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|  | Assessment Plan for Certification Bodies | Issue No. 1 Date: April 2026 | F4.19 |
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Note: (i) to use plan template as appropriate either for office assessment (section 1) or witnessing assessment (section 2)

(i) Blue font can to be amended/deleted as appropriate for the assessment

SECTION 1: OFFICE ASSESSMENT

TYPE OF ASSESSMENT ASSESSMENT PLAN FOR ISO/IEC 17021-1:YEAR FOR SCHEME(S) NAME CERTIFICATION SCHEME(S)

CERTIFICATION BODY:

CERTIFICATION BODY REFERENCE:

ADDRESS:

AUTHORIZED REPRESENTATIVE:

Tel No.:

Fax No.:

E-mail:

TYPE OF ASSESSMENT ASSESSMENT DATES : date month year

COMPOSITION OF ASSESSMENT TEAM:

| Name | Role in Assessment Team | Designation & Organisation |
|------|-------------------------|----------------------------|
| | | |
| | | |

to add rows as per assessment


COMPOSITION OF PEER EVALUATOR TEAM AND OBSERVERS:

| Name | Role in Peer Evaluation Team | Designation & Organisation |
|------|------------------------------|----------------------------|
| | | |
| | | |

to include or delete table & add rows as per assessment

| WITNESSING ASSESSMENT |
|------------------------------|
| |

to include or delete table & add rows as per assessment

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| OFFICE ASSESSMENT DAY NUMBER: DD MONTH YEAR | | |
|---|---------------|---|
| <i>TEAM LEADER</i> | <i>TIME</i> | <i>ASSESSOR (SCHEME)</i> |
| <i>Assessors' Briefing Meeting</i> | <i>08h 00</i> | <i>Assessors' Briefing Meeting</i> |
| <i>Opening Meeting</i> | <i>08h 30</i> | <i>Opening Meeting</i> |
| <i>Assessment ISO/IEC 17021-1: year</i> | <i>09h 00</i> | <i>Assessment ISO/IEC 17021-1: year</i> |
| <ul style="list-style-type: none"> • <i>Clauses & description</i> • <i>Other accreditation requirements</i> | | <ul style="list-style-type: none"> • <i>Clauses & description</i> • <i>Other accreditation requirements</i> |
| <i>LUNCH</i> | <i>12h 00</i> | <i>LUNCH</i> |
| <i>ASSESSORS' MEETING</i> | <i>12h 30</i> | <i>ASSESSORS' MEETING</i> |
| <ul style="list-style-type: none"> • <i>Clauses & description</i> • <i>Other accreditation requirements</i> | <i>12h 45</i> | <ul style="list-style-type: none"> • <i>Clauses & description</i> • <i>Other accreditation requirements</i> |
| <i>End of Day number Assessment</i> | <i>16h 30</i> | <i>End of Day number Assessment</i> |

To add table as per number of assessment days

| OFFICE ASSESSMENT DAY (LAST ASSESSMENT DAY): DD MONTH YEAR | | |
|---|---------------|---|
| <i>TEAM LEADER</i> | <i>TIME</i> | <i>ASSESSOR (SCHEME)</i> |
| <i>Assessment ISO/IEC 17021-1: year</i> | <i>08h 30</i> | <i>Assessment ISO/IEC 17021-1: year</i> |
| <ul style="list-style-type: none"> • <i>Clauses & description</i> • <i>Other accreditation requirements</i> | | <ul style="list-style-type: none"> • <i>Clauses & description</i> • <i>Other accreditation requirements</i> |
| <i>LUNCH</i> | <i>12h 00</i> | <i>LUNCH</i> |
| <i>ASSESSORS' MEETING</i> | <i>12h 30</i> | <i>ASSESSORS' MEETING</i> |
| <ul style="list-style-type: none"> • <i>Clauses & description</i> • <i>Other accreditation requirements</i> | | <ul style="list-style-type: none"> • <i>Clauses & description</i> • <i>Other accreditation requirements</i> |
| <i>PREPARATION OF ASSESSORS' REPORT</i> | <i>16h 00</i> | <i>PREPARATION OF ASSESSORS' REPORT</i> |
| <i>CLOSING MEETING</i> | <i>15h 30</i> | <i>CLOSING MEETING</i> |
| <i>End of Day (last day) Assessment</i> | <i>16h 30</i> | <i>End of Day (last day) Assessment</i> |

