# Application for equipment certification

**(“Equipment” may be a single device, an entire instrumented system or anything in between)**

| **No.** | **Question** | **Response / comments** |
| --- | --- | --- |
| *The following questions and responses are ‘required’…* | | |
| 1 | Company name and address: |  |
| 2 | Contact name, role and contact details: |  |
| 3 | What is the equipment (name, identifier, range) for which certification is sought? |  |
| 4 | Is the functionality of the equipment that may be used in safety functions clearly specified? |  |
| 5 | What are the main industry sectors that the equipment is used in? |  |
| 6 | If known, what type of industrial safety applications could the equipment be used in? |  |
| 7 | What technology is used that will be doing the safety function (electronics, mechanical, software, etc) |  |
| 8 | Where is the design undertaken (which town, country, if not above address)? |  |
| 9 | Where is the manufacturing undertaken (which town, country, if not above)? |  |
| 10 | Is the equipment designed and manufactured under a certified ISO 9001 quality management system? |  |
| 11 | If known, are there any functional safety sector or application specific standards applicable to this equipment (apart from 61508)? |  |
| 12 | What documentation is available (circuit diagrams, BoMs, design and test specifications, simulations, analyses, test results/reports, full software lifecycle documentation, etc)? |  |
| *The remaining questions and responses would be helpful but are not essential…* | | |
| 13 | Is the assessment project ready to start and are there any timeframe requirements or restrictions? |  |
| 14 | Is there a required target SIL-capability to meet (e.g., from a contract or marketing point of view?) |  |
| 15 | How long has the equipment been in manufacture and (very approximately) how many have been sold? |  |
| 16 | Are there any records of field failures (with failure details) in existence? |  |
| 17 | Is there a large number of installed items for which an operational profile and records of all failures exist? (i.e., can ‘proven in use’ be a possible assessment method?) |  |
| 18 | Does the developer have any experience of failure modes and effects analysis (FMEA) using quantified component failure rates? |  |
| 19 | What are the intended environmental conditions for the equipment (temperature, location, mechanical, service, etc) |  |
| 20 | Are there any components that could limit lifetime or duty, (e.g., gas sensors, mechanical cycling, etc) |  |
| 21 | Are there any internal diagnostics? (If so, how are any faults indicated so that the system can take a safe action?) |  |
| 22 | Does the equipment have any limitations or restrictions in terms of conducting proof tests, repair or replacement after it is installed? |  |

# Application for company certification (functional safety management system)

| **No.** | **Question** | **Response / comments** |
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| 1 | Company name and address: |  |
| 2 | Contact name, role and contact details: |  |
| 3 | Address(s) where safety lifecycle phases are managed (if not same as above)? |  |
| 4 | What industry sector applications and types of safety related systems is the company involved with? |  |
| 5 | What are the technologies for which the company has safety lifecycle responsibilities for? (Electronics, software, mechanical, etc) |  |
| 6 | When SIS projects are undertaken, if known, what SILs are involved? |  |
| 7 | If known, are there any functional safety sector standards applicable to the company’s services (apart from 61508)? |  |
| 8 | Does the company have a certified ISO 9001 quality management system? |  |
| 9 | What documentation is available for the FSM assessment (QMS with FSM policies, lifecycle procedures, competence management, etc) |  |
| 10 | Does the company have any knowledge or experience of applying functional safety standards? |  |
| 11 | Is an initial gap analysis worthwhile in order to identify a compliance baseline and the extent of any additional procedures that might be required? |  |
| 12 | Is the assessment project ready to start and are there any timeframe requirements or restrictions? |  |

# Information provided by

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| --- | --- |
| Name: | Date: |

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