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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)