NOTE 1:

NOTE 2:

| | | | |
|---|---|---|--------------|
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List of QMS client files to sample during the assessment:

| QMS | | | |
|------------------------|--|-----------------------|-------------------|
| Client files to sample | | Non-Critical IAF code | Critical IAF code |
| 1. | | | |
| 2. | | | |

to include or delete table & add rows as per assessment

List of QMS auditor files to sample during the assessment:

| List of Auditor Files to be reviewed for competence | | | |
|---|--|-----------------------|-------------------|
| List of Auditor Files to be reviewed for competence | | Non-Critical IAF code | Critical IAF code |
| 1. | | | |
| 2. | | | |

to include or delete table & add rows as per assessment

List of FSMS client/auditor files to sample during the assessment:


| FSMS Certification Scheme | | | |
|---------------------------|-------------|--|---|
| Sub-category | Description | Certified organization file to be reviewed | Auditor Files to be reviewed for competence |
| | | | |
| | | | |

to include or delete table & add rows as per assessment

List of HACCP client/auditor files to sample during the assessment:

| HACCP Certification Scheme | | | |
|----------------------------|-------------|--|---|
| Sub-category | Description | Certified organization file to be reviewed | Auditor Files to be reviewed for competence |
| | | | |
| | | | |

to include or delete table & add rows as per assessment

| | | | |
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List of ISMS client files to sample during the assessment:


| Client files to sample | |
|-------------------------------|--|
| 1. | |
| 2. | |

to include or delete table & add rows as per assessment

List of ISMS auditor files to sample during the assessment:

| List of ISMS Auditor Files to be reviewed for competence | |
|---|--|
| 1. | |
| 2 | |

to include or delete table & add rows as per assessment

| | | | |
|---|---|---|--------------|
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SECTION 2: WITNESSING ASSESSMENT

PLAN FOR WITNESSING OF AUDIT FOR NAME OF SCHEME CERTIFICATION SCHEME

DETAILS ON CERTIFICATION BODY

| | |
|-------------------------------------|--|
| Certification Body | |
| Certification Body Reference | |
| Address | |
| Authorized Representative | |
| Contact Details | |

DETAILS ON ASSESSMENT


| | | |
|--|---|--|
| Type of Assessment | | |
| Assessment criteria | <ul style="list-style-type: none"> • | |
| Certification standard assessed | | |
| Organization at which CB is to be witnessed | | |
| Assessment Scope | | |
| Date for Witnessing Audit | | |

ASSESSMENT TEAM FOR WITNESSING ASSESSMENT

| Name | Background / Organization | Role in Team |
|-------------|----------------------------------|---------------------|
| | | |
| | | |
| | | |

to add rows as necessary

SCHEDULE FOR WITNESSING ASSESSMENT – 14 MAY 2025

| | | | |
|---|---|---|--------------|
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| TIME | AGENDA DAY number | PARTICIPANTS |
|------|--|--------------|
| | Assessor's Briefing Meeting | • |
| | Auditors' Opening Meeting with client | • |
| | Witnessing of Audit | |
| | Lunch | |
| | Witnessing of Audit (continued) | • |
| | End of Witnessing of Audit (Day number) | |

| TIME | AGENDA DAY (Last day) | PARTICIPANTS |
|------|---------------------------------------|--------------|
| | Witnessing of Audit | • |
| | End of Witnessing of Audit | |
| | Lunch | |
| | Assessor's Briefing Meeting | • |
| | Auditors' Closing Meeting with client | • |
| | Feedback to Audit Team | • |
| | End of Witnessing Assessment | |

Note: schedule of the table to be adapted depending on the number of days witnessing is carried out

Note: