**DP SM 7.6-2017**

**ASSESSMENT**

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| --- | --- |
| Developed by | ОА 1, ОА 2, OORA, ОАОS |
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**1 SCOPE**

**1.1** This documented procedure (hereinafter referred to as the “procedure”) is a document of the management system of the Republican Unitary Enterprise “The Belarusian State Centre for Accreditation” (hereinafter – BSCA) (hereinafter referred to as the “BSCA”, the accreditation body). It is developed to further clause 7.6 of BSCA Quality Manual (RK SM BSCA) in accordance with the requirements of Section 7.6 of GOST ISO/IEC 17011. The Procedure sets the order for the implementation of the accreditation process regarding the assessment of conformity assessment bodies, i.e. testing, measuring, medical, verification and calibration laboratories, inspection bodies, proficiency testing providers, certification bodies (hereinafter referred to as the “CAB”).

**1.2** The requirements of this procedure are mandatory for BSCA personnel involved in the accreditation process.

**2 REFERENCES**

This procedure refers to the following documents:

Resolution of the State Committee for Standardization of the Republic of Belarus No. 27 of May 31, 2011 *On approval of Accreditation Rules* (hereinafter, Accreditation Rules);

GOST ISO/IEC 17000 (ISO/IEC 17000, IDT) Conformity assessment — Vocabulary and general principles;

GOST ISO/IEC 17011 (ISO/IEC 17011, IDT) Conformity assessment — Requirements for accreditation bodies accrediting conformity assessment bodies;

GOST ISO/IEC 17021-1 (ISO/IEC 17021-1, IDT) Conformity assessment. Requirements for bodies providing audit and certification of management systems. Part 1. Requirements;

GOST ISO/IEC 17024 (ISO/IEC 17024, IDT) Conformity assessment — General requirements for bodies operating certification of persons;

GOST ISO/IEC 17043 (ISO/IEC 17043, IDT) Conformity assessment — General requirements for proficiency testing;

GOST ISO/IEC 17065 (ISO/IEC 17065, IDT) Conformity assessment — Requirements for bodies certifying products, processes and services;

RK SМ BSCA Quality Manual;

DP SM 6-02 Monitoring of activity and competence of personnel participating in the accreditation process;

DP SM 7.4-01 Sampling for the assessment of laboratories and inspection bodies;

DP SM 7.4-02 Sampling for the assessment of certification bodies;

DP SM 7.4-03 Sampling for the assessment of proficiency testing providers;

DP SM 7 Accreditation process;

DP SM 7.7-01 Preparation of materials to consideration at the meeting of Technical Commission for Accreditation;

RI SM 7.6 Classification of findings.

*Note: When using this Procedure, the latest versions of the referenced documents shall be used. If the reference documents are replaced (modified), then the modified documents should be used. If reference documents are cancelled without replacement, the provisions of the Procedure where references are given to them, are applied in the part that does not affect these references.*

**3 TERMS AND DEFINITIONS**

Terms and definitions used in this Procedure are those of GOST ISO/IEC 17000, GOST ISO/IEC 17011, RK SM (BSCA Quality Manual).

**4 ACRONYMS AND ABBREVIATIONS**

The following acronyms and abbreviations are used in this Documented Procedure:

|  |  |
| --- | --- |
| BSCA, accreditation body | – Republican Unitary Enterprise the Belarusian State Centre for Accreditation; |
| IS *Accreditation* | – the unified information system in the field of accreditation; |
| ОА 1 | – Accreditation Department 1; |
| ОА 2  | – Accreditation Department 2; |
| ОА 3 | – Accreditation Department 3; |
| OAOS | – Department for Accreditation of Certification Bodies; |
| OORA | – Department of Accreditation Activities Management; |
| CAB | – conformity assessment body; |
| PT | – Proficiency testing; |
| TKA | – Technical Commission for Accreditation; |
| Expert Examination | – review of documented information; |
| Expert | – technical expert (clause 3.32 of GOST ISO/IEC 17011); |
| ЕА | – the European Cooperation for Accreditation; |
| IAF | – the International Accreditation Forum; |
| ILAC | – the International Laboratory Accreditation Cooperation; |
| IDT | – identification of an identical degree of compliance with the international standard (identity in technical content and structure). |

**5 RESPONSIBILITY**

Powers and responsibilities of personnel involved in the accreditation process are established in Annex 1 to DP SM 7.

**6 ASSESSMENT**

**6.1 General**

Assessment is conducted to confirm correspondence of the management system and technical competence of the CAB in the declared scope of accreditation or scope of accreditation in effect for conformity with the accreditation criteria.

The procedures describing the assessment techniques used, and the conditions for their use are set in DP SM 7.4-01, DP SM 7.4-02, DP SM 7.4-03, duration of the assessment is determined in accordance with time standards for accreditation activities.

 The assessment includes the following stages:

* preliminary meeting (wherever the assessment is conducted on-site or remotely);
* assessment of CAB for conformity with the accreditation criteria;
* final meeting (wherever the assessment is conducted on-site or remotely).

**6.2 Opening meeting**

Assessment begins with an opening meeting that is attended by the members of the assessment team (according to the time schedule of the assessment plan) and representatives of the CAB.

At the opening meeting, the objectives of the assessment and the criteria for accreditation are clearly established; the plan and scope of the assessment are confirmed.

At the opening meeting, the team leader:

* represents the members of the assessment team and their functions;
* informs the CAB about the objectives of assessment, accreditation criteria, assessment procedures, documentation of assessment results;
* provides information on the appeal procedure;
* communicates the assessment plan to the representatives of the CAB, makes sure that the plan is correctly understood; the plan and scope are confirmed;
* clarifies the time schedule for assessment;
* agrees on the methods of interaction of the assessment team with the representatives of the CAB;
* clarifies the date, time and participants of the final meeting with the representatives of the CAB, if necessary, date(s) and time of other meetings;
* informs the CAB about the observance by all the members of the assessment team of confidentiality of the information received during the CAB assessment;
* transfers to the present members of the assessment team and observers (if any) a confidentiality statement for signing ([Annex 8](#_Приложение_8_Форма));
* informs on the procedure for providing feedback on the results of assessment;
* gives the floor to the representatives of the CAB for an opportunity to ask questions of interest or express their opinion;
* draws up the minutes of the opening meeting ([Annex 1](#_Приложение_1_Форма)).

If necessary, the assessment plan may be adjusted at the opening meeting. When making adjustments to the assessment plan, the necessary additions and amendments are specified by the team leader in the assessment plan (F 7-14 DP SM 7) in section *Minutes of commentaries, data correcting the assessment plan, circumstances that do not allow to ensure conditions for the assessment*.

Representative of the CAB informs the assessment team of up-to-date information on its activities, including information on the activities of the legal entity, which includes the CAB (if any).

In the absence of some members of the assessment team at the opening meeting (according to the time schedule of the assessment plan), a meeting with them (interim meeting according to the assessment plan) is held immediately upon their arrival at the CAB in the presence of the representatives of the CAB. Such members of the assessment team begin the assessment after signing the confidentiality statement (Annex 8).

In case of refusal by the CAB (at the opening meeting) to conduct assessment, assessment does not continue, the team leader draws up the minutes of the preliminary meeting, where indicates this information, prepares documents for consideration at the meeting of the Technical Commission for Accreditation (hereinafter, TKA) in the manner established by DP MS 7.7-01 for decision making regarding the CAB.

**6.3 Assessment**

The assessment team conducts assessment in accordance with the assessment plan (F7-14 of the DP SM 7).

Technical assessors, applicants for the status of technical assessors, assessors assess the CAB in accordance with the terms of reference (F 7-10, F 7-11 to DP MS 7) issued by the team leader and including questions regarding the activities of the CAB.

The assessment results are documented by the members of the assessment team in:

* witness assessment/interviewing card(s), carried out for the activities to assess the conformity of the CAB, witness assessment card(s), interviewing cards ([Annex 2](#_Приложение_2_Форма), [Annex 3](#_Приложение_3_Форма), [Annex 12](#_Приложение_12_Форма), Annex 14);
* case analysis card(s) ([Annex 4](#_Приложение_4_Форма), [Annex 11](#_Приложение_11_Форма));
* sheet(s) of nonconformities ([Annex 5](#_Приложение_5_Форма));
* assessment checklist of team leader/assessor/applicant for the status of assessor (Annex 6);
* report(s) of technical assessor/applicant for the status of technical assessor/assessor ([Annex 9](#_Приложение_9_Форма));
* final assessment report ([Annex 10](#_Приложение_10_Форма)).

If it is impossible to implement one or more assessment techniques provided for in the assessment plan, for reasons depending on the CAB, technical assessors, applicants for the status of technical assessors, assessors do not issue report forms for these assessment techniques (Annexes 2, 3, 4, 11, 12, 14). At the same time, in the reports (Annex 9) technical assessors, applicants for the status of technical assessor, assessors make notes on the reasons for the impossibility of implementing the planned assessment technique with the obligatory indication of points in the scope of accreditation.

