

Factory Inspection Report

WARNING:
THIS DOCUMENT IS ONLY VALID IF USED BY ECS MEMBERS
AND THEIR AUTHORISED AGENTS

Approved by:	ECS General Meeting, 22/23-04-2009	Nr of pages: 19
Date of issue:	May 2009	
Supersedes:	PD CIG 023 - June 2004	Page 1 of 19

PD CIG 023 reports shall not contain any unauthorised modifications which change the original meaning or the requirements.
Any additions created to any document in the series shall be shown in an Appendix.

This document contains:

- two cover pages
- a report form of 19 pages
- Inspector's Evaluation – Findings
- Inspector's Evaluation - Informative
- TEST DATA SHEET- Product Verification Test
- TEST DATA SHEET Routine Tests
- IDENTIFICATION OF SELECTED SAMPLE

FACTORY INSPECTION REPORT

Inspection carried out by (Name of Inspection Body): Intertek Testing Services Taiwan Ltd.
Reference number of the Body carrying out the inspection: ETL EU4002350S130004-01A-2013-06-18
 ETL EU4002350S130007-01A-2013-06-18
 – For page control, please write this number in the header of each page (including the attachments)

GENERAL GUIDANCE

- The questions of this factory inspection report are based on the requirements given in Permanent Document CIG 021.
- Guidance for the inspector is given in Permanent Document CIG 024.
- Both documents, PD CIG 021 and PD CIG 024 shall be taken into account during inspection.
- Instructions to the Inspector are shown in italics
- The report shall be completed even if there is no production at the time of the visit.
- For all 'NO' answers details shall be provided on the INSPECTORS EVALUATION-Findings page
- For all 'N/A' answers rationale shall be provided as to why the item is not applicable
- Details should be given on INSPECTOR'S EVALUATION-Informative page.

1.0 GENERAL INFORMATION

1.1 Manufacturer's registered name and factory location

Manufacturer's registered name:	AU Optronics Corporation.
Street address of the factory and Number:	No. 1, Jhongke Rd, Central Taiwan Science Park.
Postal code:	40763
City:	Taichung
County:	Taiwan(R.O.C.)
Country:	
GPS-coordinates: (optional)	

1.2 Manufacturer's representative name and contact data

Manufacturer's representative name:	Kyle Wang(王凱凡)
Position:	Quality Engineering Dept.
Position:	Senior Engineer
Telephone:	886-4-2460-8899 #3367
Fax:	886-4-2460-8077
E-Mail:	Kyle.Wang@auo.com

1.3 Record below the names and position held of the main people involved in the inspection						
<input checked="" type="checkbox"/> same as mentioned under 1.2						
If not the same as mentioned under 1.2 please give details						
Name:						
Position:						
Telephone:						
Fax:						
E-Mail:						
1.4	<input type="checkbox"/> Pre-Licence	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> ENEC			
	<input type="checkbox"/> HAR	<input type="checkbox"/> EMC	Others:			
1.5	Pre-Licence only: Is the information given in the Questionnaire CIG 022 Section B accurate and complete?			YES	N/A	NO
	<i>If 'no', amend the Questionnaire as appropriate and attach a copy to this report.</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.6 Inspection Details:						
Certification Body requesting inspection	Inspection X of Y	File Reference No.	Product Category	Type of Product		
Intertek-ETL EU	2Q 13	4002350-777		Mono/ Poly Crystalline Silicon Terrestrial Photovoltaic Module		
Intertek-ETL EU	1 of 1	4002350S1300 04-01A	61730 61215	Mono Crystalline Silicon Terrestrial Photovoltaic Module		
Intertek-ETL EU	1 of 1	4002350S1300 07-01A	61730 61215	Poly Crystalline Silicon Terrestrial Photovoltaic Module		
1.7						
Name of Inspector		Kevin Chiang	Date of inspection:		2013-06-18	
(YYYY – MM – DD)						

