

FACTORY INSPECTION REPORT

Inspection carried out by (Name of Inspection Body): **VDE Testing and Certification Institute**
Reference number of the Body carrying out the inspection: 30002365-2026-01-06
For page control, please write this number in the header of each page (including the attachments).

IMPORTANT INFORMATION

- This report is based on the PDF reference version of OD CIG 423 as provided under ETICS - CIG Public Documents ([CIG Public Documents GROUP PERMANENT AND OPERATIONAL DOCUMENTS \(etics.org\)](http://CIG Public Documents GROUP PERMANENT AND OPERATIONAL DOCUMENTS (etics.org)))
- If any modification on the fixed wording, compared to the reference version, is made, the reference to OD CIG 423 in footer of this document shall be removed!
- ETICS reserve the right to take appropriate action against violations accordingly.
- This document is only valid if used by CIG Members

GENERAL GUIDANCE

- The questions of this Factory Inspection Report are based on the requirements given in Operational Document OD CIG 421.
- Guidance for the Inspector is given in Operational Document OD CIG 424.
- Both documents, OD CIG 421 and OD CIG 424 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 Inspectors Finding/Observation Sheet (part 1).
- For 'N/A' answers rationale shall be provided as to why the item is not applicable, unless it is obvious to be not relevant.
- If functional safety aspects need to be considered details should be given on Inspector's Information page.
- Details should be given on Inspector's Information page.
- This report as well as objective evidence attached to this report shall be written at least in English.

1 GENERAL INFORMATION

1.1 Factory registered name and factory location

Factory registered name:	KOMOS GmbH Komponenten Module Systeme
Street and No.:	Bahnhofstraße 2
Postal code:	07616
City:	Bürgel
Province:	Thüringen / Thuringia
Country:	Deutschland / Germany
GPS-coordinates (optional):	<input type="checkbox"/> N: <input type="checkbox"/> S: <input type="checkbox"/> E: <input type="checkbox"/> W:

1.2 Factory representative name and contact data

Factory representative name:	Kerstin Luschnig
Position:	Leiterin Qualitätssicherung
Telephone (incl. country code):	+49 36692 49064
Mobile (incl. country code):	+49 36692 59055
E-Mail:	k.luschnig@komos.de

1.3 ☒ Further names / general contact: See Inspectors Information Page

1.4	<input type="checkbox"/> Pre-Licence <input type="checkbox"/> HAR	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> EMC	<input type="checkbox"/> ENEC <input type="checkbox"/> Others:	<input type="checkbox"/> ENEC+
1.5	<u>Pre-Licence only:</u> Is the information given in the Questionnaire OD CIG 422 Sections B.1 and B.2 (or provided in another format) accurate and complete?			
	YES <input type="checkbox"/> N/A <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	<i>If 'NO', amend the Questionnaire as appropriate and attach a copy to this report.</i>			
1.6 Inspection Details:				
Certification Body requesting inspection	Inspection X of Y	Certification Body(ies) Reference No.	Product Category	Kind of Product
VDE	1 of 1	30002365 / 5277263	INST	Installationssteckdose
1.7 Name of Inspector: Dipl.-Ing. Karsten Wolf - wlf			Date of inspection: 2026-01-06 (YYYY-MM-DD)	

1.8 Have relevant changes been made to the production since last inspection?

(e.g., new production line, extension of a production line, change of relevant production processes)

☐ YES ☒ NO ☐ N/A (for pre-licence inspection)

If 'YES', please 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.:

1.9 Have relevant changes been made related to the company's organisation with impact to inspection aspects.

☐ YES ☒ NO ☐ N/A (for pre-licence inspection)

If 'YES', please provide details.

