

**ETL FOLLOW-UP SERVICE
INSPECTION REPORT**

Manufacturer The Flag Company, Inc

Factory Address 3600 Cantrell Industrial Court
Acworth, GA. 30101

Intertek Representative Fred Tyson

Order Number 4010565

Page 1 of 2
Time of Arrival: 9:30 am Departure: 10:15 am
Date 09-May-2017

Day / Month / Year
 1Qtr 2Qtr 3Qtr 4Qtr IPI/IFA Other

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 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:

- | | |
|---|---|
| <p>a. Is use of listing label controlled?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>b. Labeling Method:
<input type="checkbox"/> Separable Labels (supplied by Intertek)
<input checked="" type="checkbox"/> Direct Imprint (by Client)
<input type="checkbox"/> Both</p> <p>c. Are product markings per Listing Report?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. Is production line testing required?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If Yes:</p> <p>1) Is testing being performed as required?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2) Is equipment calibrated?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is equipment checked (during production) daily for proper operation?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e. Qty of ETL labeled product shipped since last inspection <u>132</u></p> | <p>f. Were changes, additions, options, accessories, etc. Made to listed products? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>g. Have changes occurred to the manufacturing process or quality system that affects listed products? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>h. Were variations noted on the last inspection report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, he 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, details on F2</p> <p>i. Has the procedure or records for customer Complaints/field failures been reviewed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>j. Were there any reports of product failures resulting in personal injury or property damage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, details on F2</p> <p>k. Have any products, approved for Intertek certification, been involved with a product recall or similar corrective action? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, details on F2</p> |
|---|---|

Letter of Explanation is required from the client for these non-compliant item numbers (see applicable F2(s))

Email Variation Response Letter with a copy of this Inspection Report to: variationresponse.na@intertek.com

- Variations accepted per phone/email communication with _____
- Variations NOT accepted per phone/email communication with _____
- Labels removed by mfr. Product held

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

Rodney Walker 09-May-2017

Factory Representative's Signature Date

Fred Tyson

Intertek Representative's Signature

Rodney Walker

Factory Representative's (printed name)

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