2 Verification of purchased components and materials which have a safety implication on the certified product (Incoming Inspection)				
2.1	Are materials, components and sub-assemblies verified by the manufacturer as complying with appropriate specification?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.2	Does this verification also include the verification of the Certification Marks?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
Description of procedure (one or more boxes may be ticked) <input type="checkbox"/> Rely on suppliers' out-going inspection / Suppliers' quality plan <input type="checkbox"/> Audit conducted at the suppliers' premises <input type="checkbox"/> Supplier control based on manufacturers' check list <input checked="" type="checkbox"/> Conduct own incoming inspection <input checked="" type="checkbox"/> Identification check <input checked="" type="checkbox"/> Checked for correct type <input checked="" type="checkbox"/> Comparison to a reference <input checked="" type="checkbox"/> Rating <input checked="" type="checkbox"/> Certification mark <input checked="" type="checkbox"/> Certificate of conformity <input type="checkbox"/> Others <input type="checkbox"/> Details given on INSPECTOR'S EVALUATION-Informative page				
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> AUOQP-10-001 Version:28 ,01/ 03/2012 incoming inspection SOP <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
2.3	If the manufacturer relies on Certificates of Conformity, do they clearly identify the product, quantity of items covered, the specification to which the products conform, the production date and are they properly issued?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.4	Is there a procedure covering the way to handle non-conforming components and materials?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> AUOQP-13-009 Version:0 ,31/ 03/2010 nonconforming finish products Control <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
2.5	Is the procedure and the way in which it is applied satisfactory? (e.g.: components and materials clearly identified and/or segregated to prevent unauthorised use?)	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.6	Are records of the incoming inspection maintained and satisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
2.7	Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

3 Production Control, Inspection and Routine Tests				
3.1	Are the Quality Assurance and manufacturing Personnel adequately briefed on their duties?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.2	Do they have readily available up-to-date documents, manufacturing and test instructions, photographs, drawings or samples on all those parts which have an impact on the safety of the finished products?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.3	Is there evidence that the production process ensures that the final product is identical to the reference version as described in clause 15.1?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.4	Is there a procedure to ensure that all products will be tested or inspected according to the manufacturer's requirements?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> AUOQP-10-005 Version:4 ,24/ 11/2008 Process Control SOP <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
3.5	Is the production process controlled at appropriate stages?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.6	Are products inspected at appropriate stages of manufacture (Production Line Inspection)?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Give details of all tests and inspections performed by the manufacturer and enter in the routine test table on the TEST DATA SHEET</i>				
3.7	Do the Routine Tests entered on the TEST DATA SHEET sufficiently cover all the Certification Bodies' requirements?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.8	Is there a procedure covering the way to handle non-conforming products?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> AUOQP-13-009 Version:0 ,31/ 03/2010 nonconforming finish products Control <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
Procedure of handling non-conforming products (one or more boxed may be ticked) <input checked="" type="checkbox"/> Automated segregation process <input type="checkbox"/> Manual segregation process <input type="checkbox"/> Non-conforming products are destroyed <input checked="" type="checkbox"/> Non-conforming products are repaired <input type="checkbox"/> Others (please give details) <input type="checkbox"/> Details given on INSPECTOR'S EVALUATION-Informative page				

3.9	Is the procedure and the way in which it is applied satisfactory? (e.g. non-conforming products clearly identified or segregated to prevent unauthorised use?)	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.10	Are repaired and reworked (corrected) items again subjected to appropriate tests/inspections in accordance with procedures?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> POLSD-13-015 Version:3 ,22/ 09/2011 <u>Rework Products inspection SOP</u> <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
3.11	Are test records of the routine tests maintained and satisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
3.12	Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

4 Functional Check on Test and Measuring Equipment used for Safety Tests (Dummy Test)				
4.1	Is there a procedure describing how the functional checks shall be conducted? <input checked="" type="checkbox"/> Automated process <input type="checkbox"/> Manual process	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> POLSD-09-003 Version:7 ,04/ 05/2012 <u>Hi-Pot tester manual</u> <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
4.2	Is there evidence that the functional check of the equipment is conducted properly, even if certified products were not in production?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.3	Is a functional check conducted with intervals which will allow previous production to be retested if incorrect functioning is detected before it leaves the factory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.4	Is the proper function of the test equipment verified with a simulated failure (dummy) or by other equivalent means? <input checked="" type="checkbox"/> simulated failure (dummy) <input checked="" type="checkbox"/> Test procedure according to the equipment manual <input type="checkbox"/> Internal self test; test program included in equipment certification <input type="checkbox"/> Internal self test; verified by the inspector	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.5	Is there evidence that the simulated failure (dummy) (if used) represents the tripping limits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

