1. Details from the CAB:

|  |  |
| --- | --- |
| Name and address: |  |
| Authorized Representative: |  |
| Accreditation (project) number: |  |
| Type of assessment: | Choose an item. |
| Assessment Technique: | Choose an item. |
| Date(s) of assessment: |  |
|  |
| Inspection body type: | [ ]  A | [ ]  B | [ ]  C |
| CAB with several locations: | [ ]  Yes | [ ]  No |
| Assessed locations: |
| (Name)/Address: |  |  |
| (Name)/Address: |  |  |
|  |
| Legally responsible entity |  |
| Liability insurance including financial losses and damages(Insurance company and no. of insurance certificate): |  |
| Technical management: |  |
| Quality manager: |  |
| 1. **Details of the assessment team**
 |
| Lead Assessor: |  |
| Quality Assessor(s): |  |
| Technical assessor(s): |  |
| Observers or others: | **-** |

1. **Nonconformity codes used in this report:**

|  |
| --- |
| **ENAS Findings Categories** |
| **Category**  | **Definition** | **Closue of Findings**  |
| **Nonconformity (NC)** | A finding that identifies nonconformity is indicated as ‘NC’ (Non Conformity) in the NCR sheet and in the Assessment Report. It indicates a failure to meet accreditation criteria [e.g. Accreditation Standard, ILAC, ENAS requirements, MS requirements ...] that leads to non valid activity results and/ or threatenes the integrity of the Accreditation Body, and/ or leads to non-effectiveness of CAB management system. | The CAB shall take appropriate action to resolve the nonconformity prior to ENAS granting or confirming continuity of accreditation. Response on action taken is required with supporting evidence against each findings indicated as ‘NC’ with evidencse provided in the time that has been negotiated for response. |
| **Observation** **(O)** | A finding that identifies an opportunity for improvement or a weakness that may lead to a nonconformity if not considered (potential nonconformity) | This may be a recommendation or a reminder or flag for follow-up/review at the next assessment. |

D. Detailed information on the assessed area

 - 1: Compliant / 2: Not Compliant / 3: Not Applicable –

|  |
| --- |
| **Results of Laboratory’s Documents Review and Compliance with the Accreditation Criteria Requirement** |
| **4** | **General requirement** |  | **Appraisal** |
| **4.1** | **Impartiality and independence** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| top management commitment to impartiality and independence **•** impartiality and independence of personnel **•** procedures to ensure it **•** degrees of independence (IB of type A, B or C ) **•** documentation of risks to impartiality and proof of their minimisation |
|  |
| **4.2** | **Confidentiality** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Ensuring confidentiality of Information by legally enforceable commitments |
|  |
| **5** | **Structural requirements**  |
| **5.1** | **Administrative requirements**  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Inspection body (IB) to be legally identifiable • where applicable legally identifiable within an organization • description of functions and technical scope of the IB activity • provisions for the precise scope of an inspection • provision to cover liabilities (e.g. insurance or reserves) • contractual conditions for business  |
|  |
| **5.2** | **Organization and management** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Management to safeguard impartiality by IB • organizational structure /responsibilities• technical management • supervision • named persons to deputize • job descriptions |
|  |
| **6** | **Resource requirements** |
| **6.1** | **Personnel** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Availability of staff • qualification • procedures for selecting, training, formally authorizing and monitoring of staff • competence requirements and evidence • responsibilities • code of behaviour • remuneration  |
|  |
| **6.2** | **Facilities and equipment** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Availability & suitability • access & use • identification • maintenance • calibration • measurement standards • traceability to reference standards of measurement& reference materials • in-service checks of equipment • procurement (supplier assessment, purchasing documents, received materials) • storage facilities • check of stored items • suitability and maintenance of hardware and software • protection of integrity of data • dealing with defective equipment • records on equipment |
|  |
| **6.3** | **Subcontracting** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Criteria for subcontracting • records on selection and qualification of subcontractors, relevant requirements (e.g. ISO/IEC 17025) • advising the client of the inspection intention to subcontract parts of the inspections • identification of subcontracting in the inspection report or IB certificate • assessments of the results |
|  |
| **7** | **Process requirements** |
| **7.1** | **Inspection methods and procedures** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Defined methods & procedures • type of evaluation (determination of conformity with specific and/or general – on the basis of professional judgement – requirements) • conduct of standard or other sampling and inspection techniques • appropriateness and documentation of non-standard methods or procedures • up-to-date and available documents • instructions for work order control system of inspection system • control of inspection activity and validation in compliance with the requirements • records of observations and/or data • checks of calculations and data transfers • safe carrying out of inspection |
|  |

