

Accreditation Unit

Evaluation of Corrective Actions

This Report is “Supplement I” to:

Final Assessment report No.*:

OR

Technical Assessor Report No.*:

CAB:	
Lead Assessor:	
Technical Assessor:	
Date of assessment:	

Assessor Name:

Date:

Dev. Ref.	Evaluation results of Corrective Action taken	NC has been corrected?	C.A to be followed up next surveillance?

Signature, assessor: _____

* These numbers are defined by the assessment sub-unit at the Accreditation Unit

Were the non-conformities identified within the framework of the assessment rectified by means of suitable corrective actions?

Fully None Partially

Remarks:

Recommendation for accreditation: Yes No

If **No**, please state the reasons:

Shrinking the assessed scope: Yes No

If **Yes**, please state the reasons and attach the final draft of the scope.

Place/Date: Assessor Signature:.....

The report has been checked by the Lead Assessor (for the technical report supplement): (The Lead Assessor may make changes/supplements after consultation by phone with the assessor.)	
Lead Assessor:	
Place/Date:	Signature:
Name in clear alphabets:	

The report has been checked by the In charge of the Assessment Sub-unit:	
Place/Date:	Signature:
Name in clear alphabets:	