



ICC-SRCC
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QUALITY CONTROL SELF-ASSESSMENT FORM

In keeping with accreditation requirements that apply to the ICC-SRCC™ certification programs, you are required to complete and sign this quality control assessment form for each manufacturing location recognized under your ICC-SRCC OG-100, OG-300, OG-400 and Solar Heating & Cooling Listings. The form will be used to verify continued implementation of quality control procedures, and that the product originally recognized has not changed. **This document must be completed and returned to ICC-SRCC at SRCC@solar-rating.org within 30 days of receipt.**

Separate forms are required for each manufacturing location for the applicable ICC-SRCC Programs.

ICC-SRCC Certification Programs (select those used for products produced at this facility)		
<input type="checkbox"/> OG-100 – Solar Thermal Collectors	<input type="checkbox"/> OG-300 – Solar Water Heating Systems	
<input type="checkbox"/> OG-400 – Solar Pool Heating Systems	<input type="checkbox"/> Solar Heating & Cooling (SHC) Listings	
Company Name (should match the name on the ICC-SRCC Certification(s)/Listings)		
Manufacturing Location Address		
Products Manufactured at the Location (list those recognized in the programs listed above)		
Since the last Qualifying or Surveillance inspection, as regards the product(s) covered by the certification(s):		YES NO
1. Have there been any significant changes in the documented Quality Management System (QMS) used in the production of the products covered by the ICC-SRCC Programs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have there been any significant changes in the way the product is identified in the labeling, or in the procedure for tracing product to production and materials records?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have there been any changes in the major production equipment, or significant changes in production methods?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been any changes in the product specifications, assembly methods, or manufacturing tolerances?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have there been any changes to the specifications for incoming materials, or in providers of the incoming materials?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any complaints about the product from customers or end users?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the currently manufactured product changed from what was originally recognized in the ICC-SRCC certifications?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the facility produce any of the product(s) above for private label listees?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of these questions, please provide an explanation. If more space is needed, please provide additional details on a separate sheet.

Name (type or print):

Title:

Phone:

E-mail:

Signature:

Date:

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This box is for ICC-SRCC internal use only

Date Received:

Reviewed By:

Comments: