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| **Name of Conformity Assessment Body:** | | | | **Date of Assessment:** | |
| **Laboratory** | | | **Calibration Testing ISO/IEC 17025 ISO 15189** | | |
| **Inspection Body**  **ISO/IEC 17020** | | | **Type A Type B Type C** | | |
| **Management System Certification Body**  **ISO/IEC 17021-1** | | | **(QMS) ISO/IEC 17021-3 (EMS) ISO/IEC 17021-2**  **(FSMS) ISO 22003-1 (HACCP) ISO 22003-1 (ISMS) ISO/IEC 27006-1** | | |
| **Product Certification Body**  **ISO/IEC 17065** | | | **Product Certification Scheme: ……………………………………………………………………**  **Products / Services : …………………………………………………………………………………**  **Type: ……………………………………………………………………………………………………** | | |
| **Assessment Team** | | |  | | |
| **SN** | **Findings** | | | | **Clause number** |
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|  | *(To add more rows if necessary)* | | | |  |
| **CAB’s representative:** | | **Name: Signature:** | | | |
| **Team Leader/Assessor** | | **Name: Signature:** | | | |