4.6	Is there a procedure requiring appropriate actions to be taken by the operator if a functional check is found to be unsatisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<p><i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> AUOQP-42-001 Version:22 ,25/ 03/2013 Equipment Calibration SOP</p> <p><input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.</p>				
4.7	Is this procedure appropriate to ensure that improperly checked products are re-tested?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.8	Are subsequent corrective actions taken recorded in all cases?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.9	Are the test records of results of functioning checks of test and measuring equipment maintained and satisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
4.10	Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

5 Products seen in Production during visit	
<p><i>Identify type number and any certification mark that appeared on products seen in production at the time of the visit. If no certified products were seen, indicate what kinds of products were manufactured at the time of visit.</i></p> <p><i>The manufacturing process should nevertheless be examined.</i></p> <p><i>At least one kind of product per product category and electrical insulation class shall be listed.</i></p> <p><input checked="" type="checkbox"/> No production <input type="checkbox"/> Production seen</p> <p><i>Complete TEST DATA SHEET for each kind of product per product category and electrical insulation class even if there is no production.</i></p>	

6 Calibration of Safety Test and Measuring Equipment	
6.1	Is test and measuring equipment used calibrated or verified? YES <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/>
<p>(several boxes may be ticked)</p> <p><input checked="" type="checkbox"/> Verification done by the manufacturer by means of calibrated reference equipment</p> <p><input type="checkbox"/> Calibration done by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Laboratory accredited according to ISO/IEC 17025 <input type="checkbox"/> Test equipment manufacturer/supplier <input type="checkbox"/> National metrology institute <p><input type="checkbox"/> Other (please provide details):</p>	

<i>Provide details for at least one electrical measuring equipment:</i>				
Kind of equipment:	High Voltage Meter			
Type reference:	KIKUSUI/TOS9201/PL002029/E-01-07-1021			
Calibration reference number:				
Date of last calibration:	2013 October 25			
Calibration due date:	2014 October 25			
6.2	Is reference equipment (used for verification) calibrated?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
(several boxes may be ticked)				
Calibration of reference equipment done by:				
<input checked="" type="checkbox"/> Laboratory accredited according to ISO/IEC 17025				
<input type="checkbox"/> Test equipment manufacturer/supplier				
<input type="checkbox"/> National metrology institute				
<input type="checkbox"/> Other (please provide details):				
6.3	Is the equipment provided with a label or similar indicating the next calibration/verification due date?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
6.4	Do the calibration/verification records indicate that calibration is traceable to national/international standards of measurement?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
6.5	Are the records for calibration/verification of test and measuring equipment maintained and satisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
6.6	Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

7 Handling and Storage				
7.1	Are the components and materials to be used for production stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
7.2	Are the finished products stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>

8 Product Verification Tests / Periodic Tests (PVT)			
8.1	Are <u>required</u> PVT conducted? (one or more boxes may be ticked)	YES	N/A NO
<input type="checkbox"/>	NO PVT required, all questions of this section shall be marked with 'N/A'	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	PVT conducted at the factory location		
<input type="checkbox"/>	PVT conducted at a external laboratory owned by the manufacturer		
<input type="checkbox"/>	PVT conducted at a external laboratory owned by the license holder		
<input checked="" type="checkbox"/>	PVT conducted by independent external laboratory		
<input type="checkbox"/>	PVT conducted by certification body's laboratory		
<input type="checkbox"/>	Others (please provide details):		
<input type="checkbox"/>	Details are given on INSPECTOR'S EVALUATION-Informative page.		
If conducted at a location other than the manufacturers premises, then specify where performed:			
<input type="checkbox"/>	Details are given on INSPECTOR'S EVALUATION-Informative page.		
<p><i>Note: Product Verification Tests shall be conducted under the responsibility of the manufacturer and may be named also as Periodic Tests or Sample Tests depending on the certification scheme.</i></p> <p><i>Describe which tests(required by the Certification Body/certification scheme) are conducted and at what sampling rate on TEST DATA SHEET – Product Verification Tests</i></p> <p><i>Note: Details of any additional product verification tests should be entered by the Inspector on the INSPECTOR'S EVALUATION instead of the TEST DATA SHEET</i></p>			
8.2	Are the tests conducted in accordance with procedures?	YES	N/A NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p><i>Description of the procedure or ref. of documented procedure & revision or issue date: -</i></p> <p><input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.</p>			
8.3	Is appropriate equipment that is required for conducting tests available?	YES	N/A NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.4	Are the tests described in TEST DATA SHEET – Product Verification Tests in compliance with the requirements of the Certification Schemes and/or the requesting Certification Body?	YES	N/A NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.5	Is there a procedure requiring actions to be taken if PVT are found to be unsatisfactory?	YES	N/A NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p><i>Description of the procedure or ref. of documented procedure & revision or issue date: AUOQP-19-009 Version:1 ,03/ 08/2011 Customer complaint SOP</i></p> <p><input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.</p>			
8.6	Are the records of product verification tests maintained and satisfactory?	YES	N/A NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.7	Are records kept at least for the period between two inspection visits?	YES	N/A NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

