Details from the CAB:

|  |  |
| --- | --- |
| Name and address: |  |
| Authorized Representative: |  |
| ENAS ID: |  |
| Type of assessment: |  |
| Date(s) of assessment: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CAB with several locations: | | | Yes | | No |
| Assessed locations: | | | | | |
| (Name)/Address: |  | | |  | |
| (Name)/Address: |  | | |  | |
| (Name)/Address: |  | | |  | |
| **Details of the assessment team:** | | | | | |
| Lead Assessor: | |  | | | |
| Quality Assessor(s): | |  | | | |
| Technical assessor(s): | |  | | | |
| Technical Expert : | |  | | | |
| Observers or others: | |  | | | |

**Nonconformity codes used in this report:**

|  |  |  |
| --- | --- | --- |
| **ENAS Findings Categories** | | |
| **Category** | **Definition** | **Closue of Findings** |
| **Nonconformity (NC)** | A finding that identifies nonconformity is indicated as ‘NC’ (Non Conformity) in the NCR sheet and in the Assessment Report.  It indicates a failure to meet accreditation criteria [e.g. Accreditation Standard, ILAC, ENAS requirements, MS requirements ...] that leads to non valid activity results and/ or threatenes the integrity of the Accreditation Body, and/ or leads to non-effectiveness of CAB management system. | The CAB shall take appropriate action to resolve the nonconformity prior to ENAS granting or confirming continuity of accreditation. Response on action taken is required with supporting evidence against each findings indicated as ‘NC’ with evidencse provided in the time that has been negotiated for response. |
| **Observation (O)** | A finding that identifies an opportunity for improvement or a weakness that may lead to a nonconformity if not considered (potential nonconformity) | This may be a recommendation or a reminder or flag for follow-up/review at the next assessment. |

**Accreditation requirements include the relevant standard and any relevant ENAS supplementary accreditation requirements**

# Status of conformity to accreditation requirements including document review:

- 1: Compliant / 2: Not Compliant / 3: Not Applicable -

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **4** | General requirements | | **Appraisal** | | |
| **4.1** | Legal and contractual matters |  | **1** | **2** | **3** |
|  | Responsible legal entity • legally enforceable agreement for the provision of certification • requirement to the clients • bodies under organizational control (cp. 7.6.4) | | | | |
|  | | | | |
| **4.2** | Management of impartiality |  | **1** | **2** | **3** |
|  | Responsibility for impartiality of the certification activities; identification of risks impartiality on an ongoing basis • information to the mechanism (5.2) • top management commitment to impartiality **•** not the designer, manufacturer, installer, distributer or maintainer  of the certified product (and similarly) **•** no disturbance of activities of separate legal entities • action to respond to any risks | | | | |
|  | | | | |
| **4.3** | **Liability and financing** |  | **1** | **2** | **3** |
|  | Adequate insurance, reserves *(note: submission of a risk estimation)* **•** financial stability | | | | |
|  | | | | |
| **4.4** | Non-discriminatory conditions |  | **1** | **2** | **3** |
|  | (No) inhibitation of access in the scope of certification and verifications for possibly reasonable exclusion respectively | | | | |
|  | | | | |
| **4.5** | **Confidentiality** |  | **1** | **2** | **3** |
|  | Legally enforceable commitments • information of the client, if required | | | | |
|  | | | | |
| **4.6** | **Publicly available information** |  | **1** | **2** | **3** |
|  | Certification schemes, procedures • financial support of the certification body • rights, duties of applicants • statutes of the mark • procedures for handling appeals | | | | |
|  | | | | |
| **5** | **Structural requirements** | | | | |
| **5.1** | Organizational structure and top management |  | **1** | **2** | **3** |
|  | Management, personnel, committees **•** responsibility and authority for operations (5.1.3 a-n) • authority about committees | | | | |
|  | | | | |
| **5.2** | Mechanism for safeguarding impartiality |  | **1** | **2** | **3** |
|  | Description of the mechanism **•** information of the mechanism **•** balanced representation of significantly interested parties **•**  identification and invitation of significantly interested parties **•** integrity / functionality of the mechanism | | | | |
|  |  | | | | |
| **6** | **Resource requirements** | | | | |
| **6.1** | Certification body personnel |  | **1** | **2** | **3** |
|  | Sufficient number of competent personnel **•** procedure for management of competencies (criteria, training needs, verification  of competence, authorization, performance monitoring **•** records • contracts | | | | |
|  | | | | |
| **6.2** | Resources for evaluation |  | **1** | **2** | **3** |
|  | Internal resources (incl. 17020/17025/17021) **•** external resources (outsourcing, incl. 17020 / 17025 / 17021, list of approved providers) | | | | |
|  | | | | |
| **7** | **Process requirements** | | | | |
| **7.1** | General |  | **1** | **2** | **3** |
|  | Certification scheme(s) **•** criteria in normative documents, fulfilment of requirements of the ISO/IEC 17007 | | | | |
|  | | | | |
| **7.2** | Application |  | **1** | **2** | **3** |
|  | Application with complete information | | | | |
|  | | | | |
| **7.3** | Application review |  | **1** | **2** | **3** |
|  | Sufficient information **•** scope of certification, competence and means of certification | | | | |
|  | | | | |
| **7.4** | Evaluation |  | **1** | **2** | **3** |
|  | Plan for evaluation **•** assignment of personnel for the evaluations tasks **•** application of internal and external evaluation results •  information about non-conformities • documentation prior to review | | | | |
|  | | | | |
| **7.5** | Review |  | **1** | **2** | **3** |
|  | Assignment of persons, who have not been involved in the evaluation process | | | | |
|  | | | | |
| **7.6** | Certification decision |  | **1** | **2** | **3** |
|  | Responsibility, authority of the certification body **•** assignment of personnel (under contract with the certification body or bodies under organisational control) **•** evidence of organisational control | | | | |
|  | | | | |
| **7.7** | Certification documentation |  | **1** | **2** | **3** |
|  | Formal certification documentation after decision and fulfilment of all certification requirements • signature of the responsible person | | | | |
|  | | | | |
| **7.8** | Directory of certified products |  | **1** | **2** | **3** |
|  | At least information | | | | |
|  | | | | |
| **7.9** | Surveillance |  | **1** | **2** | **3** |
|  | In accordance with the certification scheme • use of a certification mark | | | | |
|  | | | | |
| **7.10** | Changes affecting certification |  | **1** | **2** | **3** |
|  | Information of the clients • verification of the implementation • compliance of steps 7.4 – 7.8 | | | | |
|  | | | | |
| **7.11** | Termination, reduction, suspension or withdrawal of certification |  | **1** | **2** | **3** |
|  | Actions in result of non-conformities **•** Definition in accordance to the certification program by authorized persons and information  of the client | | | | |
|  | | | | |
| **7.12** | Records |  | **1** | **2** | **3** |
|  | Retainment for a defined period **•** confidential treatment | | | | |
|  | | | | |
| **7.13** | Complaints and appeals |  | **1** | **2** | **3** |
|  | Documented process • information to the complainant **•** avoidance of conflicts of interest **•** decision **•** action | | | | |
|  | | | | |
| **8** | **Management system requirements** | | | | |
| **8.1** | Options |  | **1** | **2** | **3** |
| Option A: Management system according to ISO/IEC 17065  Option B: Management system according to ISO 9001 | | | | |
|  | | | | |
| **8.2** | General management system documentation |  | **1** | **2** | **3** |
|  | Policies, objectives and obligations of the certification body's top management in terms of this standard | | | | |
|  | | | | |
| **8.3** | Control of documents |  | **1** | **2** | **3** |
|  | Procedures to control documents | | | | |
|  | | | | |
| **8.4** | Control of records |  | **1** | **2** | **3** |
|  | Procedures to control records | | | | |
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| **8.5** | Management review |  | **1** | **2** | **3** |
|  | Procedures to review the management system, content in accordance to 8.5.2 | | | | |
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| **8.6** | Internal audits |  | **1** | **2** | **3** |
|  | Procedure for internal audits **•** audit cycle | | | | |
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| **8.7** | Corrective actions |  | **1** | **2** | **3** |
|  | Procedures for identification and management of nonconformities **•** adequate actions to eliminate the causes of nonconformities **•** defined requirements in procedures for corrective actions | | | | |
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| **8.8** | Preventive actions |  | **1** | **2** | **3** |
|  | Procedure for taking preventive actions | | | | |
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| **Use of the accreditation symbol** | |  | **1** | **2** | **3** |
|  | Compliance with the ENAS Poly EP 02 on the Use of the ENAS Symbol, ENAS endorsement and references to accreditation on the use of the symbol in inspection reports, business letters, offers, website, other documents and advertising media. **(Not applicable in assessments for initial accreditation)** | | | | |
|  | | | | |

