspannung: *test voltage:* V Prüfstrom: *current of testing:* ____ A Prüfdauer: *test time:* ____ s zwischen: *between:* und / *and*	Widerstand: *resistance:* ≤ ____ Ω	☐ P ☐ N ☐ F
Sichtkontrolle *visual inspection*			☑ P ☐ N ☐ F
Funktion *function*			☑ P ☐ N ☐ F
Bemerkungen/ *remarks*:			

Die Anforderungen der Stückprüfungen werden ☐ erfüllt ☐ nicht erfüllt
The requirements regarding the sample tests are ☑ *fulfilled* ☐ *not fulfilled*

V. Prüfmuster / *Test Samples*

Folgende Produkte müssen in einer Prüfstelle der TÜV Rheinland LGA Products GmbH (TRLP) einer Kontrollprüfung unterzogen werden:
*For the following products a **sample check** shall be performed by an office of TRLP:*

Produkt / *product:* Zert.-Nr. / *cert. no.*:

Die Produkte wurden / *the products were*

☐ verpackt und versiegelt und ... / *packed and sealed and ...*
☐ von der/dem Sachverständigen mitgenommen / *taken over by the inspector*
☐ von dem Vertreter der Fertigungsstätte zu folgender Prüfstelle der TRLP geschickt:
Mailed to the following TRPL office by the factory representative:

z.H. / *Attn:* KST / *Dept*.:

☐

Bemerkungen / *remarks*:

Nach Überprüfung wird das/die Muster / *after the check, the sample(s) will be*

☐ unfrei zurückgesendet / *returned via mail, not prepaid*
z.H. von / *Attn. to:*
☐ abgeholt / *picked up:*
☐ verschrottet / *scrapp:*

Das/die Referenzmuster / *the sample(s)*

☐ lagen vor / *were available*
☐ sind zur Kontrolle beim Genehmigungsinhaber anzufordern
Need to be requested by the license holder
☑ sind nicht erforderlich / *are not needed*

Datum / *date:* **2020-11-18**
Ort / *location*: **Las Vegas, NV**

Der/die Sachverständige / *the Inspector*	Für die Fertigung / *for the factory*
Michael Hurley	**Amanda Brown**

Anlage / Annex Bewertung / *evaluation*: P = Pass, F = Fail, N = Not applicable Blatt / *page* __1__ von / *of* __1__

Report Number: Q0740874.33

Factory Name: SRI Instruments, Inc.

Factory Number: Q0740874.32

7.9 F i	**Product are not intended for use in hazardous locations**	**Pass** ☑	**Fail** ☐
7.9 F ii	**Evidence or suspicion that products are not produced in compliance with the safety requirements or not maintaining appropriate control over production**	**Pass** ☑	**Fail** ☐
7.9 F iii	**No evidence or concerns regarding misuse or control of Certification Marks**	**Pass** ☑	**Fail** ☐
7.9 G	**The Factory demonstrates ongoing quality assurance programs, control programs, and effectiveness in meeting product safety requirements.**	**Pass** ☑	**Fail** ☐

☑ **Factory qualifies; semi-annual cycle is recommended** *(Requires all "Pass" recorded above)*

☐ **Factory does not qualify; quarterly inspection cycle required** (*Required if any "Fail" recorded above)*

Comments:

X **Michael Hurley**

Sachverständiger/Expert

SOTCHER MEASUREMENT INC.

Remit to:
SOTCHER MEASUREMENT INC.
115 PHELAN AVENUE
SUITE 10
SAN JOSE CA 95112
800/922-2969

INVOICE
0084323

INVOICE #: 0084323 INVOICE DATE: 07/10/20 SALESMAN: 3

CUST. PO: 01AB06252020 TERMS: Net 30 SHIP VIA: FEDEXCOLLE

BILL TO: SRI00
SRI INSTRUMENTS
20720 EARL STREET
TORRANCE CA 90503-2162
USA

SHIP TO:
SRI INSTRUMENTS
AMANDA BROWN
6440 SUNSET CORP DR
LAS VEGAS NV 89120

ITEM	ORDER	SHIP	DESCRIPTION	UNIT PRICE	TOTAL
32200	1.0	1.0	REPAIR AND SERVICE		
40002	1.0	1.0	NIST TRACEABLE CERTIFICAT		
50377	1.0	1.0	EXPEDITE SHIPMENT,GENERAL		
			PSR 38284 MOD 568 + 40537		
			FEDEX GROUND 159021556		
			SRIAMANDABROWN@GMAIL.COM		

RECEIVED 7-14 2020

38284

PRODUCT SERVICE REPORT

0084323

COMPANY SRI Instruments Inc ACCT NO. SRI00
NAME Amanda Brown PHONE 702/361-2210
ADDRESS 6440 Sunset Cooporate DR
CITY Las Vegas STATE NV ZIP 89120

