1. **General Information:**

|  |  |  |
| --- | --- | --- |
| **Name of Product Certification Body (PCB):** |  | **PCB Accreditation****Number, where applicable:** |
| **Address of PCB:** |  |

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

|  |
| --- |
| **PCB details:** |
| **Evaluation Team:** |  |
| **Leader Auditor/Auditors/Lead Inspector/Inspectors witnessed** ***(delete as appropriate):*** |  |
|  |
|  |
| **Evaluator’s Qualification and Experience *(brief)*:** |  |

|  |
| --- |
| **Certified organisation details** |
| **Evaluated Company *(including location witnessed)*:** |  |
| **Certification scheme(s)** |  |
| **Scope and Product being witnessed** |  |
| **Type of certification scheme** |  |
| **Standards and other normative documents used** |  |
| **Applicable Evaluation activities *(e.g. testing, inspection, certification, etc)*** |  |
| **Evaluation activities witnessed**  |  |

|  |
| --- |
| **Type of certification:** Initial certification/ Surveillance / Recertification *(if applicable as per certification scheme)**(Please delete as appropriate)* |
| **Date and duration of the audit:** |  |
| **Date and duration of MAURITAS’s witnessing:** |  |
| **Accreditation Standard(s):** |  |

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

*(to be filled by Team Leader only)*

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

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

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

1. **Effective planning *(evaluation activities and evaluation plan),* preparation and briefing of the evaluation team**

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

1. **Knowledge of product, normative document (e.g standards and regulations) and product certification scheme** *(to be filled by Assessor/Technical Expert only)*

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

1. **Evaluation activities performed** *(evaluation done as per plan and against relevant scope of product certification and product certification scheme, checked inspection and certification reports where applicable, internal or external resources, competence of evaluator and compliance of outsourcing)*

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

1. **Short statement on Opening and Closing Meeting** *(to be filled by Team Leader only)*

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

1. **Conclusion on reliability of the Product Certification Body’s report**

|  |  |
| --- | --- |
| Impartiality maintained | Yes [ ]  No[ ]  |
| Evidence-based evaluation performed | Yes [ ]  No[ ]  |
| Previous non-conformities verified, if any | Yes [ ]  No[ ]  NA [ ]  |
| Safety Arrangements respected | Yes [ ]  No[ ]  |
| Review between evaluators were adequate | Yes [ ]  No[ ]  |

1. **Comments of Assessment Team on PCB findings and conclusions and in case significant findings not reported or identified by the PCB’s evaluation team, *if applicable***
2. **Conclusion regarding recommendation about grant of accreditation or maintenance of existing accreditation**
3. **No. of Nonconformities raised during Witness Assessment by Team Leader/Assessor/Technical Expert of MAURITAS**

|  |  |
| --- | --- |
| **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.