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| **Fulfilment of imposed conditions and implementation of the corrective actions from the previous assessment:** | | |
| Yes | No | Not applicable |
| Remarks: | | |

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| --- |
| **Summary , remarks and improvement potential: [for each Technical Assessor/Expert]** |
| Competence of personnel, and appropriateness of spatial infrastructure and equipment • requirements • technical impression with respect to CB’s strengths and areas requiring improvement to appraise the appropriateness and effectiveness of the quality system including improvement potential • final evaluation |
|  |

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| --- |
| **Summary , remarks and improvement potential : [Lead Assessor]** |
| Existing accreditations, certifications, notifications, approvals and recognitions; • competence of personnel, and appropriateness of environmental conditions, equipment; • meeting additional requirements; • overall impression with respect to CB’s strengths and areas requiring improvement to appraise the appropriateness and effectiveness of the quality system including improvement potential; • final evaluation |
|  |

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| --- | --- | --- | --- |
| **Evaluation of competence with CABs personnel by LA** | | | |
| **Name and position** | **Tasks and responsibilities in the accreditation scope** | **Evaluation technique (interviews, file review, witness,…)** | **Evaluation** |
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| **Evaluation of competence with CABs personnel by TA** | | | |
| **Name and position** | **Tasks and responsibilities in the accreditation scope** | **Evaluation technique (interviews, file review, witness,…)** | **Evaluation** |
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| **Final report recommendations** | | | |
| **Final recommendation to grant accreditation (please tick):** | Granted/renewed  Maintained  Reduced  Extended  Not granted/not renewed  Suspended (Partial)  Suspended (Full) | | |
| **Additional information if any changes in the scope(s) (reduction or extension):** |  | | |
| **Recommended scope(s) of accreditation:** |  | | |
| **Any special conditions/Remarks attached to the recommendations:** |  | | |
| **Signed on behalf of assessment team:** |  | **Date:** |  |
| **Name and position (Lead Assessor):** |  |

**Attendance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Opening meeting** | | **Closing meeting** | |
| **Name** | **Position** | **Name** | **Position** |
| **Assessment Team Members** | | | |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **Participants from the CAB** | | | |
|  |  |  |  |
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**Note:** *all the assessment team members shall be recorded who attended above meetings, For CAB participants only names of the key staffs are required. There’s no requirement of signature for this attendance.*