Procedure No.: LA....
Name of the assessor: .....

List of Tests/ Calibrations to be Witnessed

Assessment Scope:
Assessment Date:

#	Type of test/ calibration	Tested/ calibrated items	Name of the Test/ calibration method	Standard/ procedure title according to which test/ calibration is carried out	Expected time duration of the test/ calibration	Check Ok= if done X= if not done

Remarks:

Technical Assessor signature: _____