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| --- | --- | --- | --- |
| **USE BLOCK CAPITALS** | **Date of Visit** |  | **This audit report is for**  *(tick whichever applies)*  **MS ISO/IEC 17025**  **MS ISO 15189**  **MS ISO/IEC 17021-1**  **& Related Standards ……………………………**  **MS ISO/IEC 17020**  **MS ISO/IEC 17065**  **Initial Assessment**  **Re-assessment**  **Assessment Extension**  **Others** *(specify)***……………………………………..…………** |
| **CAB Ref. No.** |  |
| **CAB Name** |  |
| **Internal Auditor Name** |  |
| **Assessment Team Observed** |  |

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| --- | --- | --- |
| **On-site Assessment Activities** | **Status**  **Y/N/NA** | |
| **Briefing Meeting**  Were issues identified during review of assessment program discussed? |  | |
| **Opening Meeting**  Was Opening Meeting carried out as per MAURITAS procedures? |  | |
| **Assessment Plan**  Did Assessment Team perform the exercise as per the plan? |  | |
| **Witnessing**  Did the Assessment Team witness all activities (tests/calibrations/audits/inspection) as per the assessment program? |  | |
| **Vertical assessment, where applicable**  Did the Assessment Team perform the vertical assessment as per the assessment program? |  | |
| **CAB Personnel**  Did the Assessment Team assess the CAB personnel as per the Assessment Program and MAURITAS sampling procedure?  Did the Assessment Team evaluate applicant Technical Signatories, where relevant? |  | |
| **Assessor Meetings:**  Were Assessor Meetings carried out to discuss on pertinent issues identified during the assessment?  Were Assessor Meetings carried out to discuss on progress of the assessment? |  | |
| **Communication with the CAB:**  Did the Assessment communicate with the CAB with respect to findings and progress of the assessment? |  | |
| **Closing Meeting:**  Was Closing Meeting carried out as per MAURITAS procedures?  Was the CAB provided the opportunity to seek clarifications on the findings raised by the Assessment Team? |  | |
| **Overall conduct of the Assessment:**  Was the assessment performed as planned by MAURITAS?  Was the assessment performed as per the relevant assessment procedures of MAURITAS? |  | |
| **Remarks/Comments** | | |
| **FEEDBACK TO DIRECTOR** | | |
|  | | |
| **Signed by Internal Auditor:** | | **Date:** |
| **DIRECTOR’S REMARKS** | | |
|  | | |
| **Name: Signature** | | **Date** |