Details from the CAB:

|  |  |
| --- | --- |
| **Name**  |  |
| **Address** |  |
| **Authorized Representative:** |  | **ENAS ID** |  |
| **Type of assessment:** |  | **Date(s) of assessment:** |  |

|  |
| --- |
| CAB with several locations: [ ]  Yes [ ]  No |
| Assessed locations: | Name and Address: |  |
| Name and Address: |  |
| **Details of the assessment team:** |
| **Lead Assessor:** |  | **Quality Assessor(s):** |  |
| **Technical Assessor(s):** |  |
| **Technical Expert(s):** |  |
| **Islamic Expert(s):** |  | **Observers or others:** |  |

**Nonconformity codes used in this report:**

**Accreditation requirements include the relevant standard and any relevant ENAS additional requirements**

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| **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. |

# Status of conformity to accreditation requirements including document review

| **Ref. clause** | **Element /Chapter** | **Compliant** | **Not****Compliant** | **Not Applicable** | **Procedure/Sample records checked** | **Comments:****Reason(s) for not complying, Good practices, opportunities for improvement, ref. to finding number from NC sheet** |
| --- | --- | --- | --- | --- | --- | --- |
| 4.1 | General Principles | [ ]  | [ ]  | [ ]  |  |  |
| 4.2 | Responsibility and integrity | [ ]  | [ ]  | [ ]  |  |  |
| 5.1 | General requirements | [ ]  | [ ]  | [ ]  |  |  |
| 5.1.1 | Legal and Islamic responsibility | [ ]  | [ ]  | [ ]  |  |  |
| 5.1.2 | Halal certification agreement | [ ]  | [ ]  | [ ]  |  |  |
| 5.1.3 | Responsibility for Halal certification decisions | [ ]  | [ ]  | [ ]  |  |  |
| 5.2 | Management of impartiality | [ ]  | [ ]  | [ ]  |  |  |
| 5.3 | Liability and financing | [ ]  | [ ]  | [ ]  |  |  |
| 5.4 | Operations | [ ]  | [ ]  | [ ]  |  |  |
| 6.1 | Organizational structure and senior management | [ ]  | [ ]  | [ ]  |  |  |
| 6.2 | Committee for safeguarding impartiality | [ ]  | [ ]  | [ ]  |  |  |
| 6.3 | Halal Islamic Affairs Expert Committee | [ ]  | [ ]  | [ ]  |  |  |
| 7.1 | Competence of management and personnel | [ ]  | [ ]  | [ ]  |  |  |
| 7.2.1 | Personnel involved in the Halal certification activities – General Requirements | [ ]  | [ ]  | [ ]  |  |  |
| **Ref. clause** | **Element /Chapter** | **Compliant** | **Not****Compliant** | **Not Applicable** | **Procedure/Sample records checked** | **Comments:****Reason(s) for not complying, Good practices, opportunities for improvement, ref. to finding number from NC sheet** |
| 7.2.2 | Personnel that reviews the contracts  | [ ]  | [ ]  | [ ]  |  |  |
| 7.2.3 | Personnel granting Halal certificates  | [ ]  | [ ]  | [ ]  |  |  |
| 7.2.4 | Technical auditors  | [ ]  | [ ]  | [ ]  |  |  |
| 7.2.5 | Technical experts | [ ]  | [ ]  | [ ]  |  |  |
| 7.2.6 | Halal Islamic affairs experts | [ ]  | [ ]  | [ ]  |  |  |
| 7.2.7 | Selection of the audit team | [ ]  | [ ]  | [ ]  |  |  |
| 7.3 | Use of individual external technical auditors and external technical expert’s/Halal Islamic affairs experts | [ ]  | [ ]  | [ ]  |  |  |
| 7.4 | Personnel records | [ ]  | [ ]  | [ ]  |  |  |
| 7.5 | Outsourcing | [ ]  | [ ]  | [ ]  |  |  |
| 8 | Information requirements | [ ]  | [ ]  | [ ]  |  |  |
| 8.1 | Publically accessible information | [ ]  | [ ]  | [ ]  |  |  |
| 8.2 | Halal certificate template | [ ]  | [ ]  | [ ]  |  |  |
| 8.3 | Directory of certified clients and their certified products | [ ]  | [ ]  | [ ]  |  |  |
| **Ref. clause** | **Element /Chapter** | **Compliant** | **Not****Compliant** | **Not Applicable** | **Procedure/Sample records checked** | **Comments:****Reason(s) for not complying, Good practices, opportunities for improvement, ref. to finding number from NC sheet** |
| 8.4 | Reference to Halal certification and use of Halal marks/licences | [ ]  | [ ]  | [ ]  |  |  |
| 8.5 | Confidentiality | [ ]  | [ ]  | [ ]  |  |  |
| 8.6 | Information exchange between a Halal certification body and its clients | [ ]  | [ ]  | [ ]  |  |  |
| 9.1 | Process requirements – General requirements | [ ]  | [ ]  | [ ]  |  |  |
| 9.2 | Initial audit and Halal certification | [ ]  | [ ]  | [ ]  |  |  |
| 9.3 | Surveillance activities | [ ]  | [ ]  | [ ]  |  |  |
| 9.4 | Recertification | [ ]  | [ ]  | [ ]  |  |  |
| 9.5 | Special audits | [ ]  | [ ]  | [ ]  |  |  |
| 9.6 | Suspending, withdrawing or reducing the scope of Halal certification | [ ]  | [ ]  | [ ]  |  |  |
| 9.7 | Appeals and complaints | [ ]  | [ ]  | [ ]  |  |  |
| 9.8 | Records of applicants and clients | [ ]  | [ ]  | [ ]  |  |  |
| 10 | Management System Requirements for Certification Bodies | [ ]  | [ ]  | [ ]  |  |  |
| 10 | Management system manual | [ ]  | [ ]  | [ ]  |  |  |
| 10 | Control of documents | [ ]  | [ ]  | [ ]  |  |  |
| 10 | Control of records | [ ]  | [ ]  | [ ]  |  |  |
| 10 | Management review | [ ]  | [ ]  | [ ]  |  |  |
| 10 | Internal audits | [ ]  | [ ]  | [ ]  |  |  |
| 10 | Corrective actions | [ ]  | [ ]  | [ ]  |  |  |
| 10 | Customer focus | [x]  | [ ]  | [ ]  |  |  |