9	Void

10 Corrective actions in response to inspector's evaluation			
If there were any unsatisfactory findings entered in the previous inspection report, have these been corrected?	YES	N/A	NO
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Provide details of each unsatisfactory finding and how each has been resolved</i>			

11 Quality Management System	
<p><i>If the manufacturer has a Quality Management System certified or assessed by an accredited Body, provide details of QMS standard, scope, name of certification body and certificate expiry date.</i> <i>or provide copy of the certificate.</i></p> <p><input type="checkbox"/> Quality Management System NOT certified <input checked="" type="checkbox"/> Quality Management System certified by an accredited Body <input type="checkbox"/> Quality Management System certified by a <u>non</u> accredited Body <input type="checkbox"/> Copy of the certificate provided as appendix to this report</p> <p>Details of QMS standard: ISO9001:2008 Does the scope covers the production of the certified product: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Name of certification body: UL DQS Inc. Certificate no.: 20000235 QM08 Certificate issued date: 2011-12-19 Certificate expiry date: 2014-12-18</p>	

12 Manufacturer's self assessment of the manufacturing- and control process of certified products (Former: Audits of the Quality System)				
12.1	Does the manufacturer regularly check that all procedures as required by the Certification Body(ies) and the harmonised inspection scheme (PD CIG 021) are followed?	YES	N/A	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Are records regarding results and actions taken available? <i>Note: The use of PD CIG 023 to document the results of the self assessment is acceptable</i>	YES	N/A	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Are the personnel carrying out above required checks appropriately trained and independent of the process being assessed?	YES	N/A	NO
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13	Void

14 Customer Complaints			
<i>The Manufacturer shall record any technical complaint regarding the certified product. The questions in this section shall be answered even if no customer complaints have been received. In this case the questions should be applied to the process</i>			
14.1	Is there a procedure regarding how to handle customer complaints?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
14.2	Are the received complaints reviewed on a regular basis regarding whether they are related to single errors or system errors? <input type="checkbox"/> Actual case checked <input checked="" type="checkbox"/> Procedure checked	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
14.3	Are corrective actions and decisions regarding customer complaints recorded? <input type="checkbox"/> Actual case checked <input checked="" type="checkbox"/> Procedure checked	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
14.4	Is the originator of the complaint informed about the handling and the result of the complaint? <input type="checkbox"/> Actual case checked <input checked="" type="checkbox"/> Procedure checked	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
14.5	Are the records of customer complaints maintained and satisfactory?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
14.6	Are records kept at least for the period between two inspection visits?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	

15 Changes to Certified Products			
15.1	Is reference about the certified version available? (one or more boxes may be ticked) <input checked="" type="checkbox"/> Set of drawings <input checked="" type="checkbox"/> Parts list <input checked="" type="checkbox"/> Product description <input type="checkbox"/> Reference sample <input type="checkbox"/> Photo-documentation <input type="checkbox"/> Other specification (Please provide details): <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	
15.2	Is this reference under control of the licence holder?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
		NO <input type="checkbox"/>	

15.3	Is there a procedure ensuring that no changes to the construction of certified products will be implemented prior to acceptance by the License Holder?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> AUOQP-09-009 Version:2 ,22/ 05/2013 ECN SOP <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
15.4	If the manufacturer is also the licence holder: Is there a procedure ensuring that constructional changes of the certified product will be made only after approval by the Certification Body?	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Description of the procedure or ref. of documented procedure & revision or issue date:</i> <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				
15.5	Are any changes made to the certified version since the last inspection? <input checked="" type="checkbox"/> no changes <u>according to the information from the manufacturer</u> <input type="checkbox"/> changes authorised by the license holder	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

