1. **General Information:**

|  |  |  |
| --- | --- | --- |
| **Name of Certification Body:** |  | **CB Accreditation****Number, where applicable:** |
| **Address of Certification Body:** |  |

|  |
| --- |
| **Assessment Team details** |
| **Assessment Team** |  |
| **Role assigned*****(tick as appropriate):*** | **Team Leader** [ ]  **Assessor** [ ] **Technical Expert** [ ]  **MAURITAS Staff** [ ]  |
| **Name** |  |

|  |
| --- |
| **Certification Body details:** |
| **Audit Team** |  |
| **Team Leader/Auditors witnessed** ***(delete/add rows as appropriate):*** |  |
|  |
|  |

|  |
| --- |
| **Certified organisation details** |
| **Audited Company** |  |
| **Business Sector** |  |
| **IAF code / Food Chain Category / Accreditation scope** |  |
| **Number of employees** |  |
| **Certification standard** |  |

|  |
| --- |
| **Type of audit:** Certification audit (Stage 1 or 2) / Recertification audit / Surveillance audit*(Please delete as appropriate)* |
| **Date and duration of the audit** |  |
| **Date and duration of MAURITAS’s witnessing:** |  |
| **Accreditation Standard(s)** |  |

**NOTE:** QMS Assessor *(Refer to section 5 of ISO/IEC 17021-3 for auditor’s competence)*

FSMS/HACCP Assessor *(Refer to Annex C of ISO 22003-1 for auditor’s competence)*

ISMS Assessor *(Refer to Table A.1 in Annex A of ISO/IEC 27006-1 for auditor’s competence)*

1. **Short description of the certified company and its activities:**

*(to be filled by Team Leader only)*

1. **Audit team composition, job assignment, scope coverage**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Effective planning *(determination of audit time, audit programme (if available) and audit plan),* preparation and briefing of the audit team**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Knowledge of Business Management practices** (*Knowledge of general organisation types, size structure and work place practices, documentation systems and information technology) (to be filled by Assessor only)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Knowledge of Client’s Business sector, Client products, processes and organisation** *(Knowledge of the terminology, practices and processes of the client sufficient to understand the sector, Knowledge related to the types of products and processes of the organisation) (to be filled by Assessor only)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Knowledge of audit principles, practices and techniques** *(Knowledge needed to conduct certification audits and to evaluate internal audit processes)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Knowledge of specific management system standards and CB’s processes** *(Knowledge needed to conduct certification audits according to normative documents and CB’s processes and to evaluate internal audit processes)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Other relevant skills** *(Language skills appropriate to all levels within the client organisation, Note-taking and report-writing skills, Presentation skills, Interviewing Skills)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Opening Meeting:** *(to be filled by Team Leader only)*

*(Introduction, Objective and Scope, Communication of methods and procedures, Establish Communication Link, Confirm resources and facilities, Closing Meeting (time and date), Clarify any queries)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Closing Meeting** *(to be filled by Team Leader only)*

*(Presentation of Observations, Significance of Observations, Effectiveness of the quality system in meeting the objectives)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Satisfactory:** | **Yes:** |  | **No:** |  |

1. **Conclusion on reliability of the Certification Body’s report and effectiveness of the audit**

|  |  |
| --- | --- |
| Impartiality maintained | Yes [ ]  No[ ]  |
| Previous nonconformities verified, if any | Yes [ ]  No[ ]  NA [ ]  |
| Safety Arrangements respected | Yes [ ]  No[ ]  |
| Review between auditors were adequate | Yes [ ]  No[ ]  |

1. **Comments of Assessment Team on CB findings and conclusions in relation to:**

**(i) the client’s Management System conformity and implementation, and**

**(ii) significant findings not reported or identified by the CB’s audit team, if applicable**

1. **Conclusion regarding recommendation about accreditation or maintenance of existing accreditation(s)**
2. **No. of nonconformities raised during Witness Assessment by Team Leader/Assessor**

|  |  |
| --- | --- |
| **Major** |  |
| **Minor** |  |

.............. ........................................................................

 **Date Signature**

**(Team Leader/ Assessor/MAURITAS Staff)**

***(delete as appropriate)***

The organisation has the right to complain against actual errors in the report which must be presented within 3 weeks after this report has been sent by MAURITAS.