Note: Organigramm Komos implementiert durch GF, Version 2025;
KOMOS Belegschaft ca. 50 MA (2-3 Mitarbeiter Bereich Fertigung VDE-zert. Steckdosen)

☒ 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	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 Factory as complying with appropriate specification?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.2	Does this verification also include the verification of the Certification Marks? NOTE: <i>There shall be instructions as to which Certification Marks have to appear on the components/products in order to accept them.</i>	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Description of the procedure (one or more boxes may be ticked)</p> <p><input checked="" type="checkbox"/> Rely on suppliers' out-going inspection <input type="checkbox"/> Audit conducted at the suppliers' premises <input type="checkbox"/> Supplier control based on Factory check list <input checked="" type="checkbox"/> Conduct own incoming inspection <input checked="" type="checkbox"/> Identification check <input checked="" type="checkbox"/> Checked for correct type <input checked="" type="checkbox"/> Comparison to a reference <input checked="" type="checkbox"/> Rating <input checked="" type="checkbox"/> Certification mark <input checked="" type="checkbox"/> Certificate of conformity <input type="checkbox"/> Others (provide details): <input type="checkbox"/> Details given on Inspector's Information page</p>				
<p>Description of the procedure or ref. of documented procedure & revision or issue date: <input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:</p>				
2.3	If the Factory relies on Certificates of Conformity, do they clearly identify the product, quantity of items covered, the specification to which the products conform, the production date and are they properly issued?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.4	Is there a procedure covering the way to handle non-conforming components and materials?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Description of the procedure or ref. of documented procedure & revision or issue date: <input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:</p>				
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 <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.6	Are records of the incoming inspection maintained and satisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

2.7	Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3 Production Control, Monitoring and Routine Tests				
3.1	Are the Quality Assurance and Personnel in production adequately briefed on their duties?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.2	Do they have readily available up-to-date documents, production and test instructions, photographs, drawings or samples on all those parts which have an impact on the safety of the finished products?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.4	Is there a procedure to ensure that all products will be tested or inspected according to the Factory requirements?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.6	Are products examined at appropriate stages of production (Production Line Inspection)?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> NOTE: Give details of all tests and inspections performed by the Factory and enter in the routine test table on the TEST DATA SHEET </div>				
3.7	Do the Routine Tests entered on the TEST DATA SHEET sufficiently cover all the Certification Body(ies) requirements?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.8	Is there a procedure covering the way to handle non-conforming products?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Procedure of handling non-conforming products (one or more boxes may be ticked) <input type="checkbox"/> Automated segregation process <input checked="" type="checkbox"/> Manual segregation process <input checked="" type="checkbox"/> Non-conforming products are destroyed <input checked="" type="checkbox"/> Non-conforming products are repaired <input type="checkbox"/> Others (provide details): <input type="checkbox"/> Details given on Inspector's Information page				

Description of the procedure or ref. of documented procedure & revision or issue date: <input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:				
3.9	Is the procedure and the way in which it is applied satisfactory? (e.g. non-conforming products clearly identified and segregated to prevent unauthorised use?)	YES	N/A	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10	Are repaired and reworked (corrected) items again subjected to appropriate tests/examinations in accordance with procedures?	YES	N/A	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:				
3.11	Are test records of the routine tests maintained and satisfactory?	YES	N/A	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12	Are records kept at least for the period between two inspection visits?	YES	N/A	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Functional Check of Test and Measuring Equipment used for Safety Tests				
4.1	Is there evidence that the functional check of the equipment is conducted properly, even if certified products were not in production?	YES	N/A	NO
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2	Is there a procedure describing how the functional checks shall be conducted? <input type="checkbox"/> Automated process <input type="checkbox"/> Manual process	YES	N/A	NO
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:				
4.3	Is the proper function of the test equipment verified with a simulated failure (dummy) or by other equivalent means? <input type="checkbox"/> Simulated failure (dummy) <input type="checkbox"/> Test procedure according to the equipment manual <input type="checkbox"/> Internal self-test; test program included in equipment certification <input type="checkbox"/> Internal self-test; verified by the Inspector <input type="checkbox"/> Others (provide details):	YES	N/A	NO
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4	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?	YES	N/A	NO
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4.5	Is there evidence that the simulated failure represents the tripping limits as required?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
NOTE: <i>Except for spark testers in cable production.</i>				
4.6	Is there a procedure requiring appropriate actions to be taken by the operator if a functional check is found to be unsatisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> 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?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.8	Are subsequent corrective actions taken recorded in all cases?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.9	Are the test records of results of functioning checks of test and measuring equipment maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.10	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

