

FOLLOW-UP SERVICE INSPECTION REPORT

Manufacturer: Aladdin Storage Lift

Order Number: 5018768

Date: 12-Apr-2021



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**ETL FOLLOW-UP SERVICE
INSPECTION REPORT**

Manufacturer Aladdin Storage Lift
Factory Address 61 Shields Road Huntsville Al 35811
Date 12-Apr-2021 (Day / Month / Year)
Intertek Representative Robert Trail

Page 1 of 2
Time of Arrival: 8:50 am Departure: 9:30 pm
 1Qtr 2Qtr 3Qtr 4Qtr IPI/IFA Other
Order Number 5018768

Directions to Intertek Representative: Verify that products comply with all items specified in the Listing Report/CDR and production line tests and procedures specified are being conducted. All variations should be noted on F1, F2, and F3B and conveyed by email to the Regional Follow-up Service Center. Please write "Variance" on subject line of email.

THE FOLLOWING ITEMS WERE REVIEWED WITH THE MANUFACTURER:					
a. Is the use of listing label controlled?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	f. Were changes, additions, options, accessories, etc. made to listed products?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Labeling Method: <input type="checkbox"/> Separable Labels (supplied by Intertek) <input checked="" type="checkbox"/> Direct Imprint (by Client) <input type="checkbox"/> Both			g. Have changes occurred to the manufacturing process or quality system that affects 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"/>	h. Were variations noted on the last inspection report?	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 , has the client responded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes: Is testing being performed as required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Have all variations been resolved? If yes , include details on F2.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is equipment calibrated?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	i. Has the procedure or records for customer complaints/field failures been reviewed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Proper functionality of test equipment was verified/witnessed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	j. Were there any reports of product failures resulting in personal injury or property damage? If yes , include details on F2.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e. Qty of ETL labeled product shipped since last inspection: 43			k. Have any products, approved for Intertek certification, been involved with a product recall or similar corrective action? If yes , include details on F2.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

VARIANCES			
Number of variances found during this inspection: (explain on the F2)	Do any variances warrant a product hold?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Variations accepted per phone/email communication with:			
Variations NOT accepted per phone/email communication with:			
Labels removed by manufacturer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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

Matthew Barry 12-Apr-2021 Robert Trail
Factory Representative's Signature Date Intertek Representative's Signature
Matthew Barry
Factory Representative's (printed name)