Failure to implement one or more assessment techniques (either fully or partially) is considered as a failure to demonstrate competence in this part of the scope of accreditation.

Interim meetings of the assessment team are held in accordance with the time intervals indicated in the assessment plan, during which the data collected and the implementation of the assessment plan are analysed.

Prior to the closing meeting, the assessment team, without the presence of representatives of the CAB:

* conducts an analysis of all the information and objective evidence collected from the analysis of documented information and assessment to determine the competence of the CAB based on its conformity with the accreditation criteria;
* makes a decision on the classification of findings according to RI SM 7.6, draws up a sheet(s) of nonconformities, formulates risks, comments;
* discusses the information that will be announced by the CAB at the closing meeting.

The team leader, on the basis of the materials received and the analysis of all the information collected draws up sheet(s) of nonconformities (if any) in two copies, assigns identification numbers to the nonconformities sheets in ascending order by the date of finding of a nonconformity.

Sheet(s) of nonconformities (if any) are signed by the members of the assessment team who identified the nonconformity(ies), the team leader and the representative of the CAB. One copy of the nonconformity sheet(s) remains with the CAB, the other one – with the team leader.

In case of refusal to sign the sheet(s) of nonconformities by the CAB representative, the team leader will enter this information into the minutes of the closing meeting ([Annex 7](#_Приложение_7)).

During assessment, the activities of the members of the assessment team may be monitored in accordance with the procedure established in DP MS 6-02.

Members of the assessment team submit all reporting forms to the lead assessor (members of the assessment team who are employees of third-party organizations provide reporting forms in the manner and within the time limits provided for by the terms of the agreements concluded between BSCA and third-party organizations). Report forms for assessment are drawn up in two copies and distributed among the parties (if required).

In case of a repeat of the nonconformity (-ies) identified during the previous assessment, the team leader prepares assessment materials for review at the meeting of TKA for decision making regarding the CAB.

If the assessment team finds it difficult to formulate a conclusion on the conformity/non-conformity of the CAB’s competence based on the analysis of the data obtained, the team leader prepares assessment materials for review at the meeting of the TKA for decision making.

BSCA assumes responsibility for the content of all documents for the assessment performed, including findings identified by the assessment team, which is documented in the final assessment report.

**6.4 Closing meeting**

At the final meeting the following persons should be present:

* members of the assessment team (according to the time schedule of the assessment plan);
* representatives of the CAB, including the management and quality manager (the composition of those present is determined by the CAB);
* observers (if any).

At the final meeting the following persons should be present:

* the team leader informs the management of the CAB about the results of the assessment, including information on the implementation of the assessment plan, presents positive aspects and achievements of the CAB, comments;
* members of the assessment team present findings (if any) identified during the assessment and explain the importance of all identified nonconformities/risks, receive confirmation of a full understanding of the identified nonconformities/risks by the CAB.

The representative of the CAB is provided with an opportunity to ask questions about the identified nonconformity(s)/risk(s), to receive clarifications on the findings, including, if any, nonconformities and their justification.

The team leader summarizes the results of the assessment, agrees on the development and submission deadline for the approval of corrective actions/corrections (not exceeding 20 working days from the date of signing of the sheet (-s) of nonconformity (-ies)), as well as the deadline for the implementation of corrective actions/corrections to eliminate the nonconformities identified during the assessment, which should not exceed 40 working days from the date of their agreement by lead assessor.

The team leader explains the interaction between the representatives of the CAB and the accreditation body after the assessment and draws up the minutes of the closing meeting ([Annex 7](#_Приложение_7)).

The minutes of the opening and closing meetings are drawn up in two copies and distributed among the parties.

The team leader forms the final assessment report (Annex 10), which contains information and objective evidence obtained during the assessment, conclusions regarding competency determined on the basis of the conformity assessment, scope of assessment and, if available, identified nonconformities (references to nonconformity sheets), which must be eliminated in order to ensure conformity with all the accreditation criteria, if all the necessary data are available for its preparation. The conclusions regarding the competence determined on the basis of the conformity assessment shall justify the conclusions based on the assessment results.

If prior to the final meeting, there are no data necessary for the preparation of the final assessment report, it will be submitted to the CAB no later than 10 working days after the completion of the assessment, if all the necessary data are available for its preparation.

Final assessment report is drawn up in two copies and distributed among the parties.

If the final assessment report contains information that differs from the results provided by the assessment team upon completion of the assessment, written explanations are provided to the CAB.

**6.5 Analysis of planned corrective actions/ corrections and confirmation of their implementation**

The CAB, within the time specified in the sheets of nonconformities, but not exceeding 20 working days from the date of signing the sheet(s) of nonconformities, analyses the causes of the identified nonconformities, develops, records in the sheet(s) of nonconformities and provides the team leader with the planned corrective actions/corrections to eliminate all identified nonconformities. The team leader and the technical assessor(s)/assessor(s) who established the nonconformities, analyse the correctness of the established causes of the nonconformities, the adequacy of the planned corrective actions/corrections.

The team leader on coordination with the members of the assessment team (in any way) makes a note on the coordination/non-coordination of the planned corrective actions/corrections in the sheet(s) of nonconformities.

In case of disagreement of the members of the assessment team with the planned corrective actions/corrections, the team leader informs the CAB about the need for their amendment and re-submission to the assessment team for analysis of correctness and sufficiency in writing. The team leader agrees a deadline for the re-submission of corrective actions/corrections in the “Note” line of section III of the nonconformities sheet for the CAB ([Annex 5](#_Приложение_5_Форма)), but no later than the deadline for the implementation of a corrective action/correction specified in the nonconformities sheet. The description (content) of the repeated corrective action/correction is drawn up again by the CAB.

The CAB, within the term agreed with the team leader, submits to the accreditation body a report on the implementation of corrective actions/corrections in the recommended form ([Annex 13](#_Приложение_13_Форма)) and documentary evidence of the implementation of the planned corrective actions/corrections.

The assessment team analyses and assesses the information provided on the implementation of corrective action/corrections in terms of their adequacy and suitability.

If there is sufficient evidence of the elimination of the nonconformities, the team leader makes a corresponding note on the elimination of the identified nonconformities in the sheet of nonconformities with a reference to the paragraph of the report submitted by the CAB.

If it turns out that the corrective actions/corrections are not fully implemented, or if the information provided is insufficient to verify the elimination of nonconformities, the team leader requests (in writing) additional information from the CAB in any convenient way. Besides, evidence may be requested of the effective implementation of corrective actions/corrections or an additional assessment may be assigned.

In case of failure to provide corrective actions/corrections within the term indicated in the sheets of nonconformities, as well as the required information on the implementation of the planned corrective actions/corrections to eliminate the identified nonconformities within the specified term, the team leader sends the materials for consideration and decision-making regarding the CAB to the TKA meeting. Preparation of materials on the results of the assessment for consideration at the TKA is carried out by the team leader in accordance with DP MS 7.7-01.

**6.6 Additional assessment**

Additional assessment is assigned in the following cases:

* non-fulfilment of the assessment plan in full for reasons depending on the CAB;
* the impossibility of assessing the elimination of nonconformities based on documentary evidence;
* non-confirmation of competency based on the results of a witness assessment.

The assessment team may decide on the need to conduct an additional assessment in order to monitor the elimination of identified nonconformities (clause 17.6 of Chapter 3 of the Accreditation Rules).

The need to assign an additional assessment is indicated by the team lead in section I of the sheet(s) of nonconformities (Appendix 5).

An additional assessment is carried out on the basis of an accreditation contract.

Preparation to the additional assessment is carried out in accordance with the procedure specified in DP SM 7, conduct of an assessment is set in accordance with section 6 hereof. The volume of additional assessment is determined depending on the results of the assessment.

**7 RECORDS MANAGEMENT**

Information on the records management under this Procedure is given in Table 1.

