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| **Name of Certification Body** |  |
| **Assessment type** | **Preliminary Visit Initial Assessment Assessment**  **Re-assessment Other(s), specify: ………………………………** |
| **Name of Assessment Team members** |  |
| **Schemes & scopes to be assessed** |  |
| **Date(s) of assessment** |  |

**Please use ticks (✓) to fill in:**

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| **Assessment Forms/Documents** | **TL** | | **A** | | | | | | | | **TE** | **MS** | **MTR** | **OBS** |
| **WA** | **OA** | **QMS** | | **FSMS** | | **HACCP** | | **ISMS** | |
| **WA** | **OA** | **WA** | **OA** | **WA** | **OA** | **WA** | **OA** |
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| Quality Manual |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relevant Procedures for Management  Requirements |  |  |  |  |  |  |  |  |  |  |  |  | *(If TL mentored)* |  |
| Complaints, Internal Audit and Management Review reports |  |  |  |  |  |  |  |  |  |  |  |  | *(If TL mentored)* |  |
| Relevant Procedures for Technical Requirements |  |  |  |  |  |  |  |  |  |  |  |  | *(If A/TE mentored)* |  |
| Preliminary Visit findings /previous Accreditation Report |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Previous Audit Report |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Audit Plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assessment Plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Accredited scope |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scope for extension  *(if applicable)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Acknowledge Receipt** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Assessment Forms/Documents** | **TL** | | **A** | | | | | | | | **TE** | **MS** | **MTR** | **OBS** |
| **WA** | **OA** | **QMS** | | **FSMS** | | **HACCP** | | **ISMS** | |
| **WA** | **OA** | **WA** | **OA** | **WA** | **OA** | **WA** | **OA** |
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| Declaration of Impartiality **F1.23** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Declaration of Confidentiality **F1.02** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Attendance Sheet **F1.03** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Agenda Opening Meeting **F1.01** |  |  |  |  |  |  |  |  |  |  |  |  | *(If TL mentored)* |  |
| Agenda Closing Meeting **F1.04** |  |  |  |  |  |  |  |  |  |  |  |  | *(If TL mentored)* |  |
| Team Leader / Assessor / Technical Expert Monitoring Checklist **F1.27** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Briefing meeting with Assessors / Technical Experts **F1.15** |  |  |  |  |  |  |  |  |  |  |  |  | *(If TL mentored)* |  |
| Preliminary Visit Findings Form **F1.20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feedback from assessment **F1.21** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MAURITAS Regulations (R1, R2 and R4) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relevant IAF MD Documents |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finance Form **F2.16** | *(if external)* | |  |  |  |  |  |  |  |  |  |  |  |  |
| Witnessing Assessment Report for Management Systems **F4.03** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nonconformity report **F4.05** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Recommendation Report **F4.06** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Acknowledge Receipt** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Assessment Forms/Documents** | **TL** | | **A** | | | | | | | | **TE** | **MS** | **MTR** | **OBS** |
| **WA** | **OA** | **QMS** | | **FSMS** | | **HACCP** | | **ISMS** | |
| **WA** | **OA** | **WA** | **OA** | **WA** | **OA** | **WA** | **OA** |
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| Team Leader’s report from assessment of certification bodies for management systems **F4.07** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Previous Nonconformity reports **F4.05** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cross reference matrix-cum-checklist for Management Requirement **F4.10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cross reference matrix-cum-checklist for Technical Requirement for QMS **F4.11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cross reference matrix-cum-checklist for Technical Requirement for FSMS/HACCP **F4.17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cross reference matrix-cum-checklist for Technical Requirement for ISMS **F4.16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Technical expert witnessing assessment report for management systems **F4.15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Acknowledge Receipt** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | Shaded areas represent the forms that need to be provided in the assessor’s pack during a full assessment for the respective assessor | | | | |
| **TL** – Team Leader | | **A** – Assessor | **TE** – Technical Expert | **MS** – MAURITAS Staff |

**WA** – Witness Audit **OA** – Office Assessment **MTR** – Mentor **OBS** – Observer