16 Selection and Shipping of Re-Examination Sample(s)				
<i>Regarding samples requested by the Certification Body(ies) please refer to the table IDENTIFICATION OF SELECTED SAMPLES and enter details as appropriate</i>				
<p>16.1 Please give reasons why no samples were selected during the inspection: (one or more boxes may be ticked)</p> <input checked="" type="checkbox"/> None required by the certification body: <input type="checkbox"/> No production, no stock: <input type="checkbox"/> Build to clients' order <input type="checkbox"/> No access to warehouse <input type="checkbox"/> Warehouse not at manufacturer's location <input type="checkbox"/> Manufacturer has been instructed to send re-examination samples: <input type="checkbox"/> Others (Please provide details): <input type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page				
<p>16.2 If the selected sample(s) do not bear the Certification Mark then provide the reason for selection in the table IDENTIFICATION OF SELECTED SAMPLES (one or more boxes may be ticked)</p> <input type="checkbox"/> Type reference is mentioned on the certification bodies certification list <input type="checkbox"/> Mark is applied on the package, catalogue or by other means <input type="checkbox"/> Special sample selection order <input type="checkbox"/> Others (Please provide details): <input checked="" type="checkbox"/> Details are given on INSPECTOR'S EVALUATION-Informative page.				

17 Inspector's Evaluation													
17.1	List your findings on the INSPECTORS EVALUATION – Findings page(s) by referencing the applicable clauses in this report (including comments, recommendations, etc.) and explain them to the manufacturer. If possible indicate also the corrective actions the manufacturer intends to take.												
17.2	Give your recommendations by ticking the appropriate box												
1	No unsatisfactory findings.	Grant or continue certification.	<input checked="" type="checkbox"/>										
2	Minor unsatisfactory finding(s).	Manufacturer's corrective action(s) will be checked at next visit. Grant or continue certification.	<input type="checkbox"/>										
3	Major unsatisfactory finding(s). Safety not directly affected.	Manufacturer shall confirm corrective action(s). Grant or continue certification. Special or early routine inspection recommended for checking corrective action(s).	<input type="checkbox"/>										
4	Critical unsatisfactory finding(s). Safety directly affected.	Certification refused/suspended and repeated factory inspection recommended after the manufacturer has confirmed implementation of corrective action(s).	<input type="checkbox"/>										
17.3	Attachments: <i>For page control, please write the reference number in the header of each attachment page.</i> <table style="width: 100%; border: none;"> <tr> <td>PD CIG 023 - Signature page</td> <td>No. of pages: 1</td> </tr> <tr> <td>ENEC Appendix to PD CIG 023</td> <td>No. of pages:</td> </tr> <tr> <td>Copy of Quality Management Certificate</td> <td>No. of pages: 3</td> </tr> <tr> <td>Others</td> <td>No. of pages:</td> </tr> <tr> <td colspan="2">Total no. of pages of this report including all attachment pages:</td> </tr> </table>			PD CIG 023 - Signature page	No. of pages: 1	ENEC Appendix to PD CIG 023	No. of pages:	Copy of Quality Management Certificate	No. of pages: 3	Others	No. of pages:	Total no. of pages of this report including all attachment pages:	
PD CIG 023 - Signature page	No. of pages: 1												
ENEC Appendix to PD CIG 023	No. of pages:												
Copy of Quality Management Certificate	No. of pages: 3												
Others	No. of pages:												
Total no. of pages of this report including all attachment pages:													
A copy of this report shall be provided to the undersigned contact person who should be aware of the contents and sign for its receipt. <input checked="" type="checkbox"/> Printed copy provided <input type="checkbox"/> Electronic copy provided													
Inspection duration: 4.5 hours. Arrive time: 0930 Departure time: 1400													
The responsibility for ensuring that a product is manufactured in accordance with the standard to which it was originally approved rests with the licence holder													
Date: June 18, 2013		Date: June 18, 2013											
Inspector's name (printed letters): Kevin Chiang		Contact person's name (printed letters): Kyle Wang 王凱凡											
Signature: Kevin Chiang		Signature: Kyle Wang											
<input type="checkbox"/> For signature see attached signature page													