**Table 1**  **Records management**

| **Name,** **type\* of record** | **Record storage** **location** | **Person responsible for the form update** **/ person responsible for filling out the form** | **Location of the form** | **Record retention period** |
| --- | --- | --- | --- | --- |
| Minutes of the opening meeting (PM) | CAB case | ОА 3/ team leader | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 1  | 2 accreditation cycles |
| Sampling witness assessment card (PM) | CAB case | ОА 3/ technical assessorassessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 2 | 2 accreditation cycles |
| Witness assessment/interviewing card for laboratories (PM) | CAB case | ОА 3/ technical assessorassessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 3- F 3.1 | 2 accreditation cycles |
| Witness assessment/interviewing card for proficiency testing providers (PM) | CAB case | ОА 3/ technical assessor /assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 3- F 3.2  | 2 accreditation cycles |
| Interviewing card for laboratories (PM) | CAB case | ОА 3 / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 3- F 3.3 | 2 accreditation cycles |
| Interviewing card for proficiency testing providers (PM) | CAB case | ОА 3 / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 3- F 3.4 | 2 accreditation cycles |
| Witness assessment/interviewing card for inspections (PM) | CAB case | ОА 3/ technical assessor/assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 3- F 3.5 | 2 accreditation cycles |
| Interviewing card for inspections (PM) | CAB case | ОА 3 / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 3- F 3.6 | 2 accreditation cycles |
| Case analysis card for a laboratory/inspection body (PM) | CAB case | ОА 3 / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 4- F 4.1 | 2 accreditation cycles |
| Case analysis card for proficiency testing providers (PM) | CAB case | ОА 3 / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 4- F 4.2  | 2 accreditation cycles |
| Nonconformities sheet (PM)  | CAB case | ОА 3/ team leader | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 5 | 2 accreditation cycles |
| Assessment checklist of team leader/assessor/applicant for the status of assessor (PM);  | CAB case | ОА 3/ team leader/assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 6 | 2 accreditation cycles |
| Minutes of the closing meeting (PM) | CAB case | ОА 3/ team leader | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 7 | 2 accreditation cycles |
| Confidentiality statement (PM) | CAB case | ОА 3/ team leader, members of the assessment team | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/ Annex 8 | 2 accreditation cycles |
| Technical assessor’s / assessor’s report (PM) | CAB case | ОА 3/ technical assessor / assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 9 | 2 accreditation cycles |
| Final assessment report (PM) | CAB dossier/IS *Accreditation* | ОА 3/ team leader | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/ Annex 10 | 2 accreditation cycles |
| Case analysis card for a certification body for conformity with the requirements in GOST ISO/IEC 17065 (certification) (PM) | CAB case | ОАOS / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/ Annex 11-F 11.1 | 2 accreditation cycles |
| Case analysis card for a certification body for conformity with the requirements in GOST ISO/IEC 17024 (PM) | CAB case | ОАOS / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/ Annex 11-F 11.2 | 2 accreditation cycles |
| Case analysis card for a certification body for conformity with the requirements in GOST ISO/IEC 17021-1 (PM) | CAB case | ОАOS / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/ Annex 11-F 11.3 | 2 accreditation cycles |
| Case analysis card for a certification body for conformity with the requirements in GOST ISO/IEC 17065 (declaring) (PM) | CAB case | ОАOS / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/ Annex 11-F 11.1 | 2 accreditation cycles |
| Witness assessment card for a certification body (PM) | CAB case | ОАOS / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/ Annex 12 | 2 accreditation cycles |
| Report on the implementation of corrective actions/corrections (PM) | CAB case | OA 3/ CAB’s representative | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 13 | 2 accreditation cycles |
| Interviewing card for certification bodies (PM) | CAB case | ОАOS / technical assessor | IS *Accreditation*/ BSCA management system documents/ DP SM 7.6/Forms/Annex 14 | 2 accreditation cycles |
| EM - the document is kept in the electronic media;PM - the document is kept in the paper media. |

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## Annex 1

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## Form of the minutes of the opening meeting

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|  | **MINUTES****OF THE OPENING MEETING**  |

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| **Full name of the CAB:** |  |
| **Full name of the legal entity:** |  |

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| --- | --- | --- |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(date of the meeting)* |  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(place of the meeting)* |

**1 Participants of the opening meeting**

|  |
| --- |
| **Representatives of the CAB, legal entity** |
| **No.** | **Full name** | **Position** | **Functions**  | **Signature** |
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| **Members of the assessment team** |
| **No.** | **Full name** | **Organization****(place of employment),** **position** | **Status****of members of the assessment team** | **Signature** |
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**2 List of Aspects Discussed at the Opening Meeting**

**2.1 Introduction of the members of the assessment team** (introduction of the members of the assessment team; confirmation that the team leader is the Team Leader and all its members representing the Accreditation Body have been appointed by the State Enterprise BSCA and are responsible for assessment and conducting it in accordance with the assessment plan).

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**2.2 Review of the assessment plan (**final clarification of the assessment plan (if necessary, adjustment), the term of the assessment; informing about the circumstances under which the assessment may be terminated, confirmation of the plan and the scope being assessed).

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**2.3 Determination of the purpose of the assessment, assessment techniques and accreditation procedures, incl. appeal procedures, as well as the functions of the members of the assessment team** (informing those present about the purpose of the assessment, as well as the assessment techniques that will be used by the members of the assessment team during the assessment; number of facilities and offices under consideration; presentation form of the assessment results; identification of the necessary resources and their availability; conditions for the assessment; consideration of the results of the previous assessment).

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**2.4 Determination of standards and relevant documents used for the assessment (**informing those present about the accreditation criteria; about the requirements of the State Enterprise BSCA for registration and formalisation of findings and criteria for their classification, *Policies for participation in proficiency testing; Policies for traceability of measurements; Policies for expressing uncertainty of measurement of results, documents describing test methods/sampling methods; calculations of uncertainty, applied methods, test methods developed by a laboratory; additional documents used in the accreditation of laboratories containing special accreditation requirements specified in the standards, EA and ILAC documents, as well as regulations for conducting tests within the scope of accreditation, additional documents that do not contain requirements, but BSCA recommends laboratories using them to form and improve management systems).*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**2.5 Coordination of the ways the assessment team interacts with the CAB’s representatives** (determining the need and agreeing on the access of the members of the assessment team to the CAB’s documentation; coordinating the participation of accompanying persons; coordinating the need to create conditions on the part of the CAB for ensuring safety for the assessment team).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.6 Coordination of dates of the final and, if necessary, other meetings with the participation of the CAB management (**coordination of the frequency and time of joint meetings of the assessment team and CAB’s representatives; clarification of the need for senior management to participate in the discussion when considering the results of the assessment; informing of the final meeting and coordination of the term thereof).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.7 Ensuring confidentiality of the information obtained during the assessment of the CAB** (confirmation of conformity with the confidentiality conditions and the principle of impartiality by all the members of the assessment team; signing a confidentiality statement).

**2.8 Discussion of questions from the CAB’s representatives** (giving the floor to the CAB’s representatives).

**2.9 End of the meeting**

|  |
| --- |
| Special notes by the team leader |

|  |  |  |  |
| --- | --- | --- | --- |
| **Team leader** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) |  |

## Annex 2

##

## Sampling witness assessment card form

|  |  |  |
| --- | --- | --- |
|  | **SAMPLING WITNESS ASSESSMENT CARD** **No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **1. Sample name, description, identification No.:** ………………………………………………………………………………………………………………………………..………………………………………….……………………………………..……………………………………………... |
| **2. Place of sampling assessment:** ……………………………………………………………………………………………….................................................. |
| **3. Sampling staff:** | *(full name, position)* | *Expertise in the area (years)* |
|  |  |
|  |  |
|  |  |
|  |  |
| **Assessment results (briefly):** |
|  |
| **4. Sampling environment (in case of requirements):** | **Assessment results (briefly):** |
|  |
| **5. Sampling method(s), methodology(-ies)** |
| Standard method(s), methodology(-ies): | [ ]  | *Details of technical regulatory legal acts stipulating sampling method(s), methodology(-ies)*  |
| Method(s), methodology(-ies) developed by the laboratory: | [ ]  | *Details and name of the document stipulating sampling method(s), methodology(-ies)* |
| Other method(s): | [ ]  | *Details and name of the document stipulating sampling method, name of the approving body, date of approval* |
| **6. Conformity with the sampling method(s), methodology:** | **Assessment results (briefly):** |
|  |
| **7. Equipment:** | **Assessment results (briefly):** |
|  |
| **8. Handling items subject to conformity assessment:** | **Assessment results (briefly):** |
|  |

|  |  |
| --- | --- |
| **9 Technical records** | **Assessment results (briefly):** |
|  |
| **10 Annexes** |
|  |

**Description (contents) of findings (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## Annex 3

## Witness assessment/ interviewing cards form

## F.3.1 Witness assessment/ interviewing card

## for laboratories

|  |  |  |
| --- | --- | --- |
|  | **Witness assessment/ interviewing card** **(for laboratories)** **No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **1. Area of activity of CAB subject to assessment (according to classification by RI SM 7-05)** *(throughout the whole or a part of conformity assessment activity):*………………………………………….……………………………………..……………………………………………...………………………………………….……………………………………..…………………….……………………….. |
| **2. Place of assessment** *(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):* ………………………………………………………………………………………………................................................. |
| **3. Method subject to assessment:** |
| Standard method | [ ]  | *Designation of technical regulatory legal act:* |
| Method developed by the laboratory | [ ]  | *Details and name of the document stipulating the method*  |
| Other method | [ ]  | *Details and name of the document stipulating the method, name of the approving body, year of approval* |
| **4. Staff:** | *(full name, position)* | *Expertise in the area (years)* |
|  |  |
| **Assessment results (briefly):** |
|  |
| **5. Premises and environment:** | **Assessment results (briefly):** |
|  |
| **6. Conformity with the method:** | **Assessment results (briefly):** |
|  |
| **7. Equipment:** | **Assessment results (briefly):** |
|  |

|  |  |
| --- | --- |
| **8. Handling items subject to conformity assessment:** | **Assessment results (briefly):** |
| *Registration, sampling deed, consumption, storage, writing off specimens* |
| **9. Ensuring reliability of results:** | **Assessment results (briefly):** |
| *(participation in qualification revisions including: ILC, internal quality control, use of standard specimens, comparative analysis performed with independent methods, participation in development of method validation and/or studying properties of standard specimens)* |
| **10. Technical records, reports with results:** | **Assessment results (briefly):** |
| *(Records, assessment of measurement uncertainties, documentation of results and their verification)* |
| **11. Annexes** |
|  |

