|  |
| --- |
| **Details of the conformity assessment body (CAB)** |
| **Type of CAB** | Please select |
| Name: |  |
| Address: |  |
| Reference number: |  |  |  |
| Case number | Phase |  |
| Date of assessment: |  |
| Accreditation process: | Please select |
| CAB with several locations: | [ ]  Yes | [ ]  No |
| Name / Address of assessed locations: |
|  |
|  |
| Cause of document assessment: | Please select |
| Further information, if applicable:  |
| **Details of the assessor:** |
| Name: |  |
| Status[[1]](#endnote-1) : | [ ]  SA | [ ]  TA | [ ]  TE |
| **Subject of document assessment** (background to the cause/scope/content of the assessment) |
|  |
| **List of assessed documents** |
| Consecutive No. | OE[[2]](#endnote-2) | Designation | Date / Version |
|  |  |  |  |
|  |  |  |  |
| **Valuation, comments and improvements potentials**  |
| Detailed valuation with regard to the cause and the subject of the document review, if applicable main foci / indications for the subsequent assessment.  |
|  |
| **Number of non-conformities :** | Non-critical: |  | Critical: |  |
| **Reductions of the scope of accreditation (indication of test / calibration methods):** |
|  |
| **Recommendation of accreditation:** [[3]](#endnote-3)) | [ ]  **Yes** | [ ]  **No** |
| Location: |  | Date: |  | Signed *ASSESSOR NAME:* [[4]](#endnote-4) |  |
| **Report review by case manager:** |  |
| Location: |  | Date: |  | Signed *CASE MANAGER:* |  |

1. Dedication as: SA=System assessor; TA=Technical assessor; TE=Technical Expert [↑](#endnote-ref-1)
2. „Objective evidences“ are to be differentiated from „Reviewed documents“ by placing an „x“. [↑](#endnote-ref-2)
3. Conditionally upon sufficient correction for any identified non-conformities. [↑](#endnote-ref-3)
4. This report was prepared personally by date . [↑](#endnote-ref-4)