P.O.# 01AB062S2020 - DATE REPORTED
REASON FOR RETURN
LOANER MODEL DATE SENT RTND
RETURNED MODEL S68+40537 DATE RECEIVED 07-08-2020

sotcher
MEASUREMENT, INC.
115 Phelan Ave. Suite 10
SAN JOSE, CA 95112
(800) 922-2969

DATE MFG NOV-23, 1998 CODE NO. 04422-0016
DATE LAST SERVICED July.08-2019 PRIOR PSR NO. 37798
PROBLEMS FOUND Due of Recalibration

PROD SERV ☒ WARRANTY NEW ☐ WARRANTY REPAIR ☐ WARRANTY OTHER ☐ PROBLEM NOT FOUND ☐

SERVICE PERFORMED Check, Recalibration & Clean

ADDITIONAL SERVICE (To update and /or improve service life)

SPECIAL NOTES SRI AmandaBrown@Gmail.com Fedex Grand 159021556
Expedit 25

DATE COMPLETED July-08-2020
TECHNICIAN
RECALIBRATION DUE July-08-2020
WEIGHT 25 lbs

PARTS
SERVICE CHARGE 65-
CERTIFICATION 120
SHIPPING
TOTAL

CERTIFICATE OF CALIBRATION

SOTCHER MEASUREMENT, INC. DOES HEREBY CERTIFY THE ABOVE LISTED INSTRUMENT(S) MEET OR EXCEEDS ALL PUBLISHED SPECIFICATIONS AND HAS BEEN CALIBRATED USING STANDARDS WHOSE ACCURACIES ARE TRACEABLE TO THE NATIONAL BUREAU OF STANDARDS WITHIN THE LIMITATIONS OF THE BUREAU'S CALIBRATION SERVICES, OR HAVE BEEN DERIVED FROM ACCEPTED VALUES OF NATURAL PHYSICAL CONSTANTS, OR HAVE BEEN DERIVED BY THE RATIO TYPE OF SELF-CALIBRATION TECHNIQUES

FULL ONE YEAR WARRANTY ON SERVICE WORK PERFORMED AND MATERIAL REPLACED

RECEIVED 12-14-2020

sotcher
MEASUREMENT INC.

METROLOGY REPORT

Item Under Test: Part Number: 30568 Serial Number: 04422 - 0016

Options: 40537

Calibration: **Date:** July. 08-2020 **Next Calibration Due:** July 08.2021

Reference: Date Mfg.: Nov.23.1998 Date Last Serviced: Jul-08-19 Prior SR # 37798

Service to: SRS Instruments Inc 6440 Sunset Cosporate DR

City: Las Vegas State: NV Zip: 89120

Received: [X] In tolerance [ ] Out of tolerance [ ] New W/O#_____

[ ] Other_____

Returned: [X] In tolerance [ ]_____

Conditions: 68-70F, 40-55% RH

Work Performed: [X] Inspected & Calibrated [ ] Repaired [X] Adjusted as required [ ] Up grade

Repair Action Taken: Refer to Service Report No: 38254

Calibration Standard:	Mfg. Model	Serial	Cal Date	Due Date
[ ] Standard	Fluke 87 V	18320037	05/31/19	05/31/20
[X] Standard	Fluke 87 V	18320130	06/16/20	06/16/21
[X] Standard	Fluke 87 V	22950031	08/29/19	08/29/20
[ ] High Voltage Probe	Fluke 80K-6	586329	09/12/19	09/12/20
[X] High Voltage Probe	Fluke 80K-6	95720035	06/24/20	06/24/21
[ ] High Voltage Probe	Fluke 80K-6	23140013	05/29/19	05/29/20
[ ] High Current Clamp	Fluke I400	21050415	09/03/19	09/03/20
[ ] High Current Clamp	Fluke I400	35670125	05/30/19	05/30/20
[X] High Current Clamp	Fluke I400	42500110	06/26/20	06/26/21
[ ] Test Station	Sotcher Mod 350	002	05/01/20	08/01/20
[ ] Test Station	Sotcher Mod 311	002	05/01/20	08/01/20
[ ] Calibration Unit	Sotcher Mod 1234	0001	05/01/20	08/01/20

Sotcher Measurement Inc. certifies that the above listed instrument meets or exceeds all published specifications. It has been calibrated using standards whose accuracy is traceable to the National Institute of Standards and Technology. Alternatively, accuracy has been derived from accepted values of natural physical constants, of self-calibration techniques. All test are preformed in compliance with ANSI/NCSL Z540-1

Signed: _____ Dated: July-08-2020

Inspector: [X] Chorliang Chang

115 Phelan Avenue, Suite 10 • San Jose, CA 95112 • 408-574-0112

RECEIVED 7/14/2020

sotcher
MEASUREMENT INC.

