

Assessment Time Table

1. Names of the Assessment Team:

2. Assessment Date(s):

3. Area under Assessment:

Please fill also the attached sheet: <i>List of tests to be witnessed</i>

4. Assessment Criteria:

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5. Relevant Documents to the Assessment:

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6. Assessment Time Table:

Day : One

Date:

Activity	Time
Arrival at the Lab	
Opening Meeting	
Quick tour in the lab	
Wrap up (Internal) Meeting between the Assessment Team	
Conduct of the On-Site Assessment	
Wrap up (Internal) Meeting between the Assessment Team	
On-site assessment (cont.)	
Wrap up (Internal) Meeting between the Assessment Team	
Closing meeting	
Departure from the Lab	

Lead Assessor:

Signature/ Date:

Day: Two

Date:

Activity	Time
Arrival at the Lab	
Opening Meeting	
Conduct of the On-Site Assessment	
Wrap up (Internal) Meeting between the Assessment Team	
Conduct of the On-Site Assessment	
Wrap up (Internal) Meeting between the Assessment Team	
On-site assessment (cont.)	
Wrap up (Internal) Meeting between the Assessment Team	
Closing meeting	
Departure from the Lab	

**Lead Assessor:
Signature/ Date:**