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| **Name of Certification Body (CB):** | | **Date of Assessment:** |
| **CB Accreditation No.:** | | **NC Report No.:**  ***(your initial followed by 01 & so on)*** |
| **Accreditation Scheme** | **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** | |
| **Type of visit** | **Initial Assessment Assessment Re-assessment**  **Extension Extraordinary visit Others (specify)…………………………..** | |
| **Name of Assessment Team Member** |  | |
| **Role Assigned**  ***(tick as appropriate)*** | **Team Leader Assessor Technical Expert MAURITAS Staff** | |

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| **Description of Nonconformity:** | |
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| .......................... ............................................... .............................................  **Signature Name of CB representative Signature (CB Rep.)**  **(Assessment Team Member)** | |
| **CLASSIFICATION OF NONCONFORMITIES AND REQUIREMENTS** | |
| **Nonconformity type**  *(tick whichever applies)* | **Major:** nonconformity that affects the capability of the management system to achieve the intended results  **Minor:** nonconformity that does not affect the capability of the management system to achieve the intended results |
| Major  Minor | ISO/IEC 17021-1 ISO/IEC 17021-2 ISO/IEC 17021-3  ISO 22003-1 (FSMS) ISO 22003-1 (HACCP) ISO/IEC 27006-1  MAURITAS R1 MAURITAS R2 MAURITAS R4  **Clause number**  ***(specify)*** |

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| **PROPOSED CORRECTIVE ACTIONS BY CERTIFICATION BODY** |
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| ***Please attach the Root cause analysis when submitting proposed Corrective Action*** |
| ***Management Representative of CB***  Signed  ***Date*** |
| **FOLLOW UP OF CORRECTIVE ACTIONS DURING NEXT VISIT**  **(FOR MAURITAS USE ONLY)** |
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| **NC Closed NC Closed partially NC Not Closed** |
| ***Name of Assessment Team member***  Signed  ***Date*** |