

ASSESSMENT SCHEDULE

Laboratory/Inspection body:						
Quality Manager:			Date(s) of Visit:			
Type of Visit:		<input type="checkbox"/> Pre-Assessment <input type="checkbox"/> Re-Assessment <input type="checkbox"/> Assessment <input type="checkbox"/> Verification <input type="checkbox"/> 1 st Surveillance <input type="checkbox"/> Re-visit <input type="checkbox"/> 2 nd Surveillance <input type="checkbox"/> Follow-up				
Facility: Testing / Calibration/ Medical/ Inspection		Field(s):				
Assessment Standard:		<input type="checkbox"/> ISO/IEC 17025	<input type="checkbox"/> ISO 15189	<input type="checkbox"/> ISO/IEC 17020		
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 (only for observation)						
Name & Signature of Lead Assessor						