**Description (contents) of findings (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## F.3.2 Witness assessment/ interviewing card

## for proficiency testing providers

|  |  |  |
| --- | --- | --- |
|  | **WITNESS ASSESSMENT/ INTERVIEWING CARD** **(for proficiency testing providers)** **No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **1. Area of activity of CAB subject to assessment (according to classification by RI SM 7-05)** *(throughout the whole or a part of conformity assessment activity):*………………………………………….……………………………………..……………………………………………...………………………………………….……………………………………..…………………….……………………….. |
| **2. Place of assessment** *(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):*……………………………………………………………………………………………….................................... |
| **3. Program subject to assessment** |
|  |
| **4. Staff** | *(full name, position)* | *Expertise in the area (years)* |
|  |  |
| **Assessment results (briefly):** |
|  |
| **5. Statistical calculation method, determination of assigned value** | **Assessment results (briefly):** |
|  |
| **6. Equipment, layout and environment** | **Assessment results (briefly):** |
|  |
| **7. Implementation of proficiency assessment program** | **Assessment results (briefly):** |
| *(studying guidelines for participants, handling specimens, package and marking, distribution of specimens)* |
| **8. Communication with participants** | **Assessment results (briefly):** |
|  |
| **9. Reports** | **Assessment results (briefly):** |
| *(Records, documentation of results and their verification)* |
| **10. Annexes** |
|  |

**Description (contents) of findings (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## F 3.3 Interviewing card

##  for laboratories

|  |  |  |
| --- | --- | --- |
|  | **INTERVIEWING CARD** **(for laboratories)** **No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **1. Area of activity of CAB subject to interviewing (according to classification by RI SM 7-05)** (*throughout the whole or a part of conformity assessment activity*):………………………………………….……………………………………..……………………………………………...………………………………………….……………………………………..…………………….……………………….. |
| **2. Place of interviewing** *(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):* ……………………………………………………………………………………………….................................... |
| **3. Method subject to interviewing:** |
| Standard method | [ ]  | *Designation of technical regulatory legal act:* |
| Method developed by the laboratory | [ ]  | *Details and name of the document stipulating the method* |
| Other method | [ ]  | *Details and name of the document stipulating the method, name of the approving body, year of approval* |
| **4. Staff:** | *(full name, position)* | *Expertise in the area (years)* |
|  |  |
| **Assessment results (briefly):** |
|  |
| **5. Premises and environment:** | **Assessment results (briefly):** |
|  |
| **6. Demonstration of proficiency in the method:** | **Assessment results (briefly):** |
|  |
| **7. Equipment:** | **Assessment results (briefly):** |
|  |
| **8. Handling items subject to testing or calibration:** | **Assessment results (briefly):** |
| *Registration, sampling deed, consumption, storage, writing off specimens* |
| **9. Ensuring reliability of results:** | **Assessment results (briefly):** |
| *(participation in qualification revisions including: ILC, internal quality control, use of standard specimens, comparative analysis performed with independent methods, participation in development of method validation and/or studying properties of standard specimens)* |
| **10. Technical records, reports with results:** | **Assessment results (briefly):** |
| *(Records, assessment of measurement uncertainties, documentation of results and their verification)* |
| **11. Annexes** |
|  |

**Description (contents) of findings (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## F 3.4 Interviewing card for

## proficiency testing providers

|  |  |  |
| --- | --- | --- |
|  | **INTERVIEWING CARD** **(for proficiency testing providers)** **No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **1. Area of activity of CAB subject to assessment (according to classification by RI SM 7-05)** *(throughout the whole or a part of conformity assessment activity):*………………………………………….……………………………………..……………………………………………...………………………………………….……………………………………..…………………….……………………….. |
| **2. Place of assessment** *(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):*……………………………………………………………………………………………….................................... |
| **3. Program subject to assessment** |
|  |
| **4. Staff:** | *(full name, position)* | *Expertise in the area (years)* |
|  |  |
| **Assessment results (briefly):** |
|  |
| **5. Statistical calculation method, determination of assigned value** | **Assessment results (briefly):** |
|  |
| **6. Equipment, layout and environment** | **Assessment results (briefly):** |
|  |
| **7. Program implementation** | **Assessment results (briefly):** |
| *(studying guidelines for participants, handling specimens, package and marking, distribution of specimens)* |
| **8. Communication with participants** | **Assessment results (briefly):** |
|  |
| **9. Reports** | **Assessment results (briefly):** |
| *(Records, documentation of results and their verification)* |
| **10. Annexes** |
|  |

**Description (contents) of findings (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## F.3.5 Witness assessment/ interviewing card

## (for inspections)

|  |  |  |
| --- | --- | --- |
|  | **WITNESS ASSESSMENT/ INTERVIEWING CARD** **(for inspections)** **No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **1. Area of activity of CAB subject to assessment (according to classification by RI SM 7-05)** *(throughout the whole or a part of conformity assessment activity):*………………………………………….……………………………………..……………………………………………...………………………………………….……………………………………..…………………….………………………..**1.1 Point(s) in the scope of accreditation (annex to the certificate of accreditation), subject to assessment:**……………………………………………………………………………………………………………………… |
| **2. Place of assessment** *(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):* ………………………………………………………………………………………………................................................. |
| **3. Method subject to assessment:** |
| Standard method | [ ]  | *Designation of technical regulatory legal act:* |
| Method developed by the CAB | [ ]  | *Details and name of the document stipulating the method*  |
| Other method | [ ]  | *Details and name of the document stipulating the method, name of the approving body, year of approval* |
| **4. Staff:** | **Assessment results (briefly):** |
| *(full name, position); (expertise in the area (years);(training, education, monitoring, internships, authorization), etc.* |
| **5. Means of support and equipment:** | **Assessment results (briefly):** |
| *(availability of equipment and means of support, rules of access and use, suitability of the equipment, metrological control, maintenance of equipment and means of support), etc.*During the inspection, the following measuring instruments and equipment were used (or not) (no., name, serial number, information about metrological control): |
| **6. Conclusion of a subcontract agreement:** | **Assessment results (briefly):** |
| *(information on subcontracting, records, competency analysis, customer notification), etc.* |
| **7. Inspection methods and procedures:** | **Assessment results (briefly):** |
| *(availability of necessary methods, techniques and procedures of inspection, their suitability, sampling, selection procedures, access to technical regulations and legal regulations, relevance of documents, control of contracts and orders, instructions for safe inspection), etc.* |
| **8. Handling of inspection items and samples:** | **Assessment results (briefly):** |
| *(identification of objects, samples, measures to avoid deterioration of the condition of the assessed object), etc.* |
| **9. Inspection records:** | **Assessment results (briefly):** |
| *(record system of the inspection body, traceability to the inspectors conducting the inspection), etc.* |
| **10. Inspection reports and certificates:** | **Assessment results (briefly):** |
| *(completeness of the report, according to clause 7.4.2 of the standard, correctness and sufficiency of information), etc.* |
| **11. Annexes** |
|  |

**Description (contents) of findings (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor/assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## F 3.6 Interviewing card

## (for inspections)

|  |  |  |
| --- | --- | --- |
|  | **INTERVIEWING CARD** **(for inspections)** **No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **1. Area of activity of CAB subject to assessment (according to classification by RI SM 7-05)** *(throughout the whole or a part of conformity assessment activity):*………………………………………….……………………………………..……………………………………………...………………………………………….……………………………………..…………………….………………………..**1.1 Point(s) in the scope of accreditation (annex to the certificate of accreditation), subject to assessment:**……………………………………………………………………………………………………………………… |
| **2. Place of assessment** *(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):* ………………………………………………………………………………………………................................................. |
| **3. Method subject to assessment:** |
| Standard method | [ ]  | *Designation of technical regulatory legal act:* |
| Method developed by the CAB | [ ]  | *Details and name of the document stipulating the method*  |
| Other method | [ ]  | *Details and name of the document stipulating the method, name of the approving body, year of approval* |
| **4. Staff:** | **Assessment results (briefly):** |
| *(full name, position); (expertise in the area (years);(training, education, monitoring, internships, authorization, interviewing in accordance with cl.6.1.3 of the standard), etc.* |
| **5. Means of support and equipment:** | **Assessment results (briefly):** |
| *(availability of equipment and means of support, rules of access and use, suitability of the equipment, metrological control, maintenance of equipment and means of support), etc.* |
| **6. Conclusion of a subcontract agreement:** | **Assessment results (briefly):** |
| *(information on subcontracting, records, competency analysis, customer notification), etc.* |
| **7. Inspection methods and procedures:** | **Assessment results (briefly):** |
| *(availability of necessary methods, techniques and procedures of inspection, their suitability, sampling, selection procedures, access to technical regulations and legal regulations, relevance of documents, control of contracts and orders, instructions for safe inspection), etc.* |
| **8. Handling of inspection items and samples:** | **Assessment results (briefly):** |
| *(identification of objects, samples, measures to avoid deterioration of the condition of the interviewed object), etc.* |
| **9. Inspection records:** | **Assessment results (briefly):** |
| *(record system of the inspection body, traceability to the inspectors conducting the inspection), etc.* |
| **10. Inspection reports and certificates:** | **Assessment results (briefly):** |
| *(completeness of the report, according to clause 7.4.2 of the standard, correctness and sufficiency of information), etc.* |
| **11. Annexes** |
|  |