Reference number of the body carrying out the inspection:

Inspector's Evaluation

=Related paragraph number of this report:	Findings Inspector's points requiring corrective action from the manufacturer <i>Use separate Supplementary Page for different Certification Bodies if necessary</i>
17.1	No unsatisfactory founding

Reference number of the body carrying out the inspection:

TEST DATA SHEET - Product Verification Tests / Periodic Tests (PVT)

CB	Product, Sampling rate, Standards Clause or Test-parameters, Results
Intertek-ETL EU	According to ETL EU requirement EN61730,EN61215 the factory conducted PVT once per year.

Reference number of the body carrying out the inspection:

TEST DATA SHEET - Routine Tests

<input checked="" type="checkbox"/> No production	
<input type="checkbox"/> Production seen	Certification mark: Intertek-ETL EU
Product Category (e.g. HOUS): 61730 61215	Kind of product (e.g. vacuum cleaner): Mono/ Poly Crystalline Silicon Terrestrial Photovoltaic Module
Type number: PM245P00	Electrical Insulation Class: II
Rated voltage: 600V/1000V Max.System voltage (UL / IEC)	

TESTS	% check	Test value applied	Time	Factory limits applied:	Failure indicated by	Remarks	W
							R
a Earth continuity	100	V 2.5 A 15	120 s	0.1Ohm (max.)	Instrument ,Lamp buzzer		R
b Insulation resistance	100	300V d.c.	120 s	40 MOhm (min.)	Instrument ,Lamp buzzer		R
c Leakage current	100	1000 V		1 mA (max.)	Instrument ,Lamp buzzer		R
Dielectric strength	Basic insulation	100	3000 V	60 s	0 mA (max.)	Instrument ,Lamp buzzer	R
	Supplementary insulation		V	s	mA (max.)		
	Reinforced insulation		V	s	mA (max.)		
e Load deviation							
f Functional test	100				appearance		R

e Indicate method used (hot/cold, at mains voltage, low voltage resistance check, etc.).

f Are all controls and components checked during the test ?

W Test witnessed by the inspector, R = according to records

Reference number of the body carrying out the inspection:

IDENTIFICATION OF SELECTED SAMPLES			at manufacturer::		date	
Selected for	Label No.	Quantity	Product/Type/Technical data	Licence No.	Production period	Code letters
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A
						<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> A

Code letters: P = Sample from Production or S = Stock; F = Forwarded by the Manufacturer; T = Transported to the Certification Body by the Inspector; A = Shipped by the Inspection Agency —

CERTIFICATE



This is to certify that

AU Optronics Corp.

No. 1, Li-Hsin Rd. 2, Hsinchu Science Park, Hsinchu 300, Taiwan, R.O.C.

with the organizational units/sites as listed in the annex

has implemented and maintains a **Quality Management System**.

Scope:

The design and manufacture of flat panel displays, solar cells and photovoltaic modules.

Through an audit, documented in a report, it was verified that the management system fulfills the requirements of the following standard:

ISO 9001 : 2008

Certificate registration no.	20000235 QM08
Main certification No.	20000235 QM08
Date of original certification	2003-05-23
Date of revision	2013-01-26
Date of certification	2011-12-19
Valid until	2014-12-18



UL DQS Inc.

Ganesh Rao
President

Accredited Body: UL DQS Inc., 1130 West Lake Cook Road, Suite 340, Buffalo Grove, IL 60089 USA
Issuing Office: UL DQS Taiwan Inc., 8F, 23, Yuan Huan West Road, Feng Yuan Dist.,
Taichung City, Taiwan 420

Annex to Certificate
Registration No. 20000235 QM08
Main certification No. 20000235 QM08

AU Optronics Corp.

No. 1, Li-Hsin Rd. 2, Hsinchu Science Park, Hsinchu 300, Taiwan, R.O.C.

