



Checklist for Assessment/Surveillance of Production Premises ☐RPC
☐VPC

Visit conducted: ☐ assessment ☐ surveillance

Name of certification body:

Names of production premises under assessment/surveillance:

Date of assessment/surveillance: _____

Identification number of the registered products under the RPC/VPC Scheme:

Certificate number of the registered products under the RPC/VPC Scheme:

Items to be audited:

1. Do the production premises - with products that have obtained registration under the RPC/VPC Scheme - continually comply with the requirements of ISO 9001 standards?

☐ Yes ☐ No

Comment: _____

2. Does the product (name: _____) that has obtained registration under the RPC/VPC Scheme comply with the versions of applicable regulations and inspection standards specified in the registration certificate?

☐ Yes ☐ No

Comment: _____

3. Have the production premises established and implemented the inspection plans required by the inspection standards set forth under Item 2?

☐ Yes ☐ No

Comment: _____

4. Have the production premises provided proper resources to continuously maintain effective operation of the quality management system?

☐ Yes ☐ No

Comment: _____

5. Have the production premises maintained the quality of the manufactured product consistent with the originally registered product?

☐ Yes ☐ No

Comment: _____

6. Have the production premises possessed the type-test reports and technical documents of the registered product?

☐ Yes ☐ No

Comment: _____

7. Have the production premises established and implemented the manufacture plans according to the documents set forth under Item 6?

☐ Yes ☐ No

Comment: _____

8. Have the production premises maintained production records or quality management records for the registered product covering the last six months?

☐ Yes ☐ No

Comment: _____

9. Have the production premises correctly applied the product safety marks and identification numbers as required by the regulations?

☐ Yes ☐ No

Comment: _____

Date: _____

Auditor: _____

Signature: _____

Representative of
Organization under Audit _____

Signature: _____