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| **Use of the ENAS Accredited symbol** |  | **Compliant** [ ]  | **Not Compliant** [ ]  | **Not Applicable** [ ]  |
|  | Compliance with the ENAS Policy (EP 02) Conditions for the Use of ENAS symbol by Accredited CAB **(Not applicable in assessments for initial accreditation)** |
|  |

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| **Fulfilment of imposed conditions and implementation of the corrective actions from the previous assessment:** |
| [ ]  Yes | [ ]  No | [ ]  Not applicable |
|  |

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| **Comments and Recommendation of the Technical Assessor(s)/ Technical Experts / Islamic Expert(s)** |
| Name TA / TE/ IE: |  |
| Name: TA / TE/ IE: |  |
| Name: TA / TE/IE: |  |
| **Summary report by Assessment Team via Lead Assessor** |
| Other Existing accreditations and certifications (if any) |  |
| Strengths of the CAB’s management system |  |
| Weaknesses of the CAB’s management system  |  |
| Competence of the personnel responsible for implementation of management system. |  |
| Areas for improvement (if any) |  |
| overall impression with respect to laboratory’s compliance with the requirements of accreditation including that of ENAS’s requirements. |  |
| Any other comments |  |

**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) (suspension, reduction or extension):** |  |
| **Any special conditions/Remarks attached to the recommendations:** |  |
| **Number of witness reports attached to this report (*please specify for each TA/ Islamic Expert):*** |  |
| **Lead Assessor Name:** |  | **Date:** |  |
| **Signed on behalf of assessment team:** |  |

**Recommended scope of Accreditation [as presented during the closing meeting]**

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| --- |
| **Hala Accreditation Scope** |
| For Halal Certifications bodies seeking accreditation according to UAE.S 2055:2016 requirements please provide the details as specified below.  |
| **Category Code** | **Category** | **Product** | **Standard Method, Specification or Technique Used** |
|  |  |  |  |
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**Attendance**

|  |  |
| --- | --- |
| **Opening meeting** | **Closing meeting** |
| **Name** | **Position** | **Name** | **Position** |
| **Assessment Team Members** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Participants from the CAB** |
|  |  |  |  |
|  |  |  |  |
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**Note:** *all the assessment team members shall be recorded who attended above meetings, For CAB participants only names of the key staffs are required.*