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| **7.2** | Handling inspection samples and items |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Identification • appropriateness of samples and items • preparation of inspection • facilities to avoid deterioration and damage |
|  |
| **7.3** | **Inspection Records**  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Record system • sufficient information and traceability • archiving |
|  |
| **7.4** | Inspection reports and inspection certificates |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Content • approval • corrections or additions • content according to ILAC P15:05 **• use of the accreditation symbol** |
|  |
| **7.5** | Complaints and appeals |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Procedures • responsibilities • records |
|  |
| **7.6** | **Complaints and appeals process** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Handling process • records |
|  |

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| **8** | Management system requirements |
| **8.1** | Options |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Fulfilment of the requirements for Option A or Option B |
| **8.2** | Management system-Documentation  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Definition • explanation and implementation of policy and objectives for quality • commitment of the top management in regard to the development and implementation of the management system and consistent compliance with this international standard • appointment of a competent member of the management • appropriateness, effectiveness and documentation of quality system • availability of documentation of the management system |
|  |
| **8.3** | Control of documents  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| System • completeness • actuality • archiving |
|  |
| **8.4** | Control of records  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| System • completeness • archiving |
|  |
| **8.5** | Management review  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Review inputs • review outputs |
|  |
| **8.6** | **Internal audits**  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Planning • recording system • competence of auditors |
|  |
| **8.7** | Corrective actions  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
| Procedures for management of nonconformities • fault management |
|  |  |
| **8.8** | Preventive actions  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
|  | Procedures for prevention of potential nonconformities |
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| **Use of the accreditation logo** |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
|  | Compliance with the ENAS EP02 - Use of the ENAS logo. **(Not applicable in assessments for initial accreditation)** |
|  |

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| **Compliance to ENAS Guidelines**  |  | **1** [ ]  | **2** [ ]  | **3** [ ]  |
|  | **Compliance with the ENAS Technical Requirements for the related fields** |
|  |

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| 1. **Summary , remarks and improvement potential : [Technical Expert]**
 |
| Competence of personnel, and appropriateness of spatial infrastructure and equipment • requirements • technical impression with respect to inspection body’s strengths and areas requiring improvement to appraise the appropriateness and effectiveness of the quality system including improvement potential • final evaluation |
|  |

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| 1. **Summary , remarks and improvement potential : [Lead Assessor]**
 |
| Existing accreditations, certifications, notifications, approvals and recognitions • competence of personnel, and appropriateness of spatial infrastructure and equipment • meeting additional requirements • overall impression with respect to inspection body’s strengths and areas requiring improvement to appraise the appropriateness and effectiveness of the quality system including improvement potential • final evaluation |
|  |

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| 1. **Evaluation of competence with CABs personnel**
 |
| **Name and position** | **Tasks and responsibilities in the accreditation scope** | **Evaluation technique (interviews, file review, witness,…)** | **Evaluation** |
|  |  |  |  |
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| 1. **List of Authorized Signatories on Inspection Certificates/ Reports**
 |
| **#** | **Name** | **Position** | **Authorization Date** | **Scope of Authorization** |
|  |  |  |  |  |
|  |  |  |  |  |
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| 1. **List of relevant documents evaluated during the assessment (if not given above)**
 |
| **Ref** | **Title of Document** | **Ref** | **Title of Document** |
|  |  |  |  |
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| 1. **Final report recommendations**
 |
| **Recommendation to grant accreditation (please tick):** |  [ ]  Granted/renewed [ ]  Maintained [ ]  Reduced [ ]  Extended [ ]  Not granted/not renewed  [ ]  Suspended (Partial) [ ]  Suspended (Full)  |
| **Additional information if any changes in the scope(s) (reduction or extension):** |  |
| **Recommended scope(s) of accreditation:** |  |
| **Any special conditions/Remarks attached to the recommendations:** |  |
| **Next assessment is recommended within:**  |  |
| **Number of witness reports attached:** |  |
| **Signed on behalf of assessment team:** |  |  |  |
| **Lead Assessor (Name & Signature):** |  | **Date:** |  |

1. **Attendance**

|  |  |
| --- | --- |
| **Opening meeting** | **Closing meeting** |
| **Name** | **Position** | **Name** | **Position** |
| **Assessment Team Members** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Participants from the CAB** |
|  |  |  |  |
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**Note:** *Names of those members of the assessment team, who attended the above meetings, shall be recorded*. N*ames of the key staffs are required for CAB’s participants. There is no requirement of signature for this attendance.*