



**Assessment Programme
Laboratories**

F3.39

Issue No. 1

Assessment Programme

Date: April 2026

Item	(Ordinal Number) Accreditation Cycle (year - year)			
	1st Assessment	2nd Assessment	3rd Assessment	Re-Assmnt
Date Assessment scheduled/performed				
<u>Assessment Team</u>				
<u>Clauses of ISO/IEC 17025:2017 to be assessed by TL</u>				
<u>Clauses of ISO/IEC 17025:2017 to be assessed by Assessor(s)</u>				
<u>Parameters to be Assessed thru witnessing</u>				
<u>Vertical Assessment</u>				
<u>Technical Signatories to be assessed</u>				
<u>Analyst(s)/Operator(s) to be assessed</u>				
Location(s)	Not Applicable			
<u>Reviews</u>				

Note:



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Reviews

(Ordinal Number) Accreditation Cycle (year - year)			
Reviews			
Beginning of Cycle	Date reviewed		
	Reviewers		
	General Notes <i>(Including Review of PT Plan)</i>		
	Risks	Location	
		Personnel	
Activities			
(Type of Assessment) Assessment - (Ordinal Number) Accreditation Cycle	Date reviewed		
	Date of Assessment		
	Reviewers		
	General Notes		
	Risks	Location	
		Personnel	
		Activities	
Remarks			
Re-Assessment - (Ordinal Number) Accreditation Cycle	Date reviewed		
	Date of Assessment		
	Reviewers		
	General Notes <i>(Incl. Notes of Certificates for Metrological Traceability, where applicable)</i>		
	Risks	Location	
		Personnel	
		Activities	
	Is the level of frequency of		
Remarks			



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Assessment Team

Role in Team	4th Cycle		
	(Ordinal Number) Assessment	Type of Assessment	Re-Assessment
Team Leader			
Assessor(s)			
Technical Expert			
MAURITAS Staff			
Mentor			
Observer			



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Cycle

		(Ordinal Number) Cycle		
Clause No	Clause Description	(Ordinal Number) Assessment	Type of Assessment	Re-Assessment
	Management			
	Technical			



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Witnessing Vertical

Key:

W	Witnessed	V	Vertically Assessed	W, V or W/V
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Planned to be either witnessed or assessed vertically or both

	Measured Quantity of Type of Gauge or Instrument (Applicable to Calibration Labs) or Materials/Products Tested (Applicable to Testing Labs) or Discipline/Sample Type (Applicable to Medical Testing Labs)	Reference to standardized procedure (Applicable to Calibration Labs) or Types of Tests/Properties Measured (Applicable to Testing Labs, including Medical Testing Labs)	Range of Measured Quantity (Applicable to Calibration Labs) or Specification/Standard Methods or techniques used (Applicable to Testing Labs, Including Medical Testing Labs)	Calibration and Measurement Capabilities Expressed as an Uncertainty (\pm) (Applicable to Calibration Labs only)	(Ordinal Number) Accreditation Cycle	
<i>I.</i>	<i>Testing/Calibration Field or Medical Sub-field</i>				(Ordinal Number) Assessment and/or any other type of Assessment (where relevant)	Re-Assessment
	% of Scope Assessed (15% for Annual Assessment and 30% for Re-Assessment)				#DIV/0!	#DIV/0!



Personnel to be Assessed

Personnel to be Assessed

	Planned to be witnessed or assessed thru vertical assessment
	Witnessed
	Assessed thru' vertical assessment

(Ordinal Number) Accreditation Cycle			
Testing/Calibration Field or Medical Sub-field			
Name of Technical Signatory/Analyst	Initial Assessment	(Ordinal Number) Assessment and/or Any other type of assessment	Re-Assessment
Technical Signatories (Applicable for Testing/Calibration Labs)			
Analysts			
Number of Staff to be assessed	0.00	0.00	0.00
No of staff planned to be assessed	0	0	0