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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:** |