5 Products seen in Production during visit

Production of certified products from Certification Body requesting the inspection seen during visit
☒ YES ☐ NO

Complete TEST DATA SHEET for each kind of product category as provided in Table 1.6 **and** electrical insulation class even if there is no production.

Montagelinie, Lagerbereiche (Wareneingang, Produktion, Fertigprodukte), Sperrflächen;
 EN: Production area / lines, Testing areas, Warehouse, Quarantaine area

6 Calibration/Verification of Safety Test and Measuring Equipment

6.1	Is test and measuring equipment used calibrated or verified?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
NOTE: <i>See OD CIG 421 clause 5.6.1 to 5.6;3 for calibration/verification interval.</i>				

one or more boxes may be ticked)

☒ **Verification** done by

- ☒ The Factory by means of calibrated reference equipment
- ☐ Test equipment Producer/ Supplier

☒ **Calibration** done by:

- ☒ Calibration laboratory accredited according to EN ISO/IEC 17025
- ☐ National metrology institute
- ☒ Other (provide details):

Keine elektrischen Messmittel, Referenzmittel extern kalibriert

Prüflehre / Prüfstecker 24 Monate

Provide details for at least one electrical measuring equipment:

Kind of equipment:	Prüfstecker (Sonderlehre)	Digitaler Messschieber
Type reference:	Maß 19+/-0.15 (diverse)	150mm(Helios SN 26091811419)
Calibration reference number:	KOMOS-Id# 0410 (ID# 0399-2)	KOMOS-Id# 1114
Date of last calibration:	2025-01-06 (2024-10-22)	2025-03-06
Calibration due date:	2027/01 (2026/10)	2026/03

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

NOTE:

See OD CIG 421 clause 5.6.1 to 5.6;3 for calibration/verification interval.

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one or more boxes may be ticked)

☒ **Calibration** done by:

☐ Calibration laboratory accredited according to EN ISO/IEC 17025

☐ National metrology institute

☒ Other (provide details):

Other (provide details): Kalibrierendmaßsatz als Referenzmittel ID# 1043 (Intervall 3 Jahre)

Provide details of the reference equipment used for internal verification.

Kind of equipment: Kalibrierendmaßsatz als Referenzmittel

Type reference: ID# 1043

Calibration reference number: 13643-2023 (Fa. Meißner)

Date of last calibration: 2023-02-23

Calibration due date: 2026/02

6.3 Is the equipment provided with a label or another method ensuring the next 'calibration/verification due' date? YES N/A NO

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☐

6.4 Do the calibration/ verification records indicate that calibration is traceable to national/international standards of measurement? YES N/A NO

