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| **ＪＥＴ工場調査票****セクションＢ****JET FACTORY INSPECTION REPORT****SECTION Ｂ** |
| 一般財団法人　電気安全環境研究所〒151-8545 東京都渋谷区代々木5-14-12TEL: 03 (3466) 5186FAX: 03 (3466) 9817 | Japan Electrical Safety & EnvironmentTechnology Laboratories5­14­12, Yoyogi, Shibuya­ku,Tokyo 151­8545, Japan |
|  |
| **Ref. No** |  |
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| **質　問　票**QUESTIONNAIRE |
|  |
|  |
| Ｂ.１　製造工場の名称・所在地(Manufacturer's registered name and factory address)： |
|  |  |
|  | 電　 話(Telephone)： |  |
|  | ファックス(Telefax)： |  |
|  | （最寄り駅、空港などを含む地図のコピー又はスケッチを添付して下さい。）Directions for reaching the factory (nearest railway station, airport, attach a copy or a sketch of local map) |
|  |  |  |
| Ｂ.２.１　製造工場の事務所の所在地： |
|  | （上記Ｂ.１と異なる場合）(Manufacturer's office address, if different from above) |
|  |  |
|  | 電　 話(Telephone)： |  |
|  | ファックス(Telefax)： |  |
|  |  |  |
| Ｂ.２.２　認証取得者の名称・所在地（上記Ｂ.１と異なる場合）： |
|  | (Applicant's(Licence holder's) name and address, if different from above B.1) |
|  |  |
|  | 電　 話(Telephone)： |  |
|  | ファックス(Telefax)： |  |
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| Ｂ.３　製造工場にいる連絡者及び副連絡者と認証製品に責任のある管理責任者： |
|  | (Give the name, department and office address of the contact persons located in the 　　　　 factory and the management representative responsible for certified products) |
|  |  |  |
|  | 工場の連絡者(Contact person)： |  |
|  | 所属／役職(Department/Function)： |  |
|  | E-mail address： |  |
|  |  |  |
|  | 工場の副連絡者(Deputy contact person)： |  |
|  | 所属／役職(Department/Function)： |  |
|  | E-mail address： |  |
|  |  |  |
|  | 管理責任者(Management representative)： |  |
|  | 所属／役職(Department/Function)： |  |
|  | E-mail address： |  |
|  |  |
|  | 注）この管理責任者は、本社など工場外にいてもよい。この場合は、連絡先（会社名、住所等）を記載して下さい。Note: This management representative may be located outside the factory, e.g. at the head office. In this case, please indicate the contact place such as the office name and address. |
|  |  |  |
| Ｂ.４　製造工場のおおよその総従業員数（パートタイマーを含む）： |
|  | (Approximate total number of employees in the factory, including part-time workers) |
|  |  |  |
| Ｂ.５.１　ＪＥＴ認証マークを希望する製品の製品カテゴリー、ブランド名及びモデル名等： |
|  | （別紙可）(Category(ies), brand(s) and type reference(s) of the products for which the Certification Mark has been requested. If necessary, continue on separate sheet) |
|  |  |
| Ｂ.５.２　適用される規格(Standards to be applied)： |
|  |  |
| Ｂ.６.１　外部供給業者から購入する主要な部品・半組立品（別紙可）： |
|  | (Specify which components are purchased from outside suppliers such as power supply cords, plugs, switches, lamp holders, motors, transformers, sub-assemblies)(If necessary, continue on separate sheet) |
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| Ｂ.６.２　受入れ及び製造工程において実施される日常的試験/検査並びに、製品が適用規格に適合していることを確認するための最終検査／試験の詳細を示して下さい。（別紙可）： |
|  | (Describe in detail and make reference to documentation (copies may be attached), routine tests and inspections performed in receiving, in-process and final inspection and testing in order to ensure conformity of the end product with the applicable standards.) (If necessary, continue on separate sheet.) |
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| Ｂ.７　製造工場の品質システム（例えばISO 9001又はJIS ）は、評価され、認証されていますか。認証されている場合は、認証書のコピーを添付して下さい。 |
|  | (Has the factory's quality system such as ISO 9001 or JIS been assessed and certified? If certified, please provide a copy of the certificate.) |
|  |  |
|  |  |  |
| Ｂ.８　下記に関して、記載して下さい。－ＪＥＴ認証マークをどの工程で、どの様に、どこに表示するのか－ＪＥＴ認証マークを使用した時期及び数量の管理方法 |
|  | Please indicate the following:－How, when and where the JET Certification Mark is applied.－How to control the quantity and the period that the JET Certification Mark is applied. |
|  |  |
|  |  |  |
| Ｂ.９　当社は、JET工場調査員またはその代理人が連絡担当者または副連絡担当者への連絡の後に、通常の勤務時間内であれば、完成した製品の該当規格への適合に係わる極めて重要な受入れ検査を含む製造工程の全ての場所に立ち入ることが出来ることを了承します。 |
|  | (We agree that the inspector of JET or his representative may enter all locations of the manufacturing process including receiving inspections which are essential for conformity of the complete product with the relevant standards, during normal working hours, after having contacted the contact person or the deputy contact person.) |
|  |  |
|  | 管理責任者署名： |  |
|  | (Signed by the authorized management representative at the factory) |
|  |  |
|  | 日　　付(Date)： |  |
|  |  |
|  | （Ｂ.３の管理責任者が確認した上で署名して下さい。）(On behalf of the manufacturer, the signatory to this form is required to verify the accuracy of the information provided.) |

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給水器等認証の品質確認検査設備一覧表

List of Product Verification Test Facilities for Certified Water Supply Apparatus

＊お申込頂きました製品に該当する「性能試験項目」については、給水器具等認証の定期工場調査時に調査工場において、工場調査員立ち会いのもと品質確認検査を実施しますので、下表に貴社の検査設備名等の詳細事項をご記入下さい。（別紙記載可）

Quality Verification Test shall be witnessed by the inspectors during Routine Factory Inspection of Water Supply Apparatus. Please state the detailed information of test facilities below. (See attached page, if any)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 性能項目Performance test items | 検査設備名Test Facilities | 設備の性能Function of Equipment | 製造者名Manufacturers | 管理番号又は製造番号Control No. /Production No. | 校正日Date of Calibration |
| 耐圧性能Hydrostatic Pressure Test |  |  |  |  |  |
| 浸出性能（ノギス、マイクロメーターを含む）Effect to Water Quality (Including with Calipers, Micrometer) |  |  |  |  |  |
| 耐寒性能Low Temperature Resistant Test |  |  |  |  |  |
| 水撃限界性能Water Hammer Test |  |  |  |  |  |
| 逆流防止性能Prevention from Back Current Test |  |  |  |  |  |
| 負圧破壊性能Destruction by Vacuum Pressure Test |  |  |  |  |  |
| 耐久性能Durability Test |  |  |  |  |  |
| 耐逆サイフォン性能Inverted Siphon Test |  |  |  |  |  |
| 耐逆圧性能Adverse Hydrostatic Pressure Test |  |  |  |  |  |

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| **ＪＥＴ工場調査票****JET FACTORY INSPECTION REPORT** |
|  |  |
| **補助ページ**ADDITIONAL PAGE |
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