|  |
| --- |
| **Details of the CAB** |
| Name: |  |
| Address:  |  |
| File number |  |  |
| Case number | Phase |
| Date of witness audits:  | Please select |
| Accreditation process: | Please select |

|  |
| --- |
| **Details of the audited organisation** |
| Name and address of the audited organisation |  |
| Name/s of assessed auditor/s: |  |

|  |
| --- |
| **Details of Assessor** |
| [ ]  | **Lead assessor** | [ ]  | **System assessor** (SA) |[ ]  **Technical****Assessor** (A) | [ ]  | **Technical** **Expert** (TE) | [ ]  | **Observer** |
| Name: |  |
| Institution: |  |
| Phone / Fax |  |
| E-Mail: |  |

|  |
| --- |
| **Assessed standard / area and object (certification program):** |
|  |

| **Communication during the assessment** |
| --- |
| Language/s: | Name of the persons, independent of the CAB and its client, having the knowledge of the local language: |
|  |  |
| Remarks to the communication (interviews, records in the local language etc.) |
|  |

| **Other information about the Audit** |
| --- |
| * Time
* Sequence
* Parties, persons present
* Others
 |  |

| **Preparation of the Audit** | **Appraisal**[[1]](#endnote-1) |
| --- | --- |
|  | **1** | **2** | **3** | **S**[[2]](#endnote-2) |
| Basis of the audit (standard, directive, regulation, certification programme) |  |[ ] [ ] [ ] [ ]
| What is the area to be assessed (scope) with regard to the procedure and the certification program or object? |  |[ ] [ ] [ ] [ ]
| Audit plan (complete and sufficient) |  |[ ] [ ] [ ] [ ]
| Standards/rules and regulations (available and up to date) |  |[ ] [ ] [ ] [ ]
| Information about the plant / products / manufacturer / operators is available (e.g. previous reports, non-conformities, conditions) |  |[ ] [ ] [ ] [ ]
| Are the auditors competent with regard to the scope and able to show evidence (e.g. Q-records, act. monitoring a. s. o.)? |  |[ ] [ ] [ ] [ ]
| Planned audit time is adequate? |  |[ ] [ ] [ ] [ ]
| Others  |  |[ ] [ ] [ ] [ ]

| **Performance of the audit** | **Appraisal** |
| --- | --- |
|  | **1** | **2** | **3** | **S** |
| Are the required documents (e. g. the last test certificate / the last audit report, test report, permit, technical documents) available? |  |[ ] [ ] [ ] [ ]
| Are sufficient records kept regarding the tests / audits carried out? |  |[ ] [ ] [ ] [ ]
| Sufficient knowledge of relevant standards, regulations, standards, requirements in general (for products, including associated processes, QM documents, legal bases) available? |  |[ ] [ ] [ ] [ ]
| Detecting / finding of system / product defects on site? |  |[ ] [ ] [ ] [ ]
| Auditing of all relevant areas/sites |  |[ ] [ ] [ ] [ ]
| Conversation skills and questioning technique, abilities for communication, take up of information, authority and analytical skills? |  |[ ] [ ] [ ] [ ]
| Recognition and behaviour in critical situations? |  |[ ] [ ] [ ] [ ]
| Test equipment: All relevant test equipment available, labelled and calibrated? |  |[ ] [ ] [ ] [ ]
| Others |  |[ ] [ ] [ ] [ ]

| **Closing of the audit** | **Appraisal2** |
| --- | --- |
|  | **1** | **2** | **3** | **S3** |
| All relevant non-conformities recognised? |  |[ ] [ ] [ ] [ ]
| Non-conformities adequately formulated, classified and terminated? |  |[ ] [ ] [ ] [ ]
| Time schedule followed? |  |[ ] [ ] [ ] [ ]
| Necessary follow up activities implemented (if relevant)? |  |[ ] [ ] [ ] [ ]
| Non conformities sufficiently discussed with the client? |  |[ ] [ ] [ ] [ ]
| Documentation of audit results are complete and comprehensible? |  |[ ] [ ] [ ] [ ]
| Others  |  |[ ] [ ] [ ] [ ]

| **Summary, remarks and improvement potential** |
| --- |
| * Suitability of the audit process according to the requirements of DIN EN ISO/IEC 17065
* Compliance with additional requirements (e.g. system, specification, legal aspects, etc.)
* Overall impression considering special situations if any, strengths and weaknesses of the audit process as well as with regard to the principle suitability including potentials for improvements
* Evaluation of the competence of the auditor and/or team
* Concluding appraisal
 |
|  |
| Upon consultation with the assessor, the case manager may make changes or include additional information to the report |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. of non-conformities | Non critical: |  | To be rectified until: | Please select |
| critical: |  | Please select |

|  |
| --- |
| Reductions: |
|  |
| Focus for the following assessment based on the construction of the standard text: |
|  |

|  |
| --- |
| **Report is prepared by the assessor:** |
| Place: |  | Date: | Please select | Signed[[3]](#endnote-3) *Assessor Name:* |  |

|  |
| --- |
| **Report reviewed by the case manager:** |
| Place: |  | Date: | Please select | Signed *Case manager* |  |

Note: The report is to be sent to DAkkS as a Word file.

1. Grading:
**1**: Requirements met: **No** non-conformityidentified
**2**: Requirements partially met: **Non critical** non-conformityidentified
**3**: Requirements not met: **Critical** non-conformityidentified [↑](#endnote-ref-1)
2. S = Focus for the subsequent assessment visit [↑](#endnote-ref-2)
3. This report was prepared personally by on Please select and is valid without a signature. [↑](#endnote-ref-3)