☒

☐

☐

6.5 Are the records for calibration/verification of test and measuring equipment maintained and satisfactory? YES N/A NO

☒

☐

☐

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

☒

☐

☐

7 Handling and Storage

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? YES N/A NO

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☐

☐

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? YES N/A NO

☒

☐

☐

8 Product Verification Tests / Periodic Tests (PVT)				
8.1	Are the required PVT conducted?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<p><i>(one or more boxes may be ticked)</i></p> <p><input checked="" type="checkbox"/> NO PVT required, all questions of this section shall be marked with 'N/A'</p> <p><input type="checkbox"/> PVT conducted at the factory location</p> <p><input type="checkbox"/> PVT conducted at an external laboratory owned by the Factory</p> <p><input type="checkbox"/> PVT conducted at an external laboratory owned by the Licence Holder</p> <p><input type="checkbox"/> PVT conducted by independent external laboratory</p> <p><input type="checkbox"/> PVT conducted by certification body(ies) laboratory</p> <p><input type="checkbox"/> Others <i>(provide details)</i>:</p> <p><input type="checkbox"/> Details given on Inspector's Information page</p> <p><input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:</p>				
<p>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 / Periodic Tests (PVT)</p>				
8.2	Are the tests conducted in accordance with procedures?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<p>Description of the procedure or ref. of documented procedure & revision or issue date:</p> <p><input type="checkbox"/> Details given on Inspector's Information page.</p> <p><input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:</p>				
8.3	Is appropriate equipment that is required for conducting tests available?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
8.4	Are the tests described in TEST DATA SHEET – Product Verification Tests/Periodic Tests (PVT) in compliance with the requirements of the Certification Schemes and/or the requesting Certification Body?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
8.5	Is there a procedure requiring actions to be taken if PVT are found to be unsatisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<p>Description of the procedure or ref. of documented procedure & revision or issue date:</p> <p><input type="checkbox"/> Details given on Inspector's Information page.</p> <p><input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:</p>				
8.6	Are the records of Product Verification Tests / Periodic Tests (PVT) maintained and satisfactory?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
8.7	Are records kept at least for the period between two inspection visits?	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

9	Void
10	Unsatisfactory Findings from Previous Inspection - Follow-Up
10.1	Are inspection reports kept at least for the period between two inspection visits? YES <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/>
10.2	If there were any unsatisfactory findings entered in the previous inspection report, have these been corrected? YES <input type="checkbox"/> N/A <input checked="" type="checkbox"/> NO <input type="checkbox"/> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> NOTE: <i>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.</i> </div>
Provide details of each unsatisfactory finding and how each has been resolved.	
Keine Beanstandungen bei letzter Inspektion. / No findings during last inspection.	
11	Quality Management System
If the Factory 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. <input type="checkbox"/> Quality Management System NOT certified <input checked="" type="checkbox"/> Quality Management System certified by an accredited Body <input type="checkbox"/> Quality Management System certified by a non-accredited Body <input checked="" type="checkbox"/> Copy of the certificate provided as appendix to this report Details of QMS standard: DIN EN ISO 9001:2015 Does the scope cover the production of the certified product? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <div style="display: flex; justify-content: space-between;"> Name of certification body: TÜV Thüringen Certificate No.: TIC 15 100 31804 </div> <div style="display: flex; justify-content: space-between;"> Certificate issued date: 2024-08-10 Certificate expiry date: 2027-08-09 </div>	
12	Factory self-assessment of the production and control process of certified products
12.1	Does the Factory regularly check that all procedures as required by the Certification Body(ies) and the CIG inspection scheme (OD CIG 421) are followed? YES <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/>
12.2	Are records regarding results and actions taken available? YES <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> NOTE: <i>The use of OD CIG 423 to document the results of the self-assessment is recommended.</i> </div>
12.3	Are the personnel carrying out above required checks appropriately trained and independent of the process being assessed? YES <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/>

12.4	If there were any unsatisfactory findings identified from the Factory self-assessment of the production and control process of certified products, have these been corrected?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
12.5	Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
13	Void			
14	Complaints			
<i>The Factory shall record complaints, at least any technical complaint regarding the certified product. The questions in this section shall be answered even if no complaints have been received. In this case the questions shall be applied to the process.</i>				
14.1	Is there a procedure regarding how to handle complaints?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of the procedure or ref. of documented procedure & revision or issue date: <input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:				
<i>Have any complaints been received?</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (for pre-licence inspection) Please give details/reference! <input type="checkbox"/> Details/reference given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:				
Keine Reklamationen bezogen auf VDE-zertifizierte Produkte				
14.2	Are the received complaints reviewed on a regular basis regarding whether they are related to single errors or system errors?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Actual case checked <input checked="" type="checkbox"/> Procedure checked				
14.3	Are corrective actions and decisions regarding complaints recorded?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Actual case checked <input checked="" type="checkbox"/> Procedure checked				
14.4	Is the originator of the complaint informed about the handling and the result of the complaint?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Actual case checked <input checked="" type="checkbox"/> Procedure checked				
14.5	Are the records of complaints maintained and satisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

14.6 Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
15 Certified Products and Changes to Certified Products			
15.1.1 Is reference about the certified version available?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>(one or more boxes may be ticked)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> Set of drawings</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Parts list</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Product description</div> <div style="width: 33%;"><input type="checkbox"/> Reference sample</div> <div style="width: 33%;"><input type="checkbox"/> Photo-documentation</div> <div style="width: 33%;"><input type="checkbox"/> Product certificate including annexes</div> <div style="width: 33%;"><input type="checkbox"/> Reference for certification mark.</div> <div style="width: 33%;"><input type="checkbox"/> Test report from certification body</div> <div style="width: 33%;"><input type="checkbox"/> Other specification <i>(provide details):</i></div> <div style="width: 33%;"><input type="checkbox"/> Product Standard of certified product</div> <div style="width: 33%;"><input type="checkbox"/> Details given on Inspector's Information page</div> </div>			
15.1.2 Is this reference under control of the Licence Holder?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
15.2.1 Have changes been made to the certified product since last inspection?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <div style="margin-top: 5px;"> – If 'YES', answer the question below. – If 'NO', tick 'N/A' below. </div>			
15.2.2 Have these changes been made with the authorisation of the Licence Holder?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
15.3 If the Factory IS NOT the Licence Holder:			
Is there a procedure ensuring that no changes to the construction of certified products will be implemented prior to acceptance by the Licence Holder?			
NOTE: <i>If the factory is also the Licence Holder, tick 'N/A'.</i>			
Description of the procedure or ref. of documented procedure & revision or issue date:			
<input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:			
15.4 If the Factory 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?			
NOTE: <i>If the factory is not the Licence Holder, tick 'N/A'.</i>			
Description of the procedure or ref. of documented procedure & revision or issue date:			
<input checked="" type="checkbox"/> Details given on Inspector's Information page. <input type="checkbox"/> Objective evidence is provided as an attachment to this Factory Inspection Report. Please refer to attachment No.:			

16 Selection and Shipping of Sample(s)

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

Is sample selection required?

☒ YES ☐ NO

If YES by which Certification Body(ies): VDE

16.1 If selection of samples is required, have the required samples been selected? YES ☒ N/A ☐ NO ☐

NOTE:

The selection of samples for Product Surveillance is an essential aspect to maintain the validity of the Product Licence. Not providing samples might result in suspension or withdrawal of the Product Licences!

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

- ☐ No production, no stock.
Factory has been instructed to provide/retain samples.
Details given on Inspectors Finding/Observation Sheet (part 1)
- ☐ Build to clients' order (no extra samples available)
Factory has been instructed to provide/retain samples.
Details given on Inspectors Finding/Observation Sheet (part 1)
- ☐ No/denied access to warehouse.
Details given on Inspectors Finding/Observation Sheet (part 1)
- ☐ Warehouse not at Factory location
Factory has been instructed to provide/retain samples.
Details given on Inspectors Finding/Observation Sheet (part 1)
- ☐ Others (provide details):
☐ Details given on Inspectors Finding/Observation Sheet (part 1)
☐ 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 body(ies) certification list
- ☐ Mark is applied on the package, catalogue or by other means
- ☐ Special sample selection order
- ☐ Others (provide details)
- ☐ Details given on Inspectors Finding/Observation Sheet (part 1)
- ☐ Objective evidence is provided as an attachment to this Factory Inspection Report.
Please refer to attachment No.:

