



Kenya Bureau of Standards
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INITIAL/(ROUTINE) INSPECTION REPORTS

SECTION 1 (TO BE COMPLETED BY THE APPLICANT)

A: FIRM DETAILS

1. Name of the Firm:
2. Status of Company or Business registration.....
3. Name of the Owner (s)/Proprietor(s)/Director (s)
 - i.
 - ii.
 - iii.
 - iv.
4. Postal Address:
.....
5. Telephone:.....
6. Contact Person:
7. Email address:
8. Physical Location (attach sketch Map).....
9. Town.....
10. Total No. of Personnel: Female Male
 No. of Permanent Employees No of Casual Employee
11. Competency of key personnel in charge of (Production and Quality Control)

S/no	Name	Qualification (Evidence/ Certificate) & Institution	Date of Employment
i.			
ii.			
iii.			

Note: The person (s) must be permanent employees



B: PRODUCTION

1. Products being manufactured/ Brands

S/NO.	Product Name	Brand Name	Applicable Product Standard number	Available (YES/NO)	KEBS Permit NO. (if applicable).
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

What is the average Volume of production per Month

2. Raw material

Specify the type of materials and origin (attach their specification where applicable):

S/NO.	Raw material	origin	Specifications	Quality checks/testing records
1				
2				
3				
4				
5				
6				

Note: Relevant statutory specifications for all materials used and finished products manufactured shall be accessible at the site.



3. Machinery and Plant

S/NO.	Machine	Type/model	Country of Origin
1.			
2.			
3.			
4.			
5.			
6.			

4. Manufacturing process

S/No.	Process Flow of Production	Operations	Critical Process parameters Monitored	Frequency	Process monitoring records
1.					
2.					
3.					
4.					
5.					
6.					

Note: Attach relevant test records

5. How are nonconforming products handled at the following stages of the manufacturing process:

i. Raw materials

.....

.....

.....

.....



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ii. In-process products

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.....

.....

iii. Final product

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.....

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6. What strategy do you have in place for recalling your products from the market that are nonconforming and have an effect on Health, Safety and Environment?

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.....

7. State, where and how you store your raw materials and end products (State facility conditions).

i. Raw materials?

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.....

.....

.....

ii. End product?

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.....

.....



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8. What testing facilities exist on the premises (if any)?

i. Specify equipment:

.....
.....
.....

ii. State parameters tested on site:

.....
.....
.....

iii. Specify any testing arrangement with other commercial laboratories (Specify parameters tested):

.....
.....
.....

iv. Calibration of Equipment

How do you calibrate your measuring equipment stated in 8 (i) above?

(e.g. Weighing scales, Thermometers e.t.c)? Specify when last calibrated.

- a.....
- b.....
- c.....
- d.....

9. Handling of Complaints

How do you plan to handle (New) or currently handle your consumer's complaints?

.....
.....

Company Representative.....

Signature.....

Date.....



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SECTION 2 (FOR OFFICIAL USE ONLY)

INSPECTORS REPORT AND RECOMMENDATIONS

Note: The Assessor to ensure that this report is accompanied with the sector specific report

1. State the adequacy of the following:

i. Construction of the facility:

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.....
.....

ii. Plant layout:

.....
.....
.....

iii. Suitability of location:

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.....
.....

iv. Suitability of equipment

.....
.....
.....

2. How is the Hygiene and general plant housekeeping?

Describe

.....
.....
.....



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3. Are the Staff provided with necessary Protective Clothing's?

Describe

.....

.....

.....

4. Has the company complied with relevant statutory/regulatory requirements (e.g. Public Health Act, OHSA requirements)?

Describe.....

.....

.....

.....

5. Marking and Labeling:

i. How is the product labeled and marked? Specify

- a.
- b.
- c.
- d.
- e.

ii. Do such labels and marks comply with requirements of relevant standard? Attach label where applicable.

.....

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6. Environmental considerations

i. What processes/products impact negatively on environment?

.....

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.....



ii. Specify the mitigation measures undertaken in 6 (i) above.

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7. Recommendations/Conclusions findings on processes

i. Specify Areas noted for Improvement - i.e. nonconformities (attach separate sheet as necessary)

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ii. Assessor's recommendation for certification?

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S/No.	Inspector's Name	Designation	Signature
1.			
2.			
3.			

Date