**Description (contents) of findings (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

**Annex 4**

**Case analysis cards form**

***F 4.1 Case analysis cards***

***for laboratories, inspection bodies***

|  |  |  |
| --- | --- | --- |
|  | **Case analysis card No.\_\_\_\_\_\_dated \_\_\_\_\_\_\_\_\_\_\_\_**  | **BY/****(or registration number of the application for accreditation)** |

|  |  |
| --- | --- |
| **Number and date of testing/calibration certificate,** **inspection report:** |  |
| **Testing/ calibration/ inspection method(s)/ methodology(-ies):***(denotation or name)* |  |
| **Name of the testing/ calibration/ inspection object:** |  |
| **Name of the determined property:** |  |

**Case analysis results:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of testing/ calibration protocol/ inspection report subject to analysis | Numberof section, item ofthe standard | Assessed aspects/ issues | Assessment evidence/ results/ description (contents) of findings | Note on conformity/ findings |
| **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |

**Conclusions:**

**Based on the case analysis results, the following was determined:**

**1** Traceability of measurement results is sufficient/ insufficient.

*Delete as applicable*

**2** In the course of case analysis, proficiency of CAB staff in this matter was demonstrated/ not demonstrated

*Delete as applicable*

(point \_\_\_\_\_\_of the scope of accreditation).

**3** Conformity of operation of CAB management system

*Delete as applicable*

with the requirements of the standard and the National Accreditation System of the Republic of Belarus was demonstrated/ not demonstrated.

**4**. Annex:

(e.g., a copy of the report with results)

**Case analysis was carried out by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor/****Team leader** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

***F 4.2 Case analysis card for***

***proficiency testing providers***

|  |  |  |
| --- | --- | --- |
|  | **Case analysis card No. \_\_\_\_\_\_dated \_\_\_\_\_\_\_\_\_\_\_\_**  | **BY/****(or registration number of the application for accreditation)** |

|  |  |
| --- | --- |
| **Number and date of proficiency testing:** |  |
| **Proficiency testing program:** |  |
| **Name of the object for proficiency testing:** |  |
| **Name of determined properties:** |  |

**Case analysis results:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of the proficiency testing report subject to analysis | Item of GOST ISO/IEC 17043 | Assessed aspects/ issues | Assessment evidence/ results | Note on conformity/ non-conformity |
| **1** | **2** | **3** | **4** | **5** |
| 1. Authorization of responsible executing officers including coordinators | 4.2 | Availability of authorized staff for implementation of PT program |  |  |
| 2. Equipment, layout and environment | 4.3 | Availability of the relevant equipment and conditions for implementation of PT program  |  |  |
| 3. Planning: |  |  |  |  |
| 3.1. Development of PT program  | 4.4.1 | - planning of PT program; |  |  |
| 3.2. Preparation of specimens for proficiency testing | 4.4.2 | - preparation of specimens for proficiency testing; |  |  |
| 3.3. Testing of homogeneity and stability | 4.4.3 | - establishment of criteria for homogeneity and stability (sufficient stability and homogeneity are demonstrated) |  |  |
| 3.4 Methods of statistical data processing | 4.4.4 | - methods of statistical data processed are determined; |  |  |
| 3.5. Assigned values | 4.4.5 | - assigned value is determined |  |  |
| 4. Implementation of PT programs | 4.6 |  |  |  |
| 4.1. Guidelines for participants | 4.6.1 | - availability of detailed documented guidelines; |  |  |
| 4.2 Handling specimens for proficiency testing and their storage; | 4.6.2 | - Handling specimens for proficiency testing and their storage; |  |  |
| 4.3 Packing, marking and distribution of specimens for PT | 4.6.3 | - Packing, marking and distribution of specimens for proficiency testing |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| 5. Data analysis and assessment of PT program results | 4.7 | Conformity of data analysis and records. Assessment of functioning properties |  |  |
| 6. Documentation of comparison results | 4.8 | Conformity and completeness of information in the proficiency testing report  |  |  |
| 7. Communication with participants | 4.9 | Provision of detailed information about the proficiency testing program |  |  |

**Conclusions:**

**Based on the case analysis results, the following was determined:**

**1** Traceability of measurement results is sufficient/ insufficient ).

*Delete as applicable*

Proficiency of the applicant’s staff in this proficiency testing

 *Delete as applicable*

program (point \_\_\_\_\_of the scope of accreditation) was demonstrated/ not demonstrated.

**3** Conformity of operation of the applicant’s management system to the requirements of GOST ISO/IEC 17043

 *Delete as applicable*

and the National Accreditation System of the Republic of Belarus was demonstrated/ not demonstrated.

**4**. Annex: (e.g., a copy of the report with results)

**Case analysis was carried out by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor/****team leader** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## Annex 5

## Non-conformity sheet form

|  |  |  |
| --- | --- | --- |
|  | **NON-CONFORMITY SHEET No.……… dated \_\_\_\_\_\_\_***(to be completed in the course of assessment)* | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **TYPE OF ACCREDITATION:** |
| Name of assessed CAB: |
| **I. NON-CONFORMITY IDENTIFIED** |
| ***ASSESSMENT TEAM*** | Denotation of document(s) stipulating accreditation criteria: | Document items: |
|  |  |  |
|  | Non-conformity description (contents): |
|  | Non-conformity identified by: | Full name: |
|  | *Team leader / assessor* | *technical assessor* | *technical expert* |  |
|  |[ ] [ ] [ ]   |
|  | Date: | Signature: |
|  | Is additional assessment required? | YES | NO |
|  |  |[ ] [ ]
|  | Period for development of corrective actions/ corrections and their presentation for approval:*(to be presented to the State Enterprise BSCA not later than 20 working days from the date of signing of the non-conformity sheet)* |  |
|  | Period for implementation and presentation of information about accomplishment of corrective actions/ corrections:*(not later than 40 working days from the date of their agreement)* |  |
|  | Team leader (full name): | Signature: |  |
|  |  | Date: |  |
| ***ASSESSED CAB*** | Confirmation of acknowledgement of the non-conformity, the period for development and implementation of corrective actions/ corrections: |
|  | Position: |  | Date: |  |
|  | Full name: |  | Signature: |  |

|  |
| --- |
| **II. CORRECTIVE ACTIONS/ CORRECTIONS OF ASSESSED CAB**  |
| ***ASSESSED CAB*** | Analysis of reasons for the identified non-conformity: |
|  | Description (contents) of corrective actions/ corrections to eliminate the non-conformity: |
|  | Deadline for implementation of corrective actions/ corrections (scheduled), not later than: |  |
|  | Responsible person: (position, full name): | Signature: | Date: |
|  |  |  |  |
| **III. ASSESSMENT OF CORRECTIVE ACTIONS/ CORRECTIONS FOR ELIMINATION OF NONCONFORMITY** |
| ***ASSESSMENT TEAM*** | Correctness and sufficiency of corrective actions/ corrections scheduled by CAB: | YES |[ ]  NO |[ ]
|  | Note (if the conclusion is ‘no’):  |
|  | Expert status: | Date: |  |
|  | *Team leader/assessor* | *technical assessor* | *technical expert* |  |  |
|  |[ ] [ ] [ ]  Signature: |  |
|  | Full name: |  |  |
| **IV. ASSESSMENT OF ACCOMPLISHMENT OF CORRECTIVE ACTIONS/ CORRECTIONS** |
| ***ASSESSMENT TEAM*** | Assessment of elimination of nonconformity | YES |[ ]  NO |[ ]
|  | Analysis of provided documents (proof) evidencing accomplishment of item \_\_\_ of the report on accomplishment of corrective actions/ corrections dated  |[ ]  Additional assessment (before decision-making)Item\_\_\_\_\_\_ of the report dated\_\_\_\_\_ |[ ]
|  | Expert status: | Date: |  |
|  | *Team leader/assessor* | *technical assessor* | *technical expert* |  |  |
|  |[ ] [ ] [ ]  Signature: |  |
|  | Full name: |  |  |