Company Name	Location	Function
AU Optronics Corp. Ref. No.: 20000235	No. 1, Li-Hsin Rd. 2, Hsinchu Science Park Hsinchu 300, Taiwan, R.O.C.	Sales & marketing, product design and management review.
AU Optronics Corp. Ref. No.: 20000233	No. 5, Li-Hsin Rd. 6, Hsinchu Science Park, Hsinchu 300 Taiwan, R.O.C.	The design and manufacture of flat panel displays.
AU Optronics Corp. Ref. No.: 20000234	No. 23, Li-Hsin Rd., Hsinchu Science Park, Hsinchu, 300, Taiwan, R.O.C.	The design and manufacture of flat panel displays.
AU Optronics Corp. Ref. No.: 20000236	No. 1, Xinhe Rd., Aspire Park Lungtan 325, Taoyuan Taiwan, R.O.C.	The design and manufacture of flat panel displays.
AU Optronics Corp. Ref. No.: 20000232	No. 1, JhongKe Rd., Central Taiwan Science Park Taichung, 407 Taiwan, R.O.C.	The design and manufacture of flat panel displays, solar cells and photovoltaic modules.
AU Optronics Corp. Ref. No.: 20000238	No. 189, Hwa Ya Rd. 2, Kuei Shan 333, Taoyuan Taiwan, R.O.C.	The design and manufacture of flat panel displays.
AU Optronics Corp. Ref. No.: 20000239	No. 228, Longke St. Longtan 325, Taoyuan, Taiwan, R.O.C.	The design and manufacture of flat panel displays.
AU Optronics (Shanghai) Corp. Ref. No.: 20000229	No. 3, Ln 58, San-Zhuang Road, Songjiang Export Processing Zone Shanghai, 201613 China	The manufacture of flat panel displays.
AU Optronics (Suzhou) Corp. Ref. No.: 20000230	No. 398, Suhong Zhong Road Suzhou Industrial Park Chiang Su Province, 215021 China	The manufacture of flat panel displays.
AU Optronics (Xiamen) Corp. Ref. No.: 20000231	No. 1689, Xiang'An North Road Xiang'An Branch, Torch Hi- tech Industrial Development Zone, Xiamen, 361102, China	The manufacture of flat panel displays.

This annex(2013-01-26) is only valid in connection
with the above-mentioned certificate.

Annex to Certificate
Registration No. 20000235 QM08
Main certification No. 20000235 QM08

AU Optronics Corp.

No. 1, Li-Hsin Rd. 2, Hsinchu Science Park, Hsinchu 300, Taiwan, R.O.C.

Company Name	Location	Function
AU Optronics Corp. AFPD Pte., Ltd. (Singapore) Ref. No.: 20006394	10 Tampines Industrial Avenue 3, Singapore 528798	The design and manufacture of flat panel displays.
AU Optronics (Czech) s.r.o. Ref. No.: 20004078	Tuřanka 856/98b & 858/98a Slatina, 627 00 Brno, Czech Republic	The design and manufacture of photovoltaic modules.
AU Optronics (Slovakia) s.r.o Ref. No.: 20006395	Bratislavská 517, Trenčín 911 05, Slovak Republic	The design and manufacture of flat panel displays.
AU Optronics Corp. Ref. No.: 20006396	No. 1, Machang Rd., Houli Dist, Central Taiwan Science Park, Taichung City 42147, Taiwan, R.O.C.	The design and manufacture of flat panel displays.

This annex(2013-01-26) is only valid in connection
with the above-mentioned certificate.



165 Main Street
Cortland, NY 13045

Telephone: +1 607 753 6711
Facsimile: +1 607 756 6699
www.intertek.com

ETL FOLLOW-UP SERVICE INSPECTION REPORT

Internal Use Only	
Gin #	_____
Customer #	_____
Invoice #	_____

Manufacturer AI Optronics Corporation
 Factory Address No. 1 Jhongke Rd. Central
Taiwan Science park, Taichung
City 40763 Taiwan
 Intertek Representative Kevin Chiang

Page 1 of 3
 Date 18 / 06 / 13
 Day Month Year
 1 Qtr 2 Qtr 3 Qtr 4 Qtr IPI/IFA Other
 Order No. 4002350-777

Directions to Intertek Representative: Verify that products comply with all items specified in the Listing Report/CDR and that production line tests and procedures specified are being conducted. All variations should be noted on this report and conveyed by phone/fax/email to the Manager of Follow-up Service.

