

ASSESSMENT REPORT

Laboratory/Inspection body:						
Quality Manager:			Date(s) of Visit:			
Type of Visit:	<input type="checkbox"/> Pre-Assessment	<input type="checkbox"/> Assessment	<input type="checkbox"/> Re-Assessment	<input type="checkbox"/> Surveillance	<input type="checkbox"/> Verification Visit	
Facility: Testing / Calibration/ Medical/ Inspection (Circle ONE)			Field(s):			
Assessment Team (Names)						
Lead Assessor:		Assessor 1:		Assessor 2:		
Assessor 3:		Assessor 4:		Observer:		
Date of previous visit: _____			<i>Non-Conformances recorded during previous visit HAVE / HAVE NOT BEEN cleared. (Circle ONE)</i>			
ASSESSMENT SUMMARY: (Lead Assessor Comments on the overall outcome of the Assessment)						
Number of Non-Conformance(s) Raised.	MAJOR	MINOR	Number of Potential Non-Conformance(s) Raised.	_____	Number of Opportunities for Improvement Raised:	_____
RECOMMENDATIONS OF ASSESSMENT TEAM: (Does the CAB demonstrate the competence required for accreditation?)						
Date by which remaining Non-Conformances* are to be cleared by the Laboratory: _____						
Acknowledged by Authorised Signatory of Lab			_____ Date	_____ Signature of Lead Assessor		

List of Attachments:

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| <input type="checkbox"/> Requested Scope of Testing <input type="checkbox"/> or Calibration <input type="checkbox"/> | <input type="checkbox"/> Assessment Checklist |
| <input type="checkbox"/> Testing/Method Checklist Form(s) No. _____ | <input type="checkbox"/> Assessment Schedule |
| <input type="checkbox"/> Assessment Findings Form(s) No. _____ | <input type="checkbox"/> Attendance List |