17 Inspector's Evaluation																			
<p><i>NOTE: This clause reflects the result of the inspection from the view of the Inspector. The final decision will be taken by the accepting/receiving Certification Body.</i></p>																			
<p>17.1 List your findings/observations on the Inspectors Finding/Observation Sheet (part 1) by referencing the applicable clauses in this report (including comments, recommendations, etc.) and explain them to the Factory. If possible, also indicate the corrective actions the Factory intends to take.</p>																			
<p>Number of Finding Sheets issued: 0 Number of Observation Sheets issued: 0</p>																			
<p>17.2 Give your recommendations by ticking the appropriate box.</p>																			
1	No unsatisfactory findings	Grant or continue certification.	<input checked="" type="checkbox"/>																
2	Minor unsatisfactory finding(s)	Factory corrective action(s) will be checked at next visit. Grant or continue certification.	<input type="checkbox"/>																
3	Major unsatisfactory finding(s) Safety not directly affected	Factory shall confirm corrective action(s). Grant or continue certification. Special or early routine inspection recommended for checking corrective action(s).	<input type="checkbox"/>																
4	Critical unsatisfactory finding(s) Safety directly affected	Certification refused/suspended and repeated factory inspection recommended after the Factory has confirmed implementation of corrective action(s).	<input type="checkbox"/>																
<p>17.3 Attachments: For page control, write the reference number in the header of each attachment page.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input type="checkbox"/> Revised OD CIG 422 B1</td> <td style="width: 40%;">No. of pages:</td> </tr> <tr> <td><input type="checkbox"/> Revised OD CIG 422 B2</td> <td>No. of pages:</td> </tr> <tr> <td><input type="checkbox"/> OD CIG 423 Appendix 1 – Signature Page (Part 1)</td> <td>No. of pages:</td> </tr> <tr> <td><input type="checkbox"/> OD CIG 423 Appendix 1 – Inspection Summary Page (Part 2)</td> <td>No. of pages:</td> </tr> <tr> <td><input type="checkbox"/> OD CIG 423 Appendix 2 – QMS Appendix</td> <td>No. of pages:</td> </tr> <tr> <td><input type="checkbox"/> OD CIG 423 Appendix 3 – ENEC+ Appendix</td> <td>No. of pages:</td> </tr> <tr> <td><input checked="" type="checkbox"/> Copy of Quality Management Certificate</td> <td>No. of pages: 1</td> </tr> <tr> <td><input type="checkbox"/> Others</td> <td>No. of pages:</td> </tr> </table> <p>Total No. of pages of this report including all attachment pages: 22</p> <p>(Front pages to be excluded from page numbering!)</p>				<input type="checkbox"/> Revised OD CIG 422 B1	No. of pages:	<input type="checkbox"/> Revised OD CIG 422 B2	No. of pages:	<input type="checkbox"/> OD CIG 423 Appendix 1 – Signature Page (Part 1)	No. of pages:	<input type="checkbox"/> OD CIG 423 Appendix 1 – Inspection Summary Page (Part 2)	No. of pages:	<input type="checkbox"/> OD CIG 423 Appendix 2 – QMS Appendix	No. of pages:	<input type="checkbox"/> OD CIG 423 Appendix 3 – ENEC+ Appendix	No. of pages:	<input checked="" type="checkbox"/> Copy of Quality Management Certificate	No. of pages: 1	<input type="checkbox"/> Others	No. of pages:
<input type="checkbox"/> Revised OD CIG 422 B1	No. of pages:																		
<input type="checkbox"/> Revised OD CIG 422 B2	No. of pages:																		
<input type="checkbox"/> OD CIG 423 Appendix 1 – Signature Page (Part 1)	No. of pages:																		
<input type="checkbox"/> OD CIG 423 Appendix 1 – Inspection Summary Page (Part 2)	No. of pages:																		
<input type="checkbox"/> OD CIG 423 Appendix 2 – QMS Appendix	No. of pages:																		
<input type="checkbox"/> OD CIG 423 Appendix 3 – ENEC+ Appendix	No. of pages:																		
<input checked="" type="checkbox"/> Copy of Quality Management Certificate	No. of pages: 1																		
<input type="checkbox"/> Others	No. of pages:																		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Printed copy provided</td> <td style="width: 50%;"><input checked="" type="checkbox"/> Electronic copy provided</td> </tr> </table>				<input type="checkbox"/> Printed copy provided	<input checked="" type="checkbox"/> Electronic copy provided														
<input type="checkbox"/> Printed copy provided	<input checked="" type="checkbox"/> Electronic copy provided																		
<p>Content of this report including findings as documented on Inspectors Finding/Observation Sheets (part 1) (if any) have been explained by the Inspector to the Factory contact person.</p>																			
<p>The responsibility for ensuring that a product is produced in accordance with the standard to which it was originally approved rests with the Licence Holder.</p>																			
<p>Inspection reports shall be kept at least for the period between two inspection visits!</p>																			

