

**PRODUCT/PROCESS ERGONOMIC CERTIFICATION**  
**CERTIFICATION REQUEST**

M001-CEP  
Rev. 6 - 02/12/2025

**MANUFACTURER'S PERSONAL DATA**

Company name:

Address (street, post code, town, region):

Phone:

Fax:

E-mail:

Website:

Contact person:

Mobile:

**PRODUCTION SITE**

Name:

Address:

Phone:

Fax:

E-mail:

Website:

Contact person:

Mobile:

**ORGANIZATION STRUCTURE**

Number of people involved in the activity subject to certification:

The organization has internal labs ☐ YES: Specify relevant(s) ☐ NO

The organization has a certified management system ☐ YES ☐ NO ☐ Underway ☐ Scheduled

Which one? ☐ ISO 9001 ☐ FPC ☐ Other: Specify (primary at least)

By which certifying body: Since when:

The organization has used advisors for the product/process preparation ☐ YES ☐ NO

Name of such company or of the advisor:

Note(s)

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| REQUIRED CERTIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                 |                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACTIVITIES/CHECKS                                                                                                                               | CERTIFIED REQUIREMENT                                                                                                                                                                                                                                  |
| <b>Product Ergonomic Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> ★☆☆☆☆ <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Ergonomic Expertise</b><br>(Polytechnical Area)                                                                                              | <input type="checkbox"/> Compliance with ergonomic principles<br><input type="checkbox"/> Other: <b>Specify</b>                                                                                                                                        |
| <input type="checkbox"/> ★+★☆☆☆☆ <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Previous level +<br><b>Biomedical evaluations with users</b><br>(Biomedical Area)                                                               | <input type="checkbox"/> Evidence-based anthropometric &<br>biomechanical compliance<br><input type="checkbox"/> Other: <b>Specify</b>                                                                                                                 |
| <input type="checkbox"/> ★★+★☆☆☆☆ <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | All previous levels +<br><b>Usability evaluations with users</b><br>(Usability Area)                                                            | <input type="checkbox"/> Evidence-based usability<br><input type="checkbox"/> Other: <b>Specify</b>                                                                                                                                                    |
| <b>Note 1:</b> obtaining of <i>all</i> the certification levels detailed above (“3★”) is necessary in order to obtain the HCD (Human Centred Design) Process Certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> ★★+★☆☆                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | All previous levels +                                                                                                                           | <input type="checkbox"/> <b>User Experience</b><br>(UX) evaluations<br><input type="checkbox"/> Evidence-based user experience<br><input type="checkbox"/> Perceived <sup>2</sup> quality vs. effort<br><input type="checkbox"/> Other: <b>Specify</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                 | <input type="checkbox"/> Accessibility evaluations<br><input type="checkbox"/> Accessibility                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                 | <input type="checkbox"/> Serviceability evaluations<br><input type="checkbox"/> Serviceability                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                 | <input type="checkbox"/> Other evaluations<br><input type="checkbox"/> Other: <b>Specify</b>                                                                                                                                                           |
| <b>Note 2:</b> defined with the Client: <b>Specify</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                                                                                                                                                                                                                        |
| <b>HCD (Human-Centred Design) Process Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                 |                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> ★★+★☆☆ <sup>3</sup><br>Or<br><input type="checkbox"/> ★★+★+★ <sup>3,4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Documental evaluations of evidences provided by the Client relative to the application of the HCD process as described in the ISO 9241-210 Norm | <input type="checkbox"/> Product's Human Centred Design Process Certified                                                                                                                                                                              |
| Regarding the modalities for obtaining the HCD (Human Centred Design) Process Certification (Paragraph 8.4 – Certification Levels from General Regulations):<br><b>Note 3:</b> In order to request the HCD (Human Centred Design) Process Certification it is necessary to request (and obtain) the level “3★” Product Ergonomic Certification. In the event of concomitant obtaining of at least a level “3★” Product Ergonomic Certification and the HCD (Human Centred Design) Process Certification, the final certification level will result from the one obtained for the Product Ergonomic Certification plus one star (“1★”) from the HCD (Human Centred Design) Process Certification.<br><b>Nota 4:</b> In order to request the level “5★” Ergonomic Certification it is necessary to also request (and obtain) the HCD (Human Centred Design) Process Certification. |                                                                                                                                                 |                                                                                                                                                                                                                                                        |

