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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** |  |

|  |  |
| --- | --- |
| **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** |