MEASURED RESULTS

Item Under Test: Part Number: 30568/40537 **Serial Number:** 04422-0016

Calibration Date: July.08.2020

Functions Tested	Unit	Specified	Tol (%)	[1]	Received	Returned	Action
Continuity Current Setting	(A)	25	5.0	L	24.89	25.03	Adj
Continuity Resistance Limit	(Ohm)	0.1	5.0	L	0.1	0.1	
Dielectric Voltage Meter	(KV)	5.0	3.0	M	> 5.0	5.0	[2] Adj
Dielectric Leakage Meter	(mA)	5.0	3.0	M	5.0 <	5.0	[3] Adj
Dielectric Leakage Limit	(mA)	5.0	5.0	L	4.97	5.00	Adj
Dielectric Timer– Low Range	(Sec)	1.0	+10/-0	L	1.0	1.0	
Dielectric Timer– High Range	(Sec)	60.0	+5/-0	L	61.8	61.8	
Dielectric Voltage Meter	(KV)	4975	3.0	M	5.0		[2]
Dielectric Leakage Meter	(mA)	5.08	3.0	M	5.0		[3]

Note [1] M = Meter Display L = Limit Setting NA = Not applicable

RECEIVED 7-14-20

HI-POT TEST LOG

2020	S/N	115 VOLT	230 VOLT	MILLIAMPS	COMMENTS
11 / 11	11908	1350	1500	3.2	Pass w/o Polish filter
11 / 16	#	1350	1500		unit Test okay
11 / 16	11909	1350	1500	3.1	Pass w/o Polish filters
11 / 17		1350	1500		unit Test Ok
11 / 17	11951	1350	1500	3.2	Pass w/o Polish filter
11 / 17	11842	1350	1500	2.9	Pass
11 / 17	11912	1350	1500	3.0	Pass
/		1350	1500		
/		1350	1500		
/		1350	1500		
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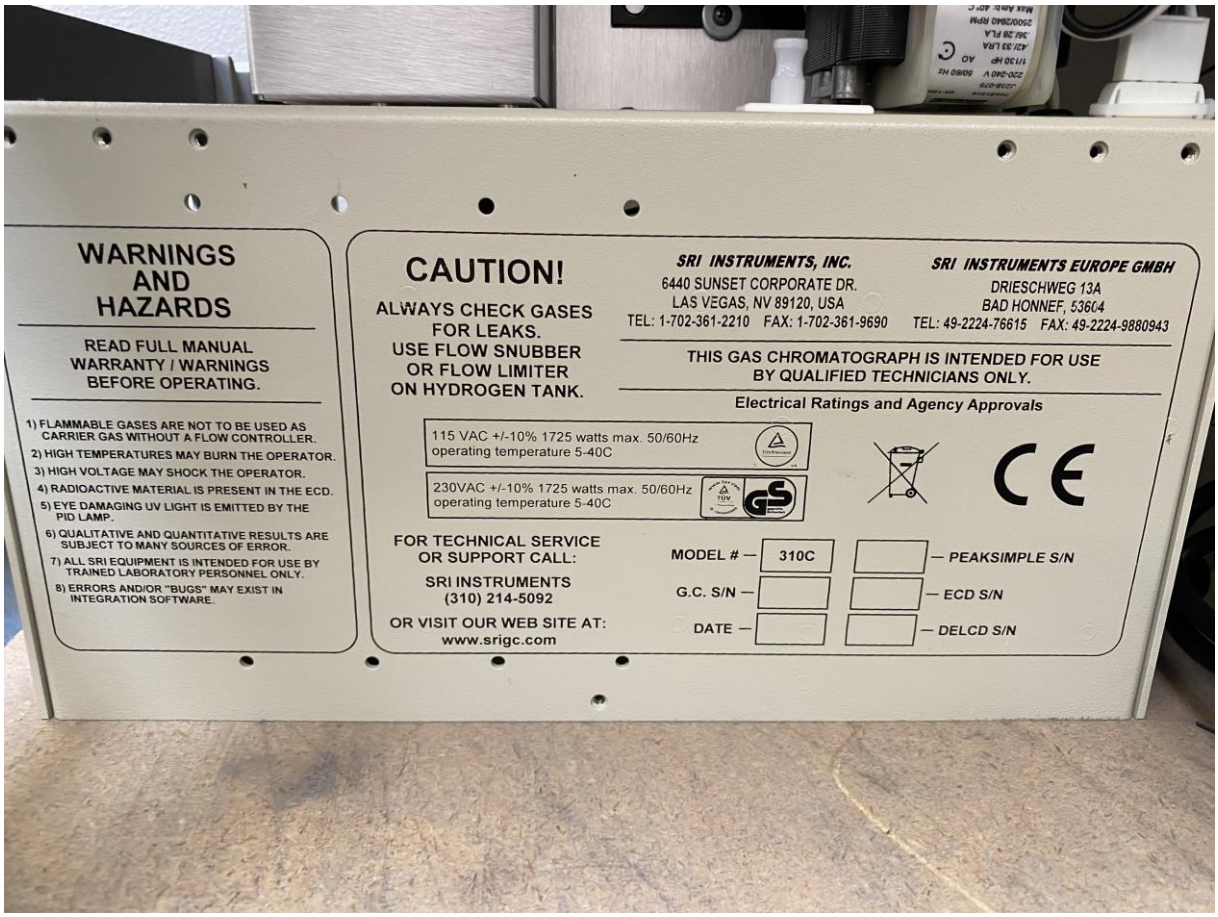

