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|  | **INSTITUTE FOR TESTING AND CERTIFICATION, Inc.**  Notified Body No 1023 |

**Application for COnformity assessment of pressure-cooker**

**Pursuant to Article 14 of Directive of the European Parliament and of the Council No 2014/68/EU and §11 Czech Government Order No 219/2016, as amended**

*Please fill out the light green fields only.*

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| ITC Order number (do not fill out please) |  |  |  |  |  |  |  |  |  |
| Date of application receipt |  | | | | | | | | |

**1 – APPLICANT**

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| 1.1 Company name |  | | | | | | | | | | | | | | |
| 1.2 Applicant’s relation to the certified product | Manufacturer  Authorised Representative (it is necessary to enclose copy of mandate received from manufacturer) | | | | | | | | | | | | | | |
| 1.3 Company registration No / VAT No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1.4 Address |  | | | | | | | | | | | | | | |
| 1.5 Zip Code / State: |  |  |  |  |  |  |  | | | | | | | | |
| 1.6 Registered at |  | | | | | | | | | | | | | | |
| 1.7 Represented by |  | | | | | | | | | | | | | | |
| 1.8 Company representative (+position) |  | | | | | | | | | | | | | | |
| 1.9 Contact person authorized to conduct negotiations  (name, position, phone) | **@** | | | | | | | | | | | | | | |
| 1.10 E-mail of the contact person |  | | | | | | | | | | | | | | |
| 1.11 Banking with |  | | | | | | | | | | | | | | |
| 1.12 SWIFT Code |  | | | | | | | | | | | | | | |
| 1.13 IBAN code |  | | | | | | | | | | | | | | |

**2 – PRODUCT**

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| 2.1 Product name |  | | |
| 2.2 Model name(s) |  | | |
| 2.3 Manufacturer (company name  and address) |  | | |
| 2.4 Language of output documentation required | | Czech  English  Other: |  |

**3 – Specification of conformity assessment procedure**

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| 3.1 Conformity assessment procedure pursuant to § 11 GO 219/2016 Sb. and Article 14 Directive 2014/68/EU | Module B – production type +  (point 3.1 of Annex III) | Module D - point 5 of Annex III  Module F - point 9 of Annex III |
| Module H - point 11 of Annex III | Module C2 - point 4 of Annex III  Module E - point 7 of Annex III |

**4 – ACCOMPANYING DOCUMENTATION**

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| Name and description of the product | |  | |
| Does the pressure cooker have its own electric power supply for heating? | | | yes  no |
| **4.1 List of attached parts of Technical Construction File related to the pressure cooker design** | | | |
|  | analysis and assessment of the risk(s) | | |
|  | general description of the type | | |
|  | conceptual design and manufacturing drawings and diagrams of components, sub-assemblies, circuits, etc., | | |
|  | descriptions and explanations necessary for an understanding of those drawings and diagrams and the operation of the pressure equipment, | | |
|  | a list of the harmonised standards, applied in full or in part, and descriptions of the solutions adopted to meet the essential safety requirements of this Directive where those harmonised standards have not been applied, | | |
|  | supporting evidence for the adequacy of the technical design solution. The supporting evidence shall include, where necessary, the results of tests carried out by the appropriate laboratory of the manufacturer, or by another testing laboratory on his behalf and under his responsibility. | | |
|  | results of design calculations made, examinations carried out, etc., | | |
|  | test reports | | |
|  | reports on the results of tests made by another laboratory | | |
|  | foreign test reports and/or certificates | | |
|  | information concerning the qualifications or approvals of suitably qualified personnel (required under points 3.1.2 and 3.1.3 of Annex I) | | |
|  | operating instructions | | |
|  | product marketing proposal | | |
| **4.2 List of attached parts of documentation related to Quality Assurance Procedures:** | | | |
|  | the quality objectives and the organizational structure, responsibilities and powers of the management with regard to the quality of the pressure equipment, | | |
|  | the design control and design verification techniques, processes and systematic actions that will be used when designing the pressure equipment | | |
|  | the corresponding manufacturing, quality control and quality assurance techniques, processes and systematic actions that will be used, particularly the procedures used for the permanent joining of parts | | |
|  | the examinations and tests to be carried out before, during, and after manufacture, and the frequency with which they will be carried out, | | |
|  | list of quality records (the quality records, such as inspection reports and test data, calibration data, reports concerning the qualifications or approvals of the personnel concerned, particularly those of the personnel undertaking the permanent joining of parts and the non-destructive tests.), | | |
|  | the means of monitoring the achievement of the required design and pressure equipment quality and the effective operation of the quality system | | |
|  | Certificates of Quality Systems incl. The recordings from certification audits and surveillance audits | | |
| 4.3 Other documents and information | |  | |

**5 – APPLICANT’S Notes and comments**

*The following fields is for any additional information, comments and remarks, that the applicant considers as relevant for EC type examination, delivery address or billing address etc. Complete this field is not obligatory.*

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**6 – APPLICANT’S DECLARATION**

### We agree that product samples will not be returned after the assessment.

### We declare that we did not submit similar application for the same product to any other Notified Body.

### We agree with the entry personnel from the Notified Body 1023 to manufacturing or storage premises with regular and previously unannounced inspection visits and with informing the Notified Body 1023 about the intended schedule of production.

### We declare that all above information is true and correct and we assume responsibility for any damage caused by misrepresentation or incorrect data.

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| 6.1 Signature of the company representative + stamp |  |
| 6.2 Date |  |

**7 – REVIEW OF APPLICATION BY Notified body 1023**

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| 7.1 Review of application, comments |  |
| 7.2 Date of review and signature |  |

**8 – Technical Support**

*In case of any problems with filling out this application, please contact* ***Ms Ludmila ANTOSOVA****, the head of the Department.*

**Address:** **Institut pro testovani a certifikaci, a. s. , trida Tomase Bati 299, Louky, 763 02 Zlin, Czech Republic**

**e-mail:** [lantosova@itczlin.cz](mailto:lantosova@itczlin.cz)

**phone:** (+420) 572 779 926

*These are also the contacts for sending the completed and signed application.*