## Annex 6

##

## Form for assessment checklist of

## team leader/assessor/applicant for the status of assessor

|  | **ASSESSMENT CHECKLIST****OF TEAM LEADER/****ASSESSOR/APPLICANT FOR THE STATUS OF ASSESSOR** | **BY/** |
| --- | --- | --- |
| **Basic standard** |
| **Registration number of application (if any)** |

|  |  |
| --- | --- |
| Full name of the legal entity: |  |
| Full name of the CAB, including full name of branch of legal entity (if any): |  |

|  |  |
| --- | --- |
| **TYPE OF ACCREDITATION:** | *Accreditation/reaccreditation/expanding scope of accreditation/periodic assessment of competence* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date(s) of assessment:** | from |   |  | to |  |   |

**Results of assessing compliance with the requirements of the basic standard[[1]](#footnote-1):**

|  |  |
| --- | --- |
| **Section/subsection of the basic standard** | **Section/subsection of the basic standard** |
| **1** | **2** |
|  |  |
|  |  |
| *Objective evidence (name of document/record that confirm completion of the requirement). Findings (if any).*  |
|  |  |
|  |  |
| *Objective evidence (name of document/record that confirm completion of the requirement). Findings (if any).*  |

|  |  |  |
| --- | --- | --- |
| **Team leader / assessor / applicant for the status of assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## Annex 7

## Form of the minutes of the closing meeting

|  |  |
| --- | --- |
|  | **MINUTES****OF THE CLOSING MEETING**  |

|  |  |
| --- | --- |
| **Full name of the CAB:** |  |
| **Full name of the legal entity:** |  |

|  |  |  |
| --- | --- | --- |
| *(date of the meeting)* |  | *(place of assessment)* |

**1 Participants of the closing meeting**

|  |
| --- |
| **Representatives of the CAB, legal entity** |
| **No.** | **Full name** | **Position** | **Functions**  | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Members of the assessment team** |
| **No.** | **Full name** | **Organization****(place of work),** **position** | **Status****of member of the assessment team** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**2 List of Aspects Discussed at the Closing Meeting**

**2.1 Opening address of the team leader** (gratitude to CAB staff, members of the assessment team and all involved parties for cooperation and assistance in organization and performance of the assessment)

**2.2 Presentation of positive aspects of assessment and CAB achievements** (informing the attendees about assessment objectives and techniques; that the obtained assessment data is based on real facts (specifying them); informing about completion/ non-completion of the assessment plan; about achievements)

**2.3 Specifying that not all findings may have been revealed**

**2.4 Explanation of importance of identified findings**(explanation of understanding and importance of identified findings; Note: ‘Understanding’ of identified findings does not necessarily mean that CAB agrees with the findings; explanation of the consequences that may arise out of the identified findings including those relating to accreditation status; about actions of CAB after assessment; informing about the procedure of consideration of claims and appeals)

**2.5 Presentation of findings (non-conformity, risks, comments) identified by each technical assessor/ technical expert** (giving the floor to each present member of the assessment team for explanation of identified findings)

**2.6 Presentation of findings identified by the team leader** (giving the floor to the team leader for explanation of detected findings)

**2.7 Brief presentation of conclusions** (summarizing the assessment; informing about suggestions for taking the accreditation decision)

**2.8 Presentation of the final assessment report to CEO of CAB (if ready)**

**2.9 Agreement of terms for corrective actions/ corrections with the CAB if necessary** (informing about the terms of development of corrective actions/ corrections relating to the detected non-conformity and informing BSCA about their accomplishment)

**2.10 Answering questions from CAB representatives** (giving floor to CAB representatives)

**2.11 End of the meeting**

|  |
| --- |
| Special notes by the team leader |

|  |  |  |  |
| --- | --- | --- | --- |
| **Team leader** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) |  |

## Annex 8

## Confidentiality statement form regarding information and liabilities

|  | **CONFIDENTIALITY STATEMENT REGARDING INFORMATION AND LIABILITIES** | **BY/** |
| --- | --- | --- |
| **Basic standard** |
| **Registration number of application, registration date (if any)** |

|  |  |
| --- | --- |
| Full name of the legal entity: |  |
| Full name of the CAB, including full name of branch of legal entity (if any): |  |

|  |  |
| --- | --- |
| **TYPE OF ACCREDITATION:** | *Accreditation/reaccreditation/expanding scope of accreditation/periodic assessment of competence/unscheduled assessment of competence/additional assessment* |

I (We), the undersigned, in the course of assessment of competence of the CAB declare that, performing the assessment and (or) accompanying the assessment team:

* I guarantee confidentiality of the information received in the course of conformity assessment of the CAB;
* I guarantee conformity with the assessment process;
* I do not give recommendations or suggestions on performing the assessment to the members of the assessment team, I do not provide consultations to the CAB;
* I do not carry out actions detrimental to the reputation of the staff of the assessed CAB and the State Enterprise BSCA;
* I am informed that I am liable for non-conformity with this confidentiality statement regarding information and the above-mentioned liabilities.

| Full name | Organization(place of work), position | Statusof member of the assessment team | Signature | Date |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**Annex 9**

**Technical expert report form**

|  |  |  |
| --- | --- | --- |
|  | **REPORT** **of technical assessor / technical expert** **dated \_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

TYPE OF ACCREDITATION:

|  |  |
| --- | --- |
| **Full name of the legal entity:** |  |
| **Full name of the CAB, including full name of branch of legal entity (*if any*):** |  |
| **Place(s) of assessment:** |  |
| **Date(s) of assessment:** | from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Technical assignment for assessment (date, issuer):** |  |

**1 Assessment results:**

|  |
| --- |
| **1.1 Conformity with the requirements of the standard (accreditation scheme) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Section No.** | **Requirement name** | **Compliant** | **Records (references to documents of the technical assessor/ technical expert confirming compliance with the requirement)** |
| **YES** | **NO** |
|  |  |  |  |  |
|  |  |  |  |  |

**2.1 Efficiency of corrective actions/ corrections undertaken based on results of elimination of nonconformities identified in the course of the previous assessment:**

**2.2 Scope of accreditation subject to assessment:**

**2.2.1 Case analysis:** item\_\_\_\_\_\_ of scope of accreditation, case analysis card No. \_\_\_\_ dated \_\_\_\_\_\_\_\_

**2.2.2 Witness assessment/interviewing:** item \_\_\_\_\_ of scope of accreditation, witness assessment/ interviewing card No. \_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_.

**2.2.3 Interviewing:** item \_\_\_\_\_ of scope of accreditation, interviewing card No. \_\_\_\_\_\_ dated \_\_\_\_\_\_.

**2.3 Description (contents) of findings:**

References to witness assessment/ interviewing cards, case analysis cards.

**3 Annexes**

**3.1** Sampling witness assessment card (for laboratories);

**3.2** Witness assessment/ interviewing card for laboratories/ inspection bodies/ proficiency testing providers, interviewing card for laboratories/ inspection bodies/ proficiency testing providers;

**3.3** Witness assessment card for certification bodies;

**3.4** Case analysis card;

**3.5** Technical assignment for the technical assessor/ technical expert;

**3.6** Other annexes

**The report was drawn by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor/technical expert:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

**Annex 10**

**Final assessment report form**

|  | **FINAL ASSESSMENT REPORT** | **BY/** |
| --- | --- | --- |
| **Basic standard** |
| **Registration number of application, registration date (if any)** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(date of report)*

|  |  |
| --- | --- |
| Full name of the legal entity: |  |
| Full name of the CAB, including full name of branch of legal entity (if any): |  |

|  |  |
| --- | --- |
| **TYPE OF ACCREDITATION:** | *Accreditation/reaccreditation/expanding scope of accreditation/periodic assessment of competence/unscheduled assessment of competence/additional assessment* |

|  |  |
| --- | --- |
| **Basis for the assessment:** | Contract (No. date), letter of the CAB about the opportunity to conduct additional assessment (if assigned), additional agreement to the contract (if any) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | **Organization***(place of work)***position** | **Status****of member of the assessment team** | **Codes of scopes of competence of technical assessor/****applicant for the status of a technical assessor/****technical expert corresponding to the assessed scope** | **Scope of assessment** |
| **Codes of accreditation scope subject to assessment** | **Items of basic standard subject to assessment** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Date(s) of** **the assessment:**  |  |
| **Addresses of CAB locations subject to assessment:** |  |

|  |
| --- |
| **Information about changes in the agreed assessment plan:**  |
| [ ]  | changes were made to the assessment plan | [ ]  | changes were not made to the assessment plan |

|  |
| --- |
| **Control over implementation of corrective actions/corrections based on the previous assessment results:** |
| **Information on implementation of corrective actions/ corrections** | **Note on implementation** | **Notes** *(if necessary)/***reasons for non-implementation** |
| Corrective actions/ corrections are fully implemented and efficient | [ ]  |  |
| Corrective actions/ corrections are fully implemented but are not efficient | [ ]  |  |
| Corrective actions/ corrections are not fully implemented | [ ]  |  |
| Corrective actions/ corrections are not implemented | [ ]  |  |

|  |
| --- |
| **Information about changes that may influence the ability of the accredited CAB to follow accreditation requirements, from the moment of the last assessment:** |
| **Changes** | **Note on actual changes** | **Conformity with the agreement with the accredited CAB relating to timely notification of the accreditation body** |
| **yes** | **no** | **yes** | **no** |
| in the address of legal entity, CAB (location) | [ ]  | [ ]  | [ ]  | [ ]  |
| in legal status | [ ]  | [ ]  | [ ]  | [ ]  |
| in the status of the top manager | [ ]  | [ ]  | [ ]  | [ ]  |
| in the structure of legal entity | [ ]  | [ ]  | [ ]  | [ ]  |
| in staff and their qualifications | [ ]  | [ ]  | [ ]  | [ ]  |
| in technical infrastructure | [ ]  | [ ]  | [ ]  | [ ]  |
| in documents related to accreditation | [ ]  | [ ]  | [ ]  | [ ]  |

|  |
| --- |
| **Information on assessment of the accreditation scope**  |
| **Number of point of the scope of accreditation, denotation and (or) name of the representative method under assessment** | **Techniques of assessment and their combinations\*** | **Name of staff subject to assessment** | **Competence is demonstrated** | **Additional information** (if necessary)**References to the documents of technical assessors/****technical experts** |
| **YES** | **NO** |
| **1** | **2** | **3** | **4** | **5** | **6** |
|  |  |  | [ ]  | [ ]  |  |

