|  |  |  |
| --- | --- | --- |
| **Name of CAB:** |  | |
| File number: |  |  |
|  | Case number | Phase |
| Date of assessment: |  | |
| Accreditation process: | Please select | |
| Assessment type[[1]](#footnote-1) : |  | |
| Assessor: |  | |

| **No.** | **OE3** | **RD3** | **Name** | **Date of approval/ State of review** | **Reference(s) to the standard** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. 1 The application of this form is optional. The Objective evidence and reviewed documents can alternatively be listed in the assessment report.

   Under assessment type, the assessment technique is to be indicated, whereby several assessment types can be used in the context of an assessment. Please select the applicable element or combination of elements from the following options to indicate the type of assessment:

   On-site assessment / Remote assessment / Witness audit (on-site) / Witness audit (remote) / Witness examination / Document review / Other assessment activity (please specify if necessary)

   3 Objective evidence and reviewed documents; mark with a cross what is applicable [↑](#footnote-ref-1)