

Auftr.-Nr. / Order no.:  
1112414  
Datum / Date: 2018/07/10  
Blatt / Page: 1 von/of 1

FST-Kurzbericht  
Surveillance brief report



Fertigungsstätte:  
Factory: StyleGame s.r.l [99302]  
Via Cavallegeri di Saluzzo 2, Spilimbergo 33097, Italy

Lizenzinhaber:  
Licence holder: International Game Technology [24681]  
9295 Prototype Drive, Reno, NV 89521, U.S.A

FST-Beauftragter:  
Factory representative: Mr. Fernando VENIER / Mr. Mr. Schiavo Capri Omar

Inspektionsgrundlage:  
Inspection requirements: Gesetzliche Grundlagen (z.B. ProdSG)  
TÜV SÜD Product Service „Prüf- und Zertifizierungsordnung“  
Legal requirements (e.g. ProdSG)  
TÜV SÜD Product Service "Testing and Certification Regulations"

Produkte:  
Products: FURN – Gaming Chair

Art der Inspektion:  
Type of inspection:  Erstbesichtigung / First Inspection  
 Follow-up

Inspektor:  
Inspector: Mr. D. Pignataro

Zertifiziertes QM-System: by TPS  by others  without   
Certified QM-System:

Die stichprobenartige Überprüfung der Fertigungsstätte und der zertifizierten Produkte führte zu folgendem Ergebnis:  
The following results were obtained during the spot check assessment of the factory and the certified products:  
Es wurden \_\_\_/\_\_\_ Abweichungsberichte erstellt (siehe Anlage).  
\_\_\_ non compliance reports were issued (see attachment).

Bewertung der Fertigungsstätte / Evaluation of the factory

<input checked="" type="checkbox"/>	positiv/positive (A and B)	-	-
<input type="checkbox"/>	negativ/negative 2 months (C)	Verification of corrective actions is necessary before issuing an attestation- date see NC reports	-
<input type="checkbox"/>	negativ/negative 1 week (D)	Verification of corrective actions is necessary before issuing an attestation - date see NC reports	Certification body must be informed
<input type="checkbox"/>	negativ /negative (E)	see NC report(s)	Certification body must be informed
<input type="checkbox"/>		Rücksprache mit der jeweiligen Fachabteilung von TÜV Product Service erforderlich Contact with TÜV Product Service product department is necessary	

Nächstes Follow-up findet statt : \_\_\_Oct - 2018\_\_\_  
Next follow up will be scheduled for:

Aufbewahrungsort der Follow-up Dokumentation: Niederlassung: \_\_ITSCAVT \_\_Abt: \_\_PS CPS\_\_  
Filing of follow up documentation: Branch: Dept.

Eine Kopie dieses Berichtes erhält der Hersteller/ Zertifikatsinhaber.  
A copy of this report should be handed to the manufacturer/certificate holder.  
\_\_\_2018/07/10\_\_\_ Datum / Date  
\_\_\_D. Pignataro\_\_\_ Inspektor / Inspector

Mr. Omar Schiavo Capri  
Für den Hersteller/ Zertifikatsinhaber  
For the manufacturer / certificate holder

Attachment

Surveillance Report – Follow-up NRTL  
Project n. 1078243



<b>Production Facility:</b> Stylgame S.r.L Via Cavallergeri di Saluzzo n° 2 -10 I – 33097 Spilimbergo (PN)		<b>Customer No.:</b> 99302	
<b>Project No.:</b> 1112414			
<b>Certificate Owner(s):</b> International Game Technology [24681] 9295 Prototype Drive, Reno, NV 89521, U.S.A		<b>Customer No.:</b> 59229	
<b>Products:</b> FURN – Gaming chair			
<b>Certificate No(s):</b>		Refer to CBW: Facility report printout dated 2018/04/24	
<b>Certification Marks:</b>		<input type="checkbox"/> NRTL US (USA) <input checked="" type="checkbox"/> NRTL C/US <input type="checkbox"/> NRTL C (Canada) <input type="checkbox"/> NRTL CUE	
<b>Inspector/Dept.:</b>		Itscavt- Domenico Pignataro	
<b>Basis of Inspection:</b>		<input checked="" type="checkbox"/> TÜV SUD Product Service: "Testing and Certification Regulations" <input type="checkbox"/> Legal requirements (OSHA/SCC)	
<b>Type of Inspection:</b>		<input checked="" type="checkbox"/> NRTL Surveillance	
<b>Inspection Cycle:</b>		month 3	
<b>Date of Inspection:</b>		2018-07-10	
<b>Contact Person(s):</b>			
<b>Name:</b>		Mr. Fernando Venier	
<b>Email:</b>		fernando.v@stylegame.com	
<b>Phone-number:</b>		+39 0427 595011	

\* This form is only to be used for products with a U8 certificate

Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark
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<b>1</b>	<b>General Information</b>			
1.1	Manufacturer's registered name:	Yes	N/A	No
	Stylgame S.r.L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Factory location: Via Cavallergeri di Saluzzo n° 2 -10 – 33097 SPILBERGO (PN) Italy			
	<i>Have there been any changes under 1.1 (Address, contact person, tel., etc.)</i>			
1.2	Persons seen and position held in the company:			
	Mr. Schiavo Capri Omar (Factory)			



Cl.	Requirement - Test	Result - Remark
2	<b>Production during visit</b>	
2.1	Were products bearing the Certification Mark seen in production or available for inspection at the time of the visit?	Yes    N/A    No <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Please list below the products that were inspected and tested (if applicable) at the time of the visit:	
	<b>Certificate Number</b>	<b>Model Number</b>
	U8 17 07 24681 029	99200004
		756696
	<i>Note: Each product certified must be physically inspected at a minimum once every 2 years</i>	
2.2	Please list below the products where documentation was inspected:	
	<b>Certificate Number</b>	<b>Model Number</b>
	U8 17 07 24681 029	99200004
		025295

Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark
<b>3</b>	<b>Production Line Routine Test</b>	
3.1	Give details of all test performed during the inspection in the table below. Be sure to list all test equipment used and calibration dates.	

TEST DATA SHEET

Routine Tests

Product Category: Data acquisition units      Class: III

TESTS	% check	Test value applied	Time	Factory limits applied	Failure indicated by	Remarks	W
							R
a. Earth continuity	100	V 15 A	10 s	Ohm max.	0,1		R
b. Insulation resistance		V d.c	s	MOhm min.			
c. Leakage current		V	s	mA max.			
Dielectric strength	Basic insulation	100	1750 V	3 s	10 mA max.		R
	Supplementary insulation		V	s	mA max.		
	Reinforced insulation		V	s	mA max.		
e. Load deviation							
f. Functional test	100	Vn	20s	Correctness of the signal's value	Message on display		
<i>Add other tests required by the standard that are not included above</i>							

e. Indicate method used (hot/cold, at mains voltage, low voltage resistance check, etc.).

f. Are all controls and components checked during the test?

W = Test witnessed by the inspector, R = according to records

3.2	Is test and measuring equipment used calibrated or verified? <i>(clause 6.1 in CIG 023:2014)</i>	Yes	N/A	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Is there evidence that the functional check of the equipment is conducted properly, even if certified products were not in production? <i>(clause 4.1 in CIG 023:2014)</i>	Yes	N/A	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark
3.4	<b>Test Equipment</b>	<b>Calibration Date</b>
	Kind of equipment:	2017-01-02
	Type reference:	
	Calibration reference number:	
	Calibration due date: 2019-10-2	

Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark		
<b>4</b>	<b>Incoming Inspection</b>			
4.1	Are materials, components and sub-assemblies which have a safety implication on the finished product verified by the manufacturer as complying with appropriate specification(s)?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
4.2	If the manufacturer relies on Certificates of Conformity, do they clearly identify the product, quantity of items covered, the specification to which the products conform, the production date and are they signed or stamped by a person authorised by the supplier?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
4.3	Do <u>all</u> the components match the components detailed in the CDF?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>

Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark		
<b>5</b>	<b>General Information</b>			
5.1	Does the manufacturer have policies and/or procedures to control the use of the certification mark?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
5.2	Was the NRTL mark affixed to the product?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
5.3	Did the inspector find any evidence of misuse of the certification mark either on products or in advertising materials or manual?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
5.4	Are the components and materials to be used for production stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
5.5	If selection of samples for re-examination is required, have the required samples been selected?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
5.6	Are the finished products stored and handled in such a way as to ensure that they will continue to comply with the applicable standards?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>



Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark		
6	<b>Corrective Actions</b>			
6.1	If there were any unsatisfactory findings entered in the previous inspection report, have these been corrected? <i>Provide details below regarding the corrective actions that have been taken.</i>	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
6.2	Does the manufacturer a) Keep a record of all complaints made known to the manufacturer relating to a product's compliance with requirements of the relevant standard and to make these records available to the TUV SUD when requested?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
	b) Take appropriate action with respect to such complaints and any deficiencies found in products or services that affect compliance with the requirements for certification?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>
	c) Document the action taken?	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	No <input type="checkbox"/>

Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark
7	<b>Inspection's Evaluation</b>	
7.1	List your findings on the supplementary page(s) by referencing the applicable clauses in this report (including comments, recommendations, etc.) and explain them to the manufacturer. If possible indicate also the corrective actions the manufacturer intends to take.	
7.2	Give your <b>recommendations</b> by ticking the appropriate box:	
1.	No unsatisfactory findings	Grant or continue certification. <input checked="" type="checkbox"/>
2.	Minor unsatisfactory findings(s).	Manufacturer's corrective action(s) will be checked at next visit. Grant or continue certification <input type="checkbox"/>
3.	Major unsatisfactory finding(s), safety not directly affected.	Manufacturer shall confirm corrective actions(s). Grant or continue certification. Special or early routing inspection recommended or checking corrective action(s). Inform Certification Manager. <input type="checkbox"/>
4.	Critical unsatisfactory finding(s), safety directly affected.	Certification refused/suspended and repeated factory inspection recommended after the manufacturer has confirmed implementation of corrective action(s). Inform Certification Manager. <input type="checkbox"/>
7.3	<b>Attachments:</b>	
	Supplementary page(s) - List them and provide page control (A1) <input type="checkbox"/>	
	RECEIVING INSPECTION DATA SHEET – TPSF0952.01E <input checked="" type="checkbox"/>	
	TEST DATA SHEET Routine Tests / Product Verification Tests and Periodic Tests (PVT) – TPSF0952.02E <input type="checkbox"/>	
	IDENTIFICATION OF SELECTED SAMPLES – TPSF0952.03E <input type="checkbox"/>	

Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark
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Time in factory:            hours. 3

The responsibility for ensuring that a product is manufactured in accordance with the standard to which it was originally approved rests with the licence holder.

Date: 2018/07/10

Date: 2018/07/10

Inspector's name (printed letters):

Contact person's name (printed letters):

D. Pignataro

Schiavo Capri Omar

Signature:

Signature:

Attachment

Surveillance Report – Follow-up NRTL



Cl.	Requirement - Test	Result - Remark
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Date: 2018/07/10

Date: 2018/07/10

Inspector's name (printed letters):

Contact person's name (printed letters):

D. Pignataro

Schiavo Capri Omar

Signature:

A handwritten signature in cursive script, appearing to read 'D. Pignataro', written over a horizontal line.

Signature:

A handwritten signature in cursive script, appearing to read 'Schiavo Capri Omar', written over a horizontal line.

# Aufbauübersicht für Elektrogeräte und Maschinen

## Data form for electrical equipment and machinery



Product Service

U8 17 05 24681 xxx

Seite von

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Auftraggeber / Applicant:

International Game Technology [24681]  
9295 Prototype Drive, Reno, NV 89521, U.S.A

Fertigungsstätte / Production facility:

StylGame USA LLC [99286]  
711 E Pilot Rd., Suite C, Las Vegas 89119, USA  
StyleGame s.r.l [99302]  
Via Cavallegeri di Saluzzo 2, Spilimbergo 33097, Italy

Geräteart / Type of equipment:

Video Gaming Machine

Typenbezeichnung / Type/model:

Gaming chair

Seriennr. / Serial no.:

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Nennspannung/Frequenz / Rated voltage/frequency:

100-240 V~; 50/60 Hz

Nennaufnahme/Nennstrom / Rated input power/current:

2.0 A

Ausführung / Construction:

Ortsfest	Stationary	<input checked="" type="checkbox"/>
Ortsveränderlich	Portable	<input type="checkbox"/>
Handgerät	Hand-held	<input type="checkbox"/>
Einbaugerät	Open-frame	<input type="checkbox"/>

Schutzklasse / Protection class:

Schutzklasse I:	Schutzleiteranschluß	PE-connection	<input checked="" type="checkbox"/>
Schutzklasse II:	Schutzisoliert	Double insulation	<input type="checkbox"/>
Schutzklasse III:	Schutzkleinspannung/ interne Stromversorgung	SELV/internally powered	<input type="checkbox"/>

Schutzart / Degree of protection against liquids:

IPX0	Not Rated	<input checked="" type="checkbox"/>
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Anschlußart / Supply connection:

Feste Anschlußleitung	Non detachable cord	<input type="checkbox"/>
Fester Anschluß	Permanent connection	<input type="checkbox"/>
Gerätesteckvorrichtung	Appliance inlet	<input checked="" type="checkbox"/>

Netzbetriebsart / Rated operation:

Dauerbetrieb	Continuous operation	<input checked="" type="checkbox"/>
Aussetzbetrieb	Intermittent operation	<input type="checkbox"/>
Kurzzeitbetrieb	Short time operation	<input type="checkbox"/>

Material: a) Gehäuse / Enclosure Metal  
b) Leiterplatten / p.c.b. UL 94 V-1 or better

Zusätzliche Angaben für Laser, Klassifizierung nach EN 60825/Additional information for Laser equipment, classification according to EN 60825  
Klasse / Class: N/A

Wellenlänge / Wavelength: N/A

Pulsdauer / Pulse duration: N/A

Prüfbericht Nr. / Test Report No.: 7169001811-000

Ort / place: TÜV SÜD Canada Inc.

Datum / date: 2017-04-25

Projektleiter / Project manager: Herbert Wu

Stempel und Unterschrift /  
Seal and signature