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| 1. **CAB Details**
 |
| **CAB Name:** |  |
| **Address:** |  |
| **Authorized Contact Person:**  |  |
| **Authorized Contact Person Email:** |  | **Contact Person Mobile Number:** |  |
| **ENAS ID:** |  | **Accreditation Scheme:** |  |

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| 1. **Details of ENAS PM & Assessment Team:**
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| **Lead Assessor:** |  | **Quality Assessor(s):** |  |
| **Technical Assessor(s):** |  |
| **Technical Expert(s)/ Sharia Expert:** |  |
| **ENAS Program Manager (PM):** |  |
| **Others *(in case involved, then specify the role):*** |  |

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| 1. **Assessment Details:**
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| **Type of Assessment *(Surveillance, Renewal,…)*** |  |
| **Remote Assessment Date:** |  |
| **Last Onsite Assessment Type & Date:**  |  |

| 1. **Documents/ Records required as per Annex 1 of Remote Assessment Procedure**
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| **#** | **Documents/ Records** | **Reference Number/ revision/ issue date** | **Submission Date** | **LA/TA/TE/ SE Team confirmation** **(Yes, No, NA, Comments)** |
|  | CAB’s updated Management System Documentation including Quality Manual, Procedures, Form, SOPs,…. |  |  |  |
|  | CAB’s up to date Trade License. |  |  |  |
|  | CAB’s up to date ESMA Registration Certificate. |  |  |  |
|  | CAB’s key staff job descriptions. |  |  |  |
|  | CAB’s updated Organization Structure, and parent organization Structure if applicable. |  |  |  |
|  | Master List of Internal and External Documents |  |  |  |
|  | Up to date Risk Register, including Risks to Impartiality and Opportunities (where applicable). |  |  |  |
|  | Changes in CAB Personnel (Since the last on-site assessment date):* List of staff members who joined since last onsite assessment, including (Joining Date, Authorization Date, Job Title and scope of Authorization, competence).
* New key staff competence records (e.g. CV, Education, …).
* List of employees who left since the last assessment, including the date and their job titles.
* Confidentiality and impartiality measures take for new employees.
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|  | List of Authorized Signatories for the Final Report/ Certificate issued by the CAB, including:* Sample signature for each authorized staff member;
* Identify the scope of authorization.
* Photo of the Authorized staff member.
 |  |  |  |
|  | List of authorized auditors, inspectors, experts (where applicable), testing and/or calibration staff with identification of respective tasks, and sample records of their competence monitoring. |  |  |  |
|  | Record of meetings of different committees (for Halal CABs and Product Certification Bodies). |  |  |  |
|  | Samples Log (for the time period covered by the assessment). |  |  |  |
|  | Sample of completed jobs record for the samples identified by assessment team members, including:* Final report/ certificate issued by the CAB to the customer (One example for each sub scope of accreditation (report and certificate).
* Raw data and work sheets.
* Customer request.
* Quotation/ contracts signed with the customer.
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|  | Internal Audit:* Last Internal Audit program, and related report, findings, and closure (conducted during the period covered by the assessment).
* List of internal auditors, and their scope of competence.
 |  |  |  |
|  | Complaints, Appeals, NC & Corrective Actions:* Complaints and Appeals, Nonconformity and Corrective Action Report Log.
* Sample record for complaints, appeals, non-conformities and corrective actions since last assessment including the actions taken by the lab and current status.
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|  | Completed up to date ENAS Form ACF 11-33: Proficiency Testing Follow-up sheet, and related PT Reports (where applicable). |  |  |  |
|  | Completed up to date ENAS Form ACF 11-34: Metrological Traceability sheet, and related Calibration Certificates (where applicable). |  |  |  |
|  | Measurement Uncertainty records for methods identified by assessment team. |  |  |  |
|  | Up to date list of Equipment (showing the current calibration status) and related record including:* Calibration certificates.
* Intermediate checks.
* Maintenance log.
 |  |  |  |
|  | Method review and validations records (for methods identified by assessment team). |  |  |  |
|  | Summary on any method changes and related records. |  |  |  |
|  | Summary on sub-contracted activities since the last on-site assessment. |  |  |  |
|  | Record of last Management Review meeting (conducted during the period covered by the assessment). |  |  |  |
| 24. | Record of CAB signed declaration on key change since last on-site assessment visit including the following:* Changes in key staff and authorized personnel.
* Changes in CAB’s premises or location.
* Changes in key equipment used for activities under scope of Accreditation.
* Other changes that affect the implementation of CABs management system or have an impact on CAB’s compliance to meet Accreditation requirements (supplies, resources, services, ..).
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***Note:*** *For any of above stated changes, CAB should have informed ENAS at the time of such changes as defined in ENAS ACF 10-02, Agreement between ENAS and Apllicant. The above information cannot be considered as an application/declaration for the change*

| 1. **List of Further Documents/ Records requested by Assessment Team:**
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| **#** | **Documents/ Records** | **Requested by Assessment Team Member/ Date**  | **Submission Date** | **LA/TA/TE/ SE Team confirmation** **(Yes, No, Comments)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

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| **Lead Assessor Name & Signature:** |  |
| **Date:** |  | **Updated on:** |  |
| **Reviewed by ENAS PM:**  |  | **Date:** |  |