| OTHER CERTIFICATIONS:                                           |                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Graphical Interfaces' Usability</b> | Compliance verification – unrelated to the physical support – for usability requirements in the design of graphical interfaces (Human-Machine Interface)                                                                                                                                                                                             |
| <input type="checkbox"/> <b>Accessibility</b>                   | Compliance verification for accessibility requirements of physical and ICT products<br><b>Note:</b> it is the same compliance verification as the one reported between the options for obtaining the level “4★” Product Ergonomic Certification (in the previous page), but requested in an unrelated modality from the usual certification process. |
| <input type="checkbox"/> <b>Control Room</b>                    | Compliance verification for ergonomic requirements defined by the ISO 11064 series in the design of workstations and control centers                                                                                                                                                                                                                 |
| <input type="checkbox"/> <b>Driver Distraction Reduction</b>    | Compliance verification for the requirements defined by the NHTSA-2010-0053 standard in relation to reducing driver distraction                                                                                                                                                                                                                      |
| <input type="checkbox"/> <b>HCD Organizzazione</b>              | Verification of the implementation of HCD processes within the organization as required by the ISO 9241:220 standard                                                                                                                                                                                                                                 |

**Note:** the description of the certification schemes and the entire certification process is provided in the “Certification Regulations” available on the website: [www.ergocert.it](http://www.ergocert.it)

Reference standards for each scheme can be found on the website.

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| OBJECT(s) OF CERTIFICATION                                        |                                                          |                                                                               |
|-------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------|
| Product(s) or version(s) to be certified:<br>(Product trade name) | Is the product<br>CE marked?                             | Product description:<br>(Attached documentation at manufacturer's discretion) |
|                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                               |
|                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                               |
|                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                               |
|                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                               |
|                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                               |
|                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                               |

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| Please indicate the period in which you would like to carry out the certification audit: |  |
|------------------------------------------------------------------------------------------|--|

| PRODUCTION SITES                                                                                                                                                                                                                   |                                                          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------|
| Does the manufacturing of the product subject to certification occur entirely at the production site previously mentioned?                                                                                                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| If <b>NOT</b> , specify below the other production sites (also third parties) where (ergonomically relevant) product components are manufactured, specifying the manufacturer, the production site, and the manufactured component |                                                          |           |
| Manufacturer                                                                                                                                                                                                                       | Production site                                          | Component |
|                                                                                                                                                                                                                                    |                                                          |           |
|                                                                                                                                                                                                                                    |                                                          |           |
|                                                                                                                                                                                                                                    |                                                          |           |
|                                                                                                                                                                                                                                    |                                                          |           |

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

|                                    |
|------------------------------------|
| Manufacturer's stamp and signature |
|                                    |

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| SECTION RESERVED TO THE CERTIFYING BODY                                                                |                                                          |       |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------|
| APPLICATION REVIEW                                                                                     | OUTCOME <sup>5</sup>                                     | NOTES |
| Is the information about the client and the product sufficient to carry out the certification process? | <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| Has the client correctly defined the requested certification?                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| Is the product certification requested by the client covered by the accredited certification scheme?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| Are the resources sufficient to carry out all the assessment activities?                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| Is it necessary to draw up new regulations and/or product technical specifications?                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| Is it necessary to train and/or qualify new assessors?                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |       |

**Note 5:** whether any integration of information or action about the body's resources may be necessary, specify this in the notes field.

| Review carried out by: |
|------------------------|
|                        |

| Signature |
|-----------|
|           |