



**TANZANIA BUREAU OF STANDARDS  
INITIAL FACTORY EVALUATION CHECKLIST**

- 1 TBS inspector name/team
  - a) .....
  - .....
  - b) .....
  - .....
  
- 2 Date of inspection.....(YYYY/MM/D  
D)
  
- 3 Product (s)/brand/class/grade/type
  - a) .....
  - .....
  - b) .....
  - .....
  - c) .....
  - .....
  
- 4 Applicable standard(s)
  - a) .....
  - .....
  - b) .....
  - .....
  - c) .....
  - .....
  
- 5 Other products produced in the same premise.....  
.....  
.....
  
- 6 Client particulars
  - a) Name  
.....
  - b) Postal  
address.....Fax.....  
E-  
mail.....  
.....



- (i) Prod..... Daily      Monthly      Yearly
- (ii) Prod..... Daily  Monthly  Yearly
- (iii) Prod..... Daily  Monthly  Yearly
- e) Category;              Small scale  Medium scale  Large scale

f) Total number of employees.....  
 (i) Production.....(ii)

QC/Inspection.....

12 Factory procedures

- a) Industrial /Business licence      Available  Not Available  (If available Attach a copy)
- b) TFDA/NEMC Premise Permit      Available  Not Available  N/A  (If available Attach a copy)
- c) Other applicable Normative/ Legal documents (Attach copies if available)

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d) Does the existing organization structure in operation differ from the one submitted by client?  
 Yes       No  (If yes attach the organization structure in place with a detailed QC section).

e) Is there a separate quality control section?      Yes       No

f) Product identification System  
 (i) Paper work  (ii) Batch identification  (iii) Both  (iv) N/A

If system of production is not according to the product standard non-conformity should be raised. Inspector to communicate mode of batch identification/paper work in place.

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g) List of main materials purchased and sources of supply.

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(If purchasing specifications for raw materials are available, attach copies).

h) Does client check/observe quality control for raw materials?

Yes  No  (If yes attach specimen records).

i) Does the existing manufacturing process differ from the one submitted by client?

Yes  No  (If yes client support appropriate one).

j) Does client have a maintenance system in place?

Yes  No  (If yes attach a maintenance schedule and/or report).

k) Does client conduct in process inspection/testing procedure?

Yes  No  (If yes attach in process inspection/ test records with action taken on non-conforming products).

l) Does client conduct final product inspection/tests?

Yes  No  (If yes attach inspection/test records with sampling details otherwise inspector to explain and/or recommend).

N.B Test results for tests witnessed by inspector during factory evaluation to be among the attachments.

m) Does client have a procedure for handling consumer complaints with respect to their product(s)?

Yes  No  (If yes attach procedure/evidence for handling consumer complaints otherwise inspector to raise a non-conformity).

n) Does client have testing equipment, gauges and tools?

Yes  No  (If yes attach the list of testing equipment and their calibration status).

o) Are rejects and corrective actions recorded?

Yes  No  (If yes attach the records, otherwise inspector to raise a non-conformity).

p) Applicable mark for product certification scheme format.

'tbs' quality mark  Approved by TBS

q) Proposed marking format

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N.B printing on a label, printing on an anodized name-plate, printed stickers, adhesive tapes, transfix labels, etc., stenciling with paint, embossing or punching, casting where no other specified system exists, use of hologram, woven cloth labels in case of textile products like cotton vests, metal tags, and as a part of the test certificate if individual items cannot be marked, like steel products, emitters etc, printing on products, like PVC cables

r) Stage of production where mark is applied.

Pre-Production  During Production  Post Production

13 Detail samples selected/requested.

a) .....  
.....Location of sampling.....Disposal  
to.....

b) .....  
.....Location of sampling.....Disposal  
to.....

c) .....  
.....Location of sampling.....Disposal  
to.....

14 Evaluation Remarks (General condition of factory with respect to Type of product, Scheme of Inspection and Test, e.t.c )

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Reported  
by:.....Signature:.....  
(Inspector)  
Date:.....

Company representative  
Name.....  
Signature.....  
Date.....

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**FOR OFFICIAL USE ONLY**

Submitted by: (Inspector)	Signature:..... Date:.....
Reviewed by: (Head of Product Certification)	Signature:..... Date.....
Approved by: (Director of Quality Management)	Signature:..... Date.....