**Note:** \* Assessment in the place of activity (PA); remote assessment (RA); witness assessment (WA); document analysis (DA); case analysis (CA); measurement audit (MA); analysis of results of participation in proficiency testing and other interlaboratory comparisons (PT); validation audit (VA); interviewing (IV).

**Information about staff participating in functioning of the management system subject to assessment by team leader:**

|  |  |  |
| --- | --- | --- |
| **Full name** **of staff** **subject to assessment** **by team leader** | **Techniques of assessment and their combinations\*** | **Additional information/** **references to assessment check-list of the team leader/****assessor/applicant for the status of assessor** *(if necessary)* |
|
| **1** | **2** | **3** |
|  |  |  |

**Conformity with the requirements of basic standard** *(accreditation scheme)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section No.** | **Requirement name** | **Requirement completed** | **Was not assessed** | **Finding** | **Note/****Reference to sheet(s) of nonconformities** |
| **Nonconformity** | **Risk** |
| **YES** | **NO** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

|  |
| --- |
| **Information about identified nonconformities:** |
| Total quantity of nonconformities/quantity of sheets of nonconformities: |  |
| Risks: |  |
| Commentaries: |  |

|  |
| --- |
| **Information about notification of identified nonconformities:**  |
| [ ]  | representative of the CAB was notified with sheets of nonconformities, signed sheets of nonconformities | [ ]  | representative of the CAB was notified with sheets of nonconformities, refused to sign sheets of nonconformities |

|  |  |
| --- | --- |
| **Deadline for presentation of the report on implementation of corrective actions/ corrections, not later than:**  | … |

|  |
| --- |
| **Risks:** |
| **Comments:** |

|  |
| --- |
| **Conclusions:***The conclusions shall contain:**- The conclusion on completion of the assessment plan, assignment of additional assessment (if necessary, when the assessment plan is not completed);**- The conclusion on conformity with the requirements of basic standard (accreditation scheme) regarding the assessed elements;* *- conclusions about competence regarding scope of accreditation;**- conclusions about implementation of BSCA policies, documents of international accreditation organizations applied as criteria;**- conclusion about compliance with the scope of accreditation;**- conclusion about application of text references to accreditation, accreditation symbol, combined mark;* *- information about providing competence assessment materials at the meeting of the Technical Commission for Accreditation to review results of the assessment in order to make accreditation decision, information about the need to eliminate identified nonconformities (if any), development of corrective actions/corrections, elimination of identified nonconformities in the prescribed deadline;**- information about providing competence assessment materials to the meeting pf the Technical Commission of Accreditation in order to make a decision in accordance with clause 18.3-1 of the Accreditation Rules, approved by Resolution of Gosstandart of 31.05.2011 No. 27, in case of non-conformity with the deadline for developing corrective actions/ corrections, deadline for providing the documents confirming that the corrective actions were conducted.*  |

BSCA assumes responsibility for the content of all documents for the assessment performed, including findings identified by the assessment team.

|  |
| --- |
| **The list of assessment documents attached hereto:** |
| No. | Name of document |  |
|  |  |  |

|  |
| --- |
| **Final assessment report prepared by:** |
| **Team leader** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

|  |
| --- |
| **Informing CAB representative(s):** |
| **Full name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

|  |
| --- |
| **Informing representative(s) of the legal entity:** |
| **Full name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

**Annex to the report for certification bodies:**

**Annex to the final assessment report No. \_\_\_ dated \_\_\_\_\_**

**on conformity with the requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(current versions of standards identical to international GOST ISO/IEC17065; GOST ISO/IEC 17021-1; GOST ISO/IEC 17024)

**of the certification body**

|  |  |
| --- | --- |
| **Name of assessed issues** | **Information (conclusions) based on assessment results** |
| **General requirements** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Team leader** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

**Example of conclusions in the final assessment report**

*(is for reference only and is excluded when preparing the final report)*

1 Work on assessing competence for the purpose of *accreditation/re-accreditation/expanding the scope of accreditation* (the *desired type of work is selected) or Work on periodic assessment of competence/unscheduled periodic assessment of competence/additional assessment of CAB* *(name of CAB, legal entity)* was carried out in accordance with the assessment plan from \_\_\_\_\_\_\_\_\_\_ (indicate the date the assessment plan was drawn up). The assessment plan has been completed in full / has not been completed (*the required conclusion is selected*).

Based on the results of the assessment, additional assessment is/is not required (*if the type of work is “additional assessment”, this conclusion is excluded*).

2 The management system of the CAB (*name of the CAB, legal entity*) for the verified elements complies with the requirements of \_\_\_\_\_\_\_\_\_ (*the designation of basic standard and/or an identical version of the international standard is indicated, including the year of publication (revision)*), with the exception of paragraphs \_\_\_\_\_\_\_\_\_\_\_\_/does not meet the requirements of \_\_\_\_\_\_\_\_\_ (*indicate the designation of the fundamental standard and/or an identical version of the international standard, including the year of publication (revision))* according to paragraph *\_\_\_\_\_\_\_\_\_\_\_\_ (the necessary conclusion is selected*).

3 During the assessment, the competence of the CAB (*name of the CAB, legal entity*) is demonstrated in relation to the assessed scope of accreditation/demonstrated in relation to the assessed scope of accreditation, with the exception of paragraphs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/accreditation has not been demonstrated in relation to the scope being assessed (*required conclusion is selected*).

The identified nonconformities may not be exhaustive in the activities of the CAB.

4 Policies: \_\_\_\_\_\_ (*designations of BSCA Policies are indicated*), documents of international accreditation organizations: \_\_\_\_\_\_\_\_ (*designations of documents of international accreditation organizations are indicated*), BSCA documented procedures \_\_\_\_\_\_\_ (designations of BSCA documented procedures are indicated), establishing accreditation criteria, are observed/not observed.

*For reference: It is allowed to make a separate conclusion for each policy (the explanation is for reference only and is excluded when preparing the final report).*

5 During the assessment of the CAB (*name of CAB, legal entity*), compliance/non-compliance with the scope of accreditation was established (*during initial accreditation, the conclusion is not filled out*).

6 Text reference to accreditation/text reference to ILAC MRA signatory status/accreditation symbol/combined ILAC MRA mark meets the requirements of \_\_\_\_\_\_\_\_ (*indicate the designation of the document establishing the requirements*)/does not comply with the requirements of \_\_\_\_\_\_\_\_\_ (*indicate the designation of the document establishing the requirements*).

7 Materials on assessing competence of the CAB (n*ame of the CAB, legal entity*) will be presented at a meeting of the Technical Commission for Accreditation to consider the results of the assessment in order to make a decision on accreditation after eliminating nonconformities within the agreed time frame.

The CAB must eliminate the identified nonconformities and submit a report on the elimination of the identified nonconformities (with copies of documents confirming the implementation of corrective actions/corrections attached to it) within the agreed time frame.

In case of non-compliance with the deadlines for the development of corrective actions, the deadlines for providing supporting documents on the implementation of corrective actions, the assessment materials will be presented to a meeting of the Technical Commission for Accreditation of the accreditation body in order to make a decision in accordance with clause 18.3-1 of the Accreditation Rules, approved by Resolution of Gosstandart of May 31, 2011 No. 27.