For confidentiality reasons the contact person requests the preparation of individual copies of this report for each Licence Holder.

☐ YES ☐ NO ☒ N/A

Inspection On-site time: 2,50 hours

Additional comments: N/A

This report has been issued by:

☒ CIG-Member Body or on behalf of a CIG-Member Body

☐ NON-CIG Member Body

Date: 2026-01-06

Date: 2026-01-06

Inspector's name (printed letters):

Dipl.-Ing. Karsten Wolf

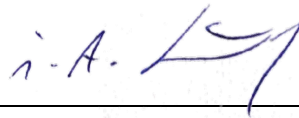
Contact person's name (printed letters):

Kerstin Luschnig (Leiterin Qualitätssicherung)

Signature:



Signature:



☐ For signatures see attached signature page.

Inspectors Finding/Observation Sheet (Part 1)

This part is to be filled by the Inspector/Factory during the inspection

NOTE: Use separate Inspectors Finding/Observation Sheets for different Certification Bodies and/or Licence Holders, if necessary, e.g., for reasons of confidentiality.

Finding Sheet No.:	of	Observation Sheet No.:	of
Finding/Observation: N/A			
Related clause number:		<input type="checkbox"/> Finding Inspectors Evaluation Level (as per 17.2): <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Action <u>always</u> required!	
		<input type="checkbox"/> Observation Action required: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Proposed Corrective Action/ Action:			
Proposed Corrective Action/ Action accepted by the inspector		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		N/A <input type="checkbox"/>	

Inspector *)	Factory representative *)	*) <input checked="" type="checkbox"/> For signatures see attached Signature Page *) <input checked="" type="checkbox"/> For signatures see original OD CIG 423 Report
Date	Date	
Name	Name	

Inspector's Information Page

NOTE: Use separate Supplementary Page for different Certification Bodies and/or different Licence Holders if necessary.

Related clause number of this report:	Comments:
1.3	Simone Wlotzka / QS / Email: s.wlotzka@komos.de
1.8	Keine grundlegenden Änderungen / No relevant changes
1.9	Keine grundlegenden Änderungen / No relevant changes
2.2	VA 76 Wareneingang und -ausgang, Rev.3.0; artikelspez. Prüfanweisungen; WE Aufzeichnungen als Lieferscheine und Daten Controldatenbank durch QS / Infra im ERP; Kunststoffe werden typgerecht entsprechend Stücklistenfreigabe verwendet; CoC für Granulate (Material spezifikationsgerecht); Bsp.: WE-Vorgang BOM Material# 0115-1-0213, Drehfeder, PA (Ident#, Dimension/Abmasse Durchmesser), Freigabe durch WE-, WBK, Batch 2024; QA passed
2.4	VA 55 Lenkung fehlerhafter Produkte, Rev.2.0
3.4	Prozesskontrollkarte Einbausteckdosen diverse Serien (AA FM EB.06) [digital]; PA entspricht aktuellen PMs; Materialien laut BOM typbezogen festgelegt; Produktionsauftrag# 253361 / Material# 5841-0-1695 / Zeichnung 2343-1000208; Aufbauprüfung durch Prüflehren als Stichprobenprüfung durch MA Produktion (Werkerprüfung) pro Produktionsbatch sichergestellt; Labels / Markierung werden verifiziert.
3.8	VA 55 Lenkung fehlerhafter Produkte, Rev.2.0; Referenzmuster
3.10	VA 55 Lenkung fehlerhafter Produkte, Rev.2.0; Entweder Reparatur oder Entsorgung als aufwandsgerechte Entscheidung durch QS
4.2	N/A - nur mechanische Prüfmittel (siehe Anforderung 6)
4.6	N/A
8.2	N/A - keine PVTs
8.5	N/A
14.1	VA 59 Kundenreklamationen, Rev.2.0; Reklamationsdaten in Control-Datenbank abgelegt. (Kundenreklamationen, interne Reklamationen, Lieferantenreklamationen)
15.3	N/A - FST ist gleichzeitig Lizenzinhaber
15.4	VA 32 Bemusterung, Rev.4.0
6	VA 58 Mess- und Prüfmittel, Rev.4.0; System/Datenbank KOMOS-App

