

IECEX Scheme 体制

Certification of explosion-protected electrical equipment 电工装备爆炸保护认证

APPLICATION FORM 申请表格

Do you require TestSafe to issue: Certificate of Conformity 认证服务证书 Yes 是 No 否
 你是否要求 TestSafe 签发

IECEX Test Report 测试报告(ExTR) Yes 是 No 否

IECEX Quality Assessment Report (QAR) 质量评估报告 Yes 是 No 否

APPLICATION INFORMATION 申请信息		
Name of Applicant: 申请者名称		ABN 澳洲商业号码: <i>(if applicable 如适用)</i>
Email Address of Applicant: 申请者电邮地址		Phone No: 电话号码
Address (Street): 地址(街名)		Fax No: 传真号码
City: 城市	State: 州	Post Code: 邮政编码
Country: 国家		
Address (Postal): 地址(邮寄)		
City: 城市	State: 州	Post Code: 邮寄区码
Country: 国家		
Authorised Contact Person: 授权联络人		Position: 职位
Email Address of Authorised Contact Person: 授权联络人电邮地址		
If the applicant is not the manufacturer, evidence is to be provided that the applicant is authorised to act on behalf of the manufacturer for the application and the manufacturer undertakes to abide by the IECEx Scheme Rules. 如果申请者不是生产商, 须要出示证据证明生产商授权于申请者作出这申请及生产商承担遵守 IECEx 体制的规例。		
Manufacturer location(s) 生产商的地方(if different from applicant 如与申请者不同):		
Name: 名称		Phone: 电话号码
Address: 地址		Fax: 传真号码
City: 城市	State: 州	Post Code: 邮寄区码
Country: 国家		
Contact Person: 联络人		Position: 职位
Email Address: 电邮地址		

(if space insufficient please attach extra sheets 如空间不够, 请附加另页)

PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY

产品信息及认证服务证书

1. Certificate of Conformity 认证服务证书: Identify any Certificates of Conformity already held for the product or product series. 识别任何已持有的这产品或产品系列的认证服务证书 (If first Certificate of Conformity required, go to 2. 如果是要求第一张认证服务证书, 请往 2)

(If space insufficient, please attach details 如空间不够, 请附加详情)

2. Description of Equipmen 设备叙述: This will become the title of your Test Report and Certificate of Conformity. It should include all options/variations to be covered. 这将成为你测试报告和认证服务证书的标题。它应包含所有可选/变更的产品。

(If space insufficient, please attach details 如空间不够, 请附加详情)

3. Type of Protection 保护类别:

IP Rating:
侵入保护评级

d	e	ia	ib	m	n	p	s	v	DIP	Safe Area 安全地带	IP 侵入保护	As tested 根据测试

4. Hazardous Area 危险地带:

5. Equipment Group 设备组别:

6. Temperature Class 温度级别:

Zone 0	I	T1
Zone 1	IIA	T2
Zone 2	IIB	T3
Zone 20	IIC	T4
Zone 21		T5
Zone 22		T6
		As Tested 根据测试
		T _{amb} 工作环境温度

7. Standard (s) 标准:

8. List of Drawings 图纸清单: (Titles to be shown as in the title block. Please supply in electronic form or attach drawing list. 标题应该标在标题方框内。请以电子方式提供或附上图纸清单)

9. If TesSafe ExTR is not required, list IECEx Certified Body (ExCB) who provided the ExTR? 如不需要 TestSafe 的防爆试验报告, 请列出提供防爆试验报告的 IECEx 机构 (ExCB).

Part C 部: QUALITY MANAGEMENT SYSTEM INFORMATION 质量管理体系的信息

1. Does the manufacturer have a Quality Management System complying with ISO 9001:2000 or equivalent? 生产商是否有符合 ISO 9001:2000 的质量管理系统?

Yes 是

No 否

If Yes, state the name of the third-party certification body and enclose a copy of the certificate showing scope of certification: 如果是, 提供第三者认证机构的名字及附上认证服务证书的副本, 显示认证范围:

2. Does the manufacturer have a documented Quality Plan relevant to the submitted product? 生产商是否有有关产品的质量计划的书面文件?

Yes 是

No 否

If YES, please submit with this application. 如果是, 请附在申请中。

Quality Plan Reference Number: 质量管理计划参考号码:

3. Is there an existing Quality Assessment Report (QAR) associated with the submitted product? 是否已经有有关这个产品的质量评估报告(QAR)?

Yes 是

If YES, please provide a copy. 如果是, 请提供副本。

QAR Reference Number: 质量评估报告参考号码:

No 否

If NO, please fill in "**Site(s) to be Assessed**" below. 如果否, 请在下方填上 "将要评估的场所"。

Site(s) to be Assessed

Details of Site 1: 工场 1 详情:	No. of Employees: 员工数目:	No. of EXTR's to be covered: 包含的防爆测试报告的数目:	Do you hold ISO9001 Certification (provide a copy): 你是否持有 ISO9001 认证(提供副本):	List of Ex Standards to be covered: 列出覆盖的标准:
Details of Site 2: 工场 2 详情:	No. of Employees: 员工数目:	No. of EXTR's to be covered: 包含的防爆测试报告的数目:	Do you hold ISO9001 Certification (provide a copy): 你是否持有 ISO9001 认证(提供副本):	List of Ex Standards to be covered: 列出覆盖的标准:

Details of subcontracted work, eg. Machining, subassemblies, surface finishing:
承包商的工作详情, 例如: 机械加工、部件组装、表面加工等等:

List of Test Reports covered by this assessment:
这评估包含的测试报告清单:

UNDERTAKING 承担:

I/we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of the IECEx Scheme, as outlined in Scheme Rules IECEx 02 and Operational Documents (as amended), as well as TestSafe's General Terms and Conditions. Further we confirm that the product now submitted for certification was designed to comply with the requirements of the Standards outlined in Part B of this application.

我/我们肯定我/我们已阅读、明白、同意及承担遵守 IECEx 02 体制规则及操作文件(或改进的版本)和 TestSafe 的一般条款细则所列出的 IECEx 体制的规则和程序。再者, 我们肯定这个产品的设计是符合在这申请表 B 部份所列出的标准。

Sample Testing 样品测试

I hereby request TestSafe Australia to examine and test the equipment described in the schedule below for compliance with the specified IEC Standard(s) and nominated national differences.

我在此要求 TestSafe Australia 检验及测试在以下附表描述的设备以符合特定的 IEC 标准及指定国家之分别。

Where the application includes reference to options, variations, or more than one model or type, I request TestSafe to examine and report on the effect of such options, variations or different models with respect to the requirements of the Standard or Standards.

如申请包括可选产品、变更产品或超过一个型号或类别, 我要求 TestSafe 根据标准的要求检验及报告这些产品的选择、变更或不同型号的区别和影响。

I accept that damage may occur to the equipment as a result of the testing carried out.

我接受因执行测试导致这装备的任何损坏。

Invoicing 发票

I agree to pay all costs, as agreed, incurred in carrying out the above work and will accept progressive invoices for such costs in accordance with the Certification Body commercial forms.

我同意支付符合认证机构的商业型式所有因执行以上工作而产生的已同意的费用及将接受这些费用的步进式发票。

Address for forwarding invoice:

发票发往的地址: _____

Accounts payable contact:

支付户口联络: _____

Phone:

电话: _____

Fax:

传真: _____

Sample Return 样品退回

I hereby accept all freight and handling charges are the responsibility of the customer. Contact details must be provided for liaison on sample return. 我在此接受所有运送及服务费是顾客的责任。联络详情必须提供以联系样品的退还。

Contact Person:

联络人: _____

Phone:

电话: _____

Fax:

传真: _____

I have provided details of our nominated courier and account number for TestSafe to use.

我已提供我们指定的运送服务公司及户口号码以给 TestSafe 使用。

Nominated Courier:

指定运送服务公司: _____

Account No.:

户口号码: _____

Address for sample return:

样品退回地址: _____

I agree that if all the above information is not provided, and I fail to collect the sample, TestSafe will arrange sample return (at their discretion), and all relevant charges will be the customers responsibility.

我同意如果不提供以上数据和我没有收集这样品, TestSafe 将(由它决定)安排退回样本, 及所有有关费用将会是顾客的责任。

Certificate to be sent to:

证书寄往地址:

Name:

姓名: _____

Address:

地址: _____

Signed for and on behalf of applicant 申请者或其委托人签名:

(Signature of Authorized Person 委托人签名)*

(Name in BLOCK LETTERS 正楷姓名)

(Title or position of Signatory 签名人称呼及职位)

(in the case of a Company, Firm, or Partnership 如是公司、商行或合伙人)

Date 日期:

*** Person signing on behalf of manufacturer shall be an authorized company representative. If application is lodged by a person not directly employed by the intended Certificate holder, then a letter from the intended Certificate holder shall be attached. 代生产商签名的人必须是授权的公司代表。如提交申请者不是证书持有人直接聘任的话, 必须附上证书持有人的信。**