The following items were reviewed with the manufacturer:

- | | |
|--|---|
| a. Is use of listing label controlled?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | e. Qty of ETL labelled product shipped since last inspection <u>2312</u> |
| b. Labeling Method:
<input type="checkbox"/> Separable Labels (supplied by Intertek)
<input checked="" type="checkbox"/> Direct Imprint (by Client)
<input type="checkbox"/> Both | f. Changes, additions, options, or accessories, etc. were made to Listed Products. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. Are product markings per Listing Report?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | g. Have changes occurred to the manufacturing process or quality system that affects Listed Products? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. Is production line testing required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes 1) Is testing being performed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
as required?
2) Is equipment calibrated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | h. Were variations noted on the last inspection? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, has the client responded? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have all variations been resolved? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide explanation of how variations were resolved. |
| | i. Has the procedure or records for customer complaints/field failures been reviewed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | j. Were there any reports of product failures resulting in personal injury or property damage. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Letter of Explanation is required from the client for these non-compliant item numbers None

Send Variation Response Letter with a copy of this Inspection Report to Intertek, Cortland, NY, by mail, fax, or email VariationResponse.Cortland@intertek.com.

____ Variations accepted per phone/fax communication with _____
 ____ Variations NOT accepted per phone/fax communication with _____
 ____ Labels removed by mfr. ____ Product held Time of Arrival: 0930 Departure: 1400

I acknowledge receipt of a copy of this inspection report issued by Intertek Testing Services NA Inc.

王凱凡 2013/06/18.
 Factory Representative's Signature Date

Kevin Chiang 18 June 2013
 Intertek Representative's Signature

Factory Representative's (printed name)

Continued on next page
 Form F1 April 15, 2012



This report is for the exclusive use of Intertek's Client and is provided pursuant to the Certification Agreement between Intertek and its Client. Intertek's responsibility and liability are limited to the terms and conditions of the agreement. Intertek assumes no liability to any party, other than to the Client in accordance with the agreement, for any loss, expense or damage occasioned by the use of this report. Only the Client is authorized to permit copying or distribution of this report and then only in its entirety. Any use of the Intertek name or one of its marks for the sale or advertisement of the inspected/tested material, product or service must first be approved in writing by Intertek. This report by itself does not demonstrate that the material, product, or service is, or has ever been, eligible to bear an Intertek certification mark. Initial Factory Assessments and Follow up Services are for the purpose of assuring appropriate usage of the Certification mark in accordance with the agreement, they are not for the purposes of production quality control and do not relieve the Client of their obligations in this respect.



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ETL FOLLOW-UP SERVICE INSPECTION REPORT

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Manufacturer AI Optronics Corporation

Page 2 of 3

Listing Report No. SH11010386-001 Issue/Rev. Date 2013.05.14

Date

18	06	13
Day	Month	Year

Product PV Module / PM245P00-250

1 Qtr 2 Qtr 3 Qtr 4 Qtr Other

Intertek Representative Kevin Chiang

Order No. 4002350-777

Page	Item	Complies	Comment
1-2		Y	
3-4		Y	
5-10	PHOTO	Y	
11	1	Y	Motech IM156B3
	2	Y	SCA11
12	3	Y	
13	4	Y	SKC EF3N
14	5	Y	Toppan , BS-SP-VW1116
	6	Y	
	7	Y	
15	8	Y	Amphenol HBHAAEBYBYAA
	9	Y	Amphenol E34111P
	10	Y	Amphenol Helios H4
16	11	Y	
	12	Y	
	13	Y	
	14	Y	HY , 15SQ040D
17	15	Y	
	16	Y	B110CR



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Invoice # _____

Manufacturer AU Optronics Corporation

Page 3 of 3

Listing Report No. SH11010386-001 Issue/Rev. Date 2012.05.14

Date

<u>18</u>	<u>06</u>	<u>13</u>
Day	Month	Year

Product PV Module / PM245p00-250

1 Qtr 2 Qtr 3 Qtr 4 Qtr Other

Intertek Representative Kevin Chiang

Order No. 4002350-777

Page	Item	Complies	Comment
<u>18-50</u>		<u>Y</u>	
		<u>-</u>	<u>check out this products from the warehouse.</u>
		<u>-</u>	<u>The Hi-pot tester no. E-01-07-1023</u>
			<u>Calibration due date: 2013/06/19</u>