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| **Details of the conformity assessment body (CAB)** |
| **Name and Address:** |  |
| File number: |  |  |
| Case number | Phase |
| Date of assessment: |  |
| Accreditation process: | Please select |
| Assessment type[[1]](#endnote-1): |  |

| **Details of Assessor** |
| --- |
| [ ]  **Lead Assessor** | [ ]  **System Assessor** (SA) | [ ]  **Technical Assessor** (A) | [ ]  **Technical Expert** (TE) | [ ]  **Observer** |
| Name: |  |
| Institution: |  |
| Phone / Fax |  |
| E-Mail: |  |
| **Assessed area (e. g. parts of WADA ISL, testing fields, WADA technical documents)** |
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| **Details of Assessor** |
| [ ]  **Lead Assessor** | [ ]  **System Assessor** (SA) | [ ]  **Technical Assessor** (A) | [ ]  **Technical Expert** (TE) | [ ]  **Observer** |
| Name: |  |
| Institution: |  |
| Phone / Fax |  |
| E-Mail: |  |
| **Assessed area (e. g. parts of WADA ISL, testing fields, WADA technical documents)** |
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| **Details of Assessor** |
| [ ]  **Lead Assessor** | [ ]  **System Assessor** (SA) | [ ]  **Technical Assessor** (A) | [ ]  **Technical Expert** (TE) | [ ]  **Observer** |
| Name: |  |
| Institution: |  |
| Phone / Fax |  |
| E-Mail: |  |
| **Assessed area (e. g. parts of WADA ISL, testing fields, WADA technical documents)** |
|  |

| **Summary information on the assessment** |
| --- |
| **Findings and Non-conformities**A list of findings and/or non-conformities (WADA relevant) identified during the assessment; |
|  |
| **Fulfilment of imposed conditions and implementation of the corrective actions**A specific statement that all non-conformities identified have been corrected, and if not, the expected timeframe/deadline for action(s); |
| [ ]  Yes | [ ]  No | [ ]  Not applicable |
| Remarks:  |
| **WADA EQAS (External Quality Assessment Scheme) results**A specific statement regarding WADA EQAS results and how these have been handled by the anti-doping laboratory (Emphasis should be given to whether effective corrective actions have been implemented into routine practice by the anti-doping laboratory in the event of unsatisfactory results); |
|  |
| **Summary and remarks** Issues, if any, related to laboratory impartiality and laboratory resources including staff (particularly in the event of senior staff departures), facilities and equipment that may adversely impact the quality of the laboratory’s activities. |
|  |
| **Scope of accreditation**The recommendation regarding the scope of accreditation and/or any variations in the scope of accreditation; |
|  |
| Recommended date of the next assessment: |  |
| Purpose: | Please select |
| **Recommendation on accreditation by the assessor(s):** |
|  | [ ]  **Yes** | [ ]  **No** |
|  | [ ]  **Yes** | [ ]  **No** |
|  | [ ]  **Yes** | [ ]  **No** |

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| --- |
| **Report is prepared by the case manager:** |
| Place: |  | Date: | Please select | Signed[[2]](#endnote-2) *Case manager:* |  |

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

1. 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) [↑](#endnote-ref-1)
2. This report was prepared personally by on Please select and is valid without a signature. [↑](#endnote-ref-2)