

AF05-ASSESSMENT REPORT

Laboratory/Inspection body:		MOTIVA Laboratories Inc.			
Quality Manager: I. M. Motiva MD			Date(s) of Visit: 13-15 August 2017		
Type of Visit:	<input type="checkbox"/> Pre-Assessment	<input checked="" type="checkbox"/> Assessment	<input type="checkbox"/> Re-Assessment	<input type="checkbox"/> Surveillance	<input type="checkbox"/> Verification Visit
Facility: <i>Testing / Calibration/ Medical/ Inspection</i> (Circle ONE)	Field(s): <i>Concrete and Steel Testing</i>				
Assessment Team (Names)					
Lead Assessor: <i>OK Engr</i>	Assessor 1: <i>I.M. Smart Tech</i>		Assessor 2:		
Assessor 3:	Assessor 4:		Observer:		
Date of previous visit: <i>N/A First Visit</i>	Non-Conformances recorded during previous visit HAVE / HAVE NOT BEEN cleared. (Circle ONE) <i>N/A</i>				
ASSESSMENT SUMMARY: (Lead Assessor Comments on the overall outcome of the Assessment) <i>The laboratory is very keen to get accredited.</i>					
Number of Non-Conformance(s) Raised.	4	Number of Potential Non-Conformance(s) Raised.	2	Number of Opportunities for Improvement Raised:	0
RECOMMENDATIONS OF ASSESSMENT TEAM: (Does the CAB demonstrate the competence required for accreditation?) <i>This laboratory demonstrates competence in the production of its steel and concrete testing results.</i>					
Date by which remaining Non-Conformances* are to be cleared by the Laboratory: <u>12 Nov 2017</u>					
<u>I.M. MOTIVA MD</u> Acknowledged by Authorised Signatory of Lab	<u>15 August 17</u> Date	<u>OK Engr</u> Signature of Lead Assessor			

List of Attachments:

Requested Scope of Testing or Calibration
 Testing/Method Checklist Form(s) No. _____
 Assessment Findings Form(s) No. 6 Forms

Assessment Checklist
 Assessment Schedule
 Attendance List