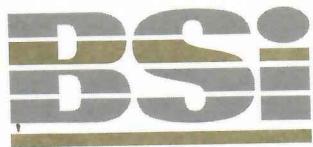


BSI Audit 421192 1998 OCT



## Certification Details

Report no. 327574.

Sheet no. 4.

### REASON FOR ISSUE/REISSUE:

eg: change of address

Client: (as to appear on certificate) VIAMOO LTD.

Registered address: 15 STATION ROAD

Invoice address: (if different)

CROX HALL

KETCHLEY

W. YORKS

Postcode 8020 7DT

Postcode

Trading name (also to appear on certificate):

Total No of appendices: 1.

Location address: AS ABOVE.

Postcode

Approved site address:

Postcode

Recommended scope of registration (as to appear on appendices): AS REVIEWING + "INCLUDING THE

REPAIR OF SP02 FINGER PROBES UNDER THE XPIC MEDICAL  
UK NAME."

UKAS  RvA  INMETRO

Client Tel No: AS REVIEWING

SIC Code:

Client Fax No: - -

Certificate Prefix: FS 28344.

Client Contact: - -

Visit Frequency: 2/4.

Alt contact: - -

Start Month: NO CHANGE

Signatures:

Client

Team Leader

Reviewing Manager

Date:

Client: VIAMAD LTD

Address: 15 STATION RD  
CROFT HILLS  
WATKINSON  
W. YORKS. Postcode BD20 7DT.

## Ref documents:

Client: QUALITY MANUAL 182-2.  
PROCEDURES  
VIAMAD ACROSS REPAIR MANUAL  
dated 15/12/97.

BSI:

Management standard: BS EN 1809002:1995.

Scheme requirement: MDD 93/42/EEC  
MAX II

Product standard: BS EN 46002:1996.

Type of assessment: CONTINUING - EXT TO SCOPE

Commencement date: 19 Dec 97

NCR ref numbers raised this visit:

MTBI-2.

## Outstanding NCR

From Report: 236736 XN  
236735

## Corrective action letter

Required by: 26 Jan 97.

Where it is found on a subsequent visit that corrective actions have not been implemented, in accordance with the agreed programme, then BSI QA may take steps to withdraw certification.

Where the client wishes to distribute copies of this report, all pages must be included.

Client reference No: 9370214

Cert/Licence No: F3 28344 RS28343 CEC01389

No. of employees:

Scope:

Verified as correct X/N?

(if no, changes to be detailed on A368)

CHANGE TO SCOPE.

Visit Duration (Mandays): 1.0.

BSI contacts:

Client manager: M. J. REED

Client administrator: IAN FOWLER

Client administrator DDI: 0181 9967525

Coordinating client manager: M. J. REED

Team members:

Signed for BSI:

Name:

Signed for client,  
(acknowledging receipt of report)

Name:

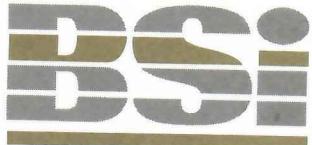
Date:

Management Standard Clause no.	This visit*	Clauses Covered	Specify areas assessed Indicate with tick												Nonconformity Summary
			QA	Technical	APC/MED/Com	Can/Use									
4.1	✓	✓	✓	✓	✓	✓									
4.2	✓	✓	✓	✓	✓	✓									
4.3	•														
4.4	•														
4.5	•														
4.6	•														
4.7	✓					✓									
4.8	✓					✓									
4.9	✓					✓									
4.10	✓					✓									
4.11	✓					✓									
4.12	✓					✓									
4.13	•														
4.14	✓						✓								
4.15	✓						✓								
4.16	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.17	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.18	✓						✓								
4.19	✓						✓								
4.20	•														

\* Indicate either: ✓ = Assessed or: - = not applicable to this scheme

## Comments

BB PN 46002:1996.	2.
93/42/EEC. 400.	



# Nonconformity Report

Report no. 327574

Sheet no. 3

### Client's representative

Mr. T. LAMB

## BSI QA assessor

M. J. Beggs

Receipt of nonconformity report acknowledged  
and content understood. *[Signature]*

Signed  
for Client

Signed  
for BSI QA

Date 19 Dec 97

