

### Accreditation Unit

## Technical Assessor Report\*\*

According to ISO/IEC 17025: 2005

First accreditation

Surveillance visit

Re-accreditation

Expansion of scope of accreditation

**Details of the Assessment Report:**

Report no.\*:

Date of the assessment

Technical Assessor

Applicant Assessor/ observer

Technical expert

**Details of the assessor:**

Name:

Institution:

Telephone/Fax:

Email:

**Details of the laboratory:**

Name:

Street/city:

P.O. Box:

Telephone/Fax:

Email:

**Accreditation at several locations applicable:**

Yes

No

**If yes, address of the assessed location(s):**

Name:

Street/city:

P.O. Box:

Telephone/Fax:

Email:

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

\*\* This report follows the structure of the standard text (clauses 4 and 5) in the parts concerning the accreditation of laboratories.

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<b>i</b>	<b>Scope of accreditation</b>
<b>ii</b>	<b>Details of the assessed areas (physical locations, personnel involved, equipment, etc) and test/calibration methods (title and issue date, tested/calibrated items, etc) (Please attach the filled witnessed tests / calibrations form no. qf071-27)</b>

4	General findings by the Technical Assessor during the assessment relevant to the management requirements from the technical point view.
4.8	Clause 4.8 Complaints
4.9	Clause 4.9 Control of nonconforming work
4.10	Clause 4.10 Improvement
4.11	Clause 4.11 Corrective actions
4.12	Clause 4.12 Preventive actions
4.13	Clause 4.13 Control of records

5	<b>Findings of the assessment relevant to the technical requirements (competence) according to the requirements stated in the ISO/IEC 17025.</b>				
5.2	<b>Personnel (to describe the effectiveness of the training)</b>	C		NC	
5.3	<b>Accommodation and environmental conditions</b>	C		NC	

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5.4	<b>Test and calibration methods and method validation</b> (Selection of methods, lab developed methods, non standard methods, validation of methods, estimation of Measurement Uncertainty, control of data)	C		NC	
5.5	<b>Equipment</b>	C		NC	
5.6	<b>Measurement Traceability</b> (Organization traceable to, description of verification, internal and external calibration and conditions taken in case of in house calibration, etc.)	C		NC	

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5.7	Sampling	C		NC	
5.8	Handling of test and calibration items	C		NC	
5.9	Assuring the quality of test and calibration results	C		NC	

5.10	Reporting the results	C		NC	
<b>Did the lab participate in a Proficiency tests / inter-laboratory comparison tests?</b>					
		Yes		No	
<p><b>If yes, what was the scope of the scheme? Please attach results and your evaluation as annex.</b></p>					
<p><b>If no, or the participation in such activities is considered not applicable Please justify the reason.</b></p> <p>Remarks:</p>					
<p><b>Additional remarks and evaluation of the assessor regarding the competence of the laboratory</b></p>					

<b>Fulfilment of accreditation criteria and results from previous assessment(s)</b>		
	Yes	No
	Not applicable	
Previous Assessment report no.: Date: Result of evaluation:		
<b>Recommendations of the assessor</b>		
<ul style="list-style-type: none"> <li>Shrinking or addition to the scope of accreditation (<u>if yes please state the reason and describe the detailed new scope of accreditation in the accreditation scope draft form</u>):</li> </ul>		
Summary of additional instructions/ requirements are stipulated as follows		
	Deviation reports (Technical – Attached)	
	Proposed Corrective action reports (Technical - Attached)	
<b>Results of evaluation:</b>		
1- Deviations that shall be fulfilled onsite are: Deviation(s) No.:		
2- Deviations that shall be fulfilled via documentation assessment are: Deviation(s) No.:		

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3- Deviations that can be checked during the next surveillance visit are: Deviation(s) No.:

4- Recommendations, concerns or weak points need to be tackled during the next on site assessment are:

• Proposed date of the next surveillance:

**Recommendation for accreditation:**

**Yes**

**Yes, upon closing the NCs**

**No**

I hereby commit myself to follow up the fulfilment of corrective actions taken by the lab and submit the results in Supplement I of this report (Evaluation of corrective actions form no. qf071-30) within the agreed time frame with AU.

Place/Date: .....

Assessor Signature: .....

**The report has been checked by the Lead Assessor:**

(The Lead Assessor may make changes/supplements after consultation with the assessor.)

Lead Assessor:

Place/Date: .....

Signature: .....

Name in clear alphabets: .....