



Assessor Log

Identification Number of the Assessor:

Name of the Assessor:

No.	Date of the Assessment	Duration of the Assessment to the nearest (1/2) Day	Identification Number of the Body under Assessment	Name, Contact Person, Full Address of the Body under Assessment, Size of the Body (e.g. number of employees)	Position in the Assessment Team (Lead, Quality or Technical Assessor)	Total Number of Assessors in the Team	Assessment Criteria Used	Type of the Assessment (First, Second, or Third Party)	Assessment Carried Out on Behalf of (Name and Full Address of the Body)	Verification by the Body under Assessment (e.g. Signature of Person in Charge, Name and Position)