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
VDE	Nach aktueller PM nicht zutreffend.



Reference number of the body carrying out the inspection: 30002365-2026-01-06



TEST DATA SHEET – Routine Tests

NOTE: Please provide details about the Routine Tests applied to certified products from Certification Body requesting the inspection! Even if there is no production.		Production of certified products from Certification Body requesting the inspection seen during visit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Type reference: 2343 (Material# 5841-0-1695)	Certification mark: VDE	Rated voltage: AC 250 V	Electrical Insulation Class: I
Product Category: INST	Kind of product: Installationssteckdose	Certification Bodies certificate No.: 40016682	
Additional Comments:		Certification Bodies Routine Test Requirement: PM 375 [2023-03-16], PM 500 [2021-09-09] {Ref PM 319, 322, PM 327}	

TESTS		% check	Test value applied	Time	Factory limits applied:	Failure indicated by	Remarks (For "R" add date of the records)	W R
a	Earth continuity		V A	s	Ohm (max.)			
b	Insulation resistance		V DC	s	MOhm (min.)			
c	Leakage current		V		mA (max.)			
Dielectric strength	Basic insulation		V <input type="checkbox"/> AC <input type="checkbox"/> DC	s	mA (max.)			
	Supplementary insulation		V <input type="checkbox"/> AC <input type="checkbox"/> DC	s	mA (max.)			
	Reinforced insulation		V <input type="checkbox"/> AC <input type="checkbox"/> DC	s	mA (max.)			
e	Load deviation							
f	Functional test	100	Specs	n/a	nach Spezifikation	Funktion und Sichtprüfung	Vollständigkeit, Farbe, Beschädigung; i.O.	W / R
	Stichprobenprüfung	min1/30	Specs	n/a	19,0 +/- 0,15 mm	Lehre Prüfstecker / SL-Distanz	i.O.	W / R

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: 30002365-2026-01-06



SAMPLE SELECTION SHEET			at Factory: KOMOS GmbH Komponenten Module Systeme			Date: 2026-01-06
Selected for	Label No.	Quantity	Product/ Type/Technical data	Licence No.	Production period	Code letters
VDE	224387	5	Installationssteckdose, Haushalt / 2343 series (Material# 5841-0-1299) / AC 250 V Label an FST übergeben zur Entnahme aus nächstem Fertigungslos wegen Musterverfügbarkeit. Zusendung wird durch FST erfolgen.	40016682	2026/01	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> I
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> I
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> I
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> I

It is within the factories responsibility to take the necessary steps to dispatch the units, clear them through customs and pay carriage, in order that the addressee-organisation should not handle any possible custom clearance.

Code letters:

P = Sample from Production

S = Stock

F = Forwarded by the Factory

T = Transported to the Certification Body by the Inspector

A = Shipped by the Inspection Agency

I = Selected and tested by the inspector during inspection



APPENDIX SHEET