WARNINGS AND HAZARDS
READ FULL MANUAL WARRANTY / WARNINGS BEFORE OPERATING.
1) FLAMMABLE GASES ARE NOT TO BE USED AS CARRIER GAS WITHOUT A FLOW CONTROLLER.
2) HIGH TEMPERATURES MAY BURN THE OPERATOR.
3) HIGH VOLTAGE MAY SHOCK THE OPERATOR.
4) RADIOACTIVE MATERIAL IS PRESENT IN THE ECD.
5) EYE DAMAGING UV LIGHT IS EMITTED BY THE PID LAMP.
6) QUALITATIVE AND QUANTITATIVE RESULTS ARE SUBJECT TO MANY SOURCES OF ERROR.
7) ALL SRI EQUIPMENT IS INTENDED FOR USE BY TRAINED LABORATORY PERSONNEL ONLY.
8) ERRORS AND/OR "BUGS" MAY EXIST IN INTEGRATION SOFTWARE.
CAUTION!
ALWAYS CHECK GASES FOR LEAKS.
USE FLOW SNUBBER OR FLOW LIMITER ON HYDROGEN TANK.
SRI INSTRUMENTS, INC.
6440 SUNSET CORPORATE DR.
LAS VEGAS, NV 89120, USA
TEL: 1-702-361-2210 FAX: 1-702-361-9690
SRI INSTRUMENTS EUROPE GMBH
DRIESCHWEG 13A
BAD HONNEF, 53604
TEL: 49-2224-76615 FAX: 49-2224-9880943
THIS GAS CHROMATOGRAPH IS INTENDED FOR USE BY QUALIFIED TECHNICIANS ONLY.
Electrical Ratings and Agency Approvals
115 VAC +/-10% 1725 watts max. 50/60Hz
operating temperature 5-40C
230VAC +/-10% 1725 watts max. 50/60Hz
operating temperature 5-40C
CE
FOR TECHNICAL SERVICE OR SUPPORT CALL:
SRI INSTRUMENTS
(310) 214-5092
OR VISIT OUR WEB SITE AT:
www.srigc.com
MODEL # — 310C
— PEAKSIMPLE S/N
G.C. S/N —
— ECD S/N
DATE —
— DELCD S/N

SRI INSTRUMENTS RECEIPT INSPECTION RECORD

PO# 02AB1026 2020 DATE 10-27-2020

VENDOR Master Electronics MANUFACTURE PTB Brand

PART # T9257A22-240

VOLTAGE 240 WATTS _____ AMPS 30 HERTZ _____

QUANTITY RECEIVED 100 QUANTITY INSPECTED 1

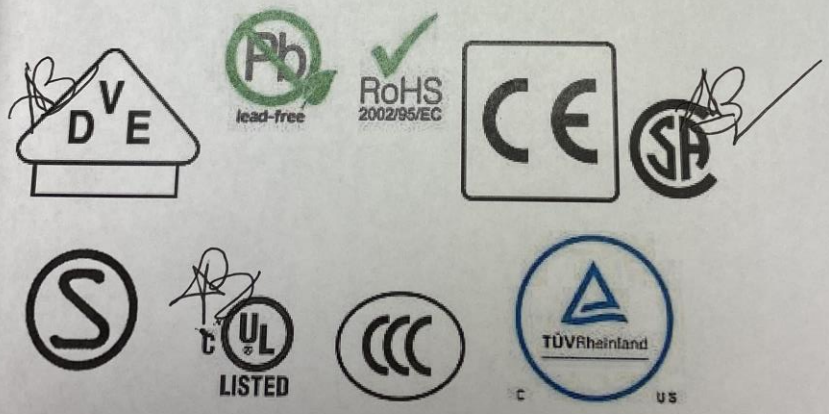
CONDITION OF SHIPMENT: X Lot

INSPECTION PROCESS: VISUAL ✓ PHYSICAL __

ACCEPT PRODUCT ✓ REJECT PRODUCT ____

INSPECTED BY AB Brown

QUALITY CONTROL Amanda Brown



Comments: TE Connectivity/PotterBrumfield