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| **The Assessment Agenda & Plan shall be sent to the CAB, at least 10 working days, before assessment activity** |

1. Details of the CAB:

|  |  |
| --- | --- |
| **ENAS ID** |  |
| **CAB Name** |  |
| **CAB Address** |  |
| **CAB Authorized Representative:** |  |
| **Type of Assessment:** | Choose an item. |
| **Assessment Technique** | Choose an item. |
| **Date(s) Of Assessment:** |  |
| **Type Of CAB:** |  [ ]  Testing Laboratory [ ]  Calibration Laboratory [ ]  Inspection Body [ ]  Product Certification Body  [ ]  Medical Laboratory [ ]  Halal Certification Body. |
| **Assessment Location(S)\*:** | Location (1) |  |
| Location (2) |  |

1. **Details of the assessment team:**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Current Employer** |
| **Lead Assessor** |  |  |
| **Quality Assessor(s)** |  |  |
| **Technical Assessor(s)** |  |  |
| **Technical Expert(s)** |  |  |
| **Observers or others** |  |  |

1. **Main objectives and scope of the assessment:**

Assess applicant’s competency against Accreditation standards (ISO/IEC \*\*\*\*\*\*\*\*) requirements as well as against the requirements of Emirates National Accreditation System (ENAS)

1. **Applicable documents:**
* *ISO/IEC \*\*\*\*:\*\*\*\*\**
* *ENAS Polices and Technical Requirements.*
* *ILAC, APAC ARAC, IAF Documents*
* *National Regulations*
1. **Reference for activities to be covered and witnessed during the assessment**
* ACP 15 Assessment Sampling Procedure
1. **Language used during assessment:**

Arabic and English

1. **Application(s) & IT tools to be used in case of remote assessment:**
* *Zoom*
* *WebEx.*
* *Video camera (mention the type and software type) for Remote witnessing*
* *Other (please clarify)*

***(Note 1:*** *See below the schedule for testing of IT tools. CAB and assessment team, preferably, perform the testing of agreed IT tools at least 3 working days before the remote assessment date.*

***Note 2:*** *Meetings/ Interviews conducted through the IT tools and applications will be recorded and submitted to ENAS****.)***

1. **Testing schedule of IT tools to be used during remote assessment**

| ***Date/Time (from till )*** | ***Activities***  | ***Assessor(s)*** | ***CAB staff*** |
| --- | --- | --- | --- |
| ***Date:*** *DD/MM/YYYY* |
| *9:30 – 10:30* | *Testing of Zoom application and video conferencing with CAB* | *LA, TA* | *CAB nominated person(s)* |
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1. **Assessment Agenda**

| **Date/Time (from till )** | **Activities**  | **§ of the standard** | **Assessor(s)** | **CAB staff** |
| --- | --- | --- | --- | --- |
| **Day 1:** |
| 8:30 – 8:45 | Short meeting between the assessors |  | LA, TA |  |
| 8:45 – 9:00 | Opening meeting |  | LA, TA | MR , QM, TM |
| 9:00 – 9:30 | Short tour of the premises |  | LA, TA |  |
| 9:30 -12:30 |  |  |  |  |
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|  |  |  |  |
| 12:30 – 13:30 | Lunch Break  |  |  |  |
| 13:30 – 16:00 |  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| 16:00 – 16:15 | Discussion between assessors  |  | LA, TA | --- |
| 16:15 – 16:30 | Short meetingSummary about findings / nonconformities |  | LA, TA | MR , QM, TM |
| **Day 2:** |
| 8:30 – 8:45 | Short opening meeting (if needed) |  | LA, TA | MR , QM, TM |
| 8:45 -12:30 |  |  |  | TM |
|  |  |  | QM |
|  |  |  | TM |
| 12:30 – 13:30 | Lunch Break  |  |  |  |
| 13:30 – 16:00 | Preparing the following (as applicable)* NCs sheet
* PT sheet
* Traceability sheet
* Recommended scope of accreditation
 |  | LA, TA | QM |
| 16:00 – 16:30 | Discussion between assessors  |  | LA, TA | --- |
| 16:30 – 17:00 | Closing meeting |  | LA, TA | MR, QM, TM |

1. **Activities to be witnessed/ Evaluated:**

| **Date /Time** | **Parameter/Test/Measurand/Item/Product** | **Standard/Method/requested equipment** | **Assessor/ Expert** | **Location****(Permanent site,****Mobile site,****Client site)** |
| --- | --- | --- | --- | --- |
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1. **Staff to be interviewed/ witnessed:**

| **Name** | **Date/ Time**  | **Position**  | **Assessor/ Expert** | **Interview/ witnessed**  |
| --- | --- | --- | --- | --- |
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| **Assessment Agenda& Plan prepared by Lead Assessor on:** | …. /…. / ….. |  Name:  |
|  |  |  Signature:  |

|  |  |  |
| --- | --- | --- |
| **Assessment Agenda & Plan reviewed by ENAS Program Manager on:** | …. /…. / ….. |  Name:  |