|  |  |
| --- | --- |
| **Name and Address of the CAB:** |  |
| File number: |  |  |
| Case number | Phase |
| Date of the Pre-Assessment: |  |
| Duration: | Start:  | End:  |  |
| For Accreditation according to: | Please select |
| CAB with multiple branches/offices: | [ ]  Yes | [ ]  No |
| Branches/offices assessed: |
| (Name)/Address: |  |  |
| (Name)/Address: |  |  |
| (Name)/Address: |  |  |

|  |  |  |
| --- | --- | --- |
| **Information on the Assessor** |[ ]  **System-Assessor** |[ ]  **Technical-Assessor** |
| Name |  |
| Institution |  |
| Telephone / Fax |  |
| E-Mail |  |

| **Participants of the Pre-Assessment:** |
| --- |
| Name | Function |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Content/Focus Points of the Pre-Assessment** |
|  |

|  |
| --- |
| **Result of the Pre-Assessment** (completeness and appropriateness of documentation; suitability of spatial arrangements, technical equipment and staff; weak points) |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Place: |  | Date: |  | signed *Name assessor:* [[1]](#endnote-1) |  |

1. Fill in the name of the assessor irrespective if the form is used electronically or handwritten. [↑](#endnote-ref-1)