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| **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: |  | |  | |

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

| **Participants of the Pre-Assessment:** | | |
| --- | --- | --- |
| Name | Function |
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| **Content/Focus Points of the Pre-Assessment** |
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| **Result of the Pre-Assessment** (completeness and appropriateness of documentation; suitability of spatial arrangements, technical equipment and staff; weak points) |
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| --- | --- | --- | --- | --- | --- |
| 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)