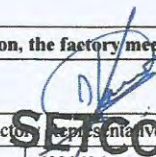
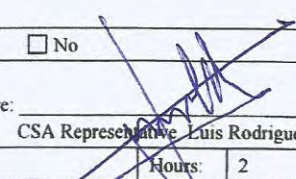




## INITIAL FACTORY EVALUATION - GENERAL

M/C - Project No:		301203		Network No:		80041630	
Requested By:		Sonia Szedda		Date (YY/MM/DD):		20/05/28	
Submitter Name:		Avire Trading Ltd.		Factory Name:		Setco SAU	
Address:		United Kingdom		Address:		c/ Miquel Romeu 56 Floor 4	
Contact Name:		Steve Reddicliffe		Contact Name:		David Vilamitjana	
Email:		steve.reddicliffe@avire-global.com		Email:		david.v@avire-global.com	
Phone:		Fax:		Phone: 932611760		Fax:	
Inspections based on Certifier instructions (see attached if Yes): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
Factory Location: Attach sketch map with suitable landmarks/direction, if possible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>EQUIPMENT FOR FACTORY TESTS</b>							
<input type="checkbox"/> Pressure		<input type="checkbox"/> Dielectric		<input type="checkbox"/> Other		***No Required***	
Manufacturer: CLARE (Dielectric)		Failure indicator:		Calibration Period: 30/9/2020			
Model: A433/TSPT		<input type="checkbox"/> Light		Test Procedure?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Production Area		<input type="checkbox"/> Audible		Test Methods:		<input checked="" type="checkbox"/> OK <input type="checkbox"/> No	
Remarks:		<input type="checkbox"/> Meter					
Lbs., Volts, etc:		Time:		% of Production:			
<b>Marking:</b>							
How applied? Adhesive Label							
Discussed use on packaging and device: Yes							
<b>Discussed:</b>							
<input type="checkbox"/> Annual Fees		<input type="checkbox"/> Re-testing Samples		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> Uncertified Components <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Inspection Procedures/Facility Access		<input checked="" type="checkbox"/> Evidence of component certification (wire, wiring harnesses, plastics, etc.)					
<input checked="" type="checkbox"/> Labels <input type="checkbox"/> N/A		<input checked="" type="checkbox"/> Class Description Record		<input checked="" type="checkbox"/> Certification Record		<input checked="" type="checkbox"/> Advertising	
<b>Is factory representative aware:</b>							
1. Of required alterations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None							
2. That only CSA certified equipment constructed in accordance with current CSA reports & requirements may bear the CSA Mark? <input checked="" type="checkbox"/> Yes							
3. That CSA nameplates and/or labels shall not be forwarded to any other location? <input checked="" type="checkbox"/> Yes							
4. That nonconforming product must be controlled? <input checked="" type="checkbox"/> Yes							
5. That records of customer complaints must be kept? <input checked="" type="checkbox"/> Yes							
6. That records of volume of CSA marked production must be kept? <input checked="" type="checkbox"/> Yes							
7. Of the requirements for Label Service/Label Licensing (if applicable)? <input type="checkbox"/> Yes							
The following information was provided and explained:				<input checked="" type="checkbox"/> CSA Marks Guidelines - Appendix A (DQD 512.02)			
<input checked="" type="checkbox"/> Approvals Options - <a href="https://www.csagroup.org/services-industries/">https://www.csagroup.org/services-industries/</a>				<input checked="" type="checkbox"/> General Information - <a href="http://www.csagroup.org/us/en/home">http://www.csagroup.org/us/en/home</a>			
<b>Comments:</b> No Factory test Required, manufacturer have in factory test equipment for Dielectric test, required in previous IFE							
Based on my evaluation, the factory meets the requirements of DQD 405.01: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Signature:  Factory Representative Andreu Herro				Signature:  CSA Representative Luis Rodriguez			
CSA Factory ID No: 6000606		Employee No: 13924		Hours: 2			

**SETCO, S. A.**  
C/ Miquel Romeu, 56  
08907 L'HOSPITALET DE LL.  
(Barcelona)



# FACTORY INSPECTION REPORT

(Refer to DQD 320 Series)

Factory ID: 6000606 Trip Number: \_\_\_\_\_  
 Factory Contract: \_\_\_\_\_ PO Number: \_\_\_\_\_  
 Master Contract: 301203 Arrival: \_\_\_\_\_ Depart: \_\_\_\_\_ Date: 28/05/2020  
 Legacy Number(s): \_\_\_\_\_ Summary Inspection Code(s): \_\_\_\_\_

Observations:

---



---



---

Factory Contacts:

1- Andreu Hermo	Quality Manager	<a href="mailto:andreu.hermo@avire-global.com">andreu.hermo@avire-global.com</a>	932611760
2- David Villamitjana	General Manager	<a href="mailto:david.villamitjana@avire-global.com">david.villamitjana@avire-global.com</a>	932611760
3- Raquel Alonso	Production Manager	<a href="mailto:raquel.alonso@avire-global.com">raquel.alonso@avire-global.com</a>	932611760

Hourly:

Mon-Fri 8:00 to 15:00

---



---



---



---



---



---



---



---

Immediate changes required as a condition of continued certification:

---



---

- During Remote Video Inspection Video visit all stages of production:
- Incoming Area
  - Production Area
  - Marking Procces
  - Factory Test area
  - Finish Product Area
  - Non-Conforming Area

And Found OK

---



---



---



---

As the facility representative, the undersigned, hereby agrees that all production subsequent to the time of the inspection will incorporate required changes.

Name: Andreu Hermo (Facility Representative)      Name: Luis Rodriguez (CSA Representative)      CSA Office: Europe  
 Signature: C/ Miguel Romeu, 56      Signature: \_\_\_\_\_      Employee No: 13924