

ASSESSMENT SCHEDULE

Laboratory/Inspection body:						
Quality Manager:				Date(s) of Visit:		
Type of Visit:		<input type="checkbox"/> <i>Pre-Assessment</i> <input type="checkbox"/> <i>Assessment</i> <input type="checkbox"/> <i>1st Surveillance</i> <input type="checkbox"/> <i>2nd Surveillance</i>		<input type="checkbox"/> <i>Re-Assessment</i> <input type="checkbox"/> <i>Verification</i> <input type="checkbox"/> <i>Re-visit</i> <input type="checkbox"/> <i>Follow-up</i>		
Facility: <i>Testing / Calibration/ Medical/ Inspection</i>				Field(s):		
Assessment Standard:		<input type="checkbox"/> <i>ISO/IEC 17025</i>		<input type="checkbox"/> <i>ISO 15189</i>		<input type="checkbox"/> <i>ISO/IEC 17020</i>
Specific AB Criteria: _____						
Assessment Timings			Opening/Closing Meeting Timings		Daily Debriefing Timings (at the end of each day)	
Morning: AM to PM Afternoon: PM to PM			Opening Meeting: Closing Meeting:		Day 1: Day 2: Day 3:	
Name and Expertise of the Assessor	Schedule of Department/ Section/ Activity to be Assessed (by date)					
	Day 1		Day 2		Day 3	
	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon
Lead Assessor						
Assessor 1						
Assessor 2						
Assessor 3						
Assessor 4						
Assessor 5						
Assessor 6						
Assessor 7						
Observer <small>(only for observation)</small>						
Name & Signature of Lead Assessor						