## Annex 11

##

## Case analysis cards form for certification bodies

## F 11.1 Case analysis cards

## for conformity with the requirements of GOST ISO/IEC 17065

*(certification)*

|  |  |  |
| --- | --- | --- |
|  | **CASE ANALYSIS CARD No. \_\_\_\_\_**for conformity with the requirements of **GOST ISO/IEC 17065-2013****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(name of the certification body and organization) | **BY/****(or registration number of the application for accreditation)** |
| **Certificate of conformity\*:****No. BY/112\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Valid from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ scheme \_\_\_\_\_\_\_\_\_****Registration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Annex to the certificate of conformity: [ ]  Yes[ ]  No** |
| **Name of work/services:***(state the category/class if any)* **Code as per SC RB 007-2012**  |
| **Site for performance of work/ provision of services:***(state the name and address)* |
| **Certification applicant:***(state the name and address)* |

*\* if necessary, a photocopy of the certificate of conformity shall be attached to the case analysis card*

| Section/ item No. | Requirement name | Case analysis information*(if the item is not assessed,**insert dash ( - ))* | Compliant(√) | Recordon availability of n/c\*\* (reference of the non-conformity sheet) and/or r/c\*\* |
| --- | --- | --- | --- | --- |
| YES | NO |
| 1 | 2 | 3 | 4 | 5 | 6 |
| **Conformity with the requirements of GOST ISO/IEC 17065-2013:** |
| **6 Staff of the certification body** |
| **6.1.1** | **General** | *(Full name(s) of the audit expert(s) who performed certification work:* *(if work was performed by a commission, full names of all members of the commission shall be stated (audit experts, technical assessors, trainees etc.), and function distribution in the commission)* |  |  |  |
| **7 Process requirements** |
| **7.1** | **General** | *(denotation of TLR for work/services (state technical regulation(s), standard(s) etc.)* |  |  |  |
| **7.2; 7.3** | **Application. Application analysis** |  |  |  |  |
| **7.4** | **Assessment** |  |  |  |  |
| **7.5****7.6** | **Data analysis. Certification decision** |  |  |  |  |
| **7.7** | **Documentation with** **certification results** |  |  |  |  |
| **7.9** | **Inspection control** |  |  |  |  |

| 1 | 2 | 3 | 4 | 5 | 6 |
| --- | --- | --- | --- | --- | --- |
| **7.11** | **Suspension, cancellation or termination** **of certification** |  |  |  |  |
| **Conformity with the requirements of GOST ISO/IEC 17011-2018:** |
| **8.3** | **Reference to accreditation and use of the accreditation symbol** |  |  |  |  |

*\*\* n/c – non-conformity, r/c – risks/comments*

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

|  |
| --- |
| **Comments of the technical expert on the case analysis:**(in case of comments, their contents and item(s) of GOST ISO/IEC 17065-2013 and other TLR shall be stated)  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## F 11.2 Case analysis card for

## conformity with the requirements of GOST ISO/IEC 17024

|  |  |  |
| --- | --- | --- |
|  | **CASE ANALYSIS CARD No. \_\_\_\_\_**for conformity with the requirements of **GOST ISO/IEC 17024-2014****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(name of the certification body, name of organization) | **BY/****(or registration number of the application for accreditation)** |
| **Certificate of competence\*:****No. BY/112 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Valid from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Full name of the certified expert, area of activity:***(if available, state the degree of competency/qualification of expert, etc.)* |
| **Denotation of TLR certified for conformity with:** |
| **Full name of the audit experts who performed certification:** |

*\* if necessary, a photocopy of the certificate of competence shall be attached to the case analysis card*

| Section/item No. | Requirement name | Case analysis information*(if the item is not assessed,*  *insert dash ( - ))* | Compliant(√) | Recordon availability of n/c\*\* (reference of the non-conformity sheet) and/or r/c\*\* |
| --- | --- | --- | --- | --- |
| YES | NO |
| **Conformity with the requirements of GOST ISO/IEC 17024-2014:** |
| **9 Requirements for the certification process** |
| **9.1** | **Application submission procedure** |  |  |  |  |
| **9.2** | **Assessment procedure** |  |  |  |  |
| **9.3,****7.4.3** | **Examination procedure****Examination board***(full names of all members of the examination board, function distribution in the examination board)* |  |  |  |  |
| **9.4.1-****9.4.6** | **Adoption of** **certification decision** |  |  |  |  |
| **9.4.7-9.4.9** | **Documentation** **with certification** **results** |  |  |  |  |
| **9.5** | **Suspension, cancellation of the certificate or reducing the scope of activity** |  |  |  |  |
| **9.6** | **Repeated certification procedure** |  |  |  |  |
| **Conformity with the requirements of GOST ISO/IEC 17011-2018:** |
| **8.3** | **Reference to accreditation and use of the accreditation symbol** |  |  |  |  |

*\*\* n/c – non-conformity, r/c – risks/comments*

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

|  |
| --- |
| **Comments of the technical assessor on the case analysis:**(in case of comments, their contents and item(s) of GOST ISO/IEC 17024-2014 and other TLR shall be stated)  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## F 11.3 Case analysis card

## for conformity with the requirements of GOST ISO/IEC 17021-1

|  |  |  |
| --- | --- | --- |
|  | **CASE ANALYSIS CARD No. \_\_\_\_\_**For conformity with the requirements of GOST ISO/IEC 17021-1-2020**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(name of the certification body and organization) | **BY/****(or registration number of the application for accreditation)** |
| **Certificate of conformity\*:****No. BY/112 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Registration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Confirmation date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Valid until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Full name of the audit experts who performed certification:** **(if work was performed by a commission, full names of all members of the audit team shall be stated (audit experts, technical assessors, trainees etc.), and function distribution in the team)** |
| **Name of the management system and its scope:****EA code\_\_\_\_\_\_\_\_** |
| **Certification applicant (name and legal address of the entity):** |
| **TLR for the management system *(TLR denotation)*:** |

*\* if necessary, a photocopy of the certificate of conformity shall be attached to the case analysis card*

| Section/ item No. | Requirement name | Case analysis information(records analysis, n/r/c)*(if the item is not assessed,**insert dash ( - ))* | Compliant:(√) | Recordon availability of n/c\*\* (reference of the non-conformity sheet) and/or r/c\*\* |
| --- | --- | --- | --- | --- |
| YES | NO |
| **Conformity with the requirements of GOST ISO/IEC 17021 -1-2020:** |
| **9 Process requirements** |
| **9.3** | **PRIMARY CERTIFICATION AUDIT** |
| 9.1.1 | Application  |  |  |  |  |
| 9.1.2 | Application review |  |  |  |  |
| 9.1.3 | Audit program |  |  |  |  |
| 9.1.4 | Audit time determination |  |  |  |  |
| 9.1.5 | Selective control of sites |  |  |  |  |
| 9.1.6 | Use of several standards of management systems |  |  |  |  |
| 9.2 | Audit planning  |  |  |  |  |
| *9.3.1.2* | *First stage* |  |  |  |  |
| *9.3.1.3* | *Second stage* |  |  |  |  |
| 9.4 | Audit conduct |  |  |  |  |
| 9.5 | Certification decision |  |  |  |  |
| **9.3** | **INSPECTION CONTROL ACTIVITY** |
| 9.1.3 | Audit program |  |  |  |  |
| 9.1.4 | Audit time determination |  |  |  |  |
| 9.1.5 | Selective control of sites |  |  |  |  |
| 9.1.6 | Use of several standards of management systems |  |  |  |  |
| 9.2 | Audit planning |  |  |  |  |
| 9.4 | Audit conduct |  |  |  |  |
| 9.5 | Certification decision |  |  |  |  |
| **9.6.3** | **REPEATED CERTIFICATION** |
| 9.1.1 | Application  |  |  |  |  |
| 9.1.2 | Application review |  |  |  |  |
| 9.1.3 | Audit program |  |  |  |  |
| 9.1.4 | Audit time determination |  |  |  |  |
| 9.1.5 | Selective control of sites |  |  |  |  |
| 9.1.6 | Use of several standards of management systems |  |  |  |  |
| 9.2 | Audit planning |  |  |  |  |
| 9.4 | Audit conduct |  |  |  |  |
| 9.5 | Certification decision |  |  |  |  |
| **9.6.4** | **SPECIAL AUDITS** |
| 9.6.4.1 | Expanding the scope of certification |  |  |  |  |
| 9.6.4.2 | Short-time audit |  |  |  |  |
| 9.6.5 | Suspension, cancellation or reducing the scope of certification |  |  |  |  |
| **Conformity with the requirements of GOST ISO/IEC 17011-2018:** |
| 8.3 | Reference to accreditation and use of the accreditation symbol |  |  |  |  |

*\*\* n/c – non-conformity/ r/c – risks/comments*

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

|  |
| --- |
| **Comments of the technical assessor on the case analysis (record analysis):**(in case of comments, their contents and item(s) of GOST ISO/IEC 17021 -1-2020 and other TLR shall be stated)  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## F 11.4 Case analysis card

## for conformity with the requirements of GOST ISO/IEC 17065

*(declaring)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | CASE ANALYSIS CARD No. \_\_\_\_\_\_For conformity with the requirements of **GOST ISO/IEC 17065-2013**

|  |
| --- |
| *(CAB, legal entity)* |

 | **BY/112**  |
| **Declaration of conformity\*:**  |
| **Valid until:**  |  | **scheme** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Registration date:** |  |
| **Annex to the certificate of conformity:**  | [ ]  **Yes** | [ ]  **No** |
| **Name of product** | **Code as per SC RB** **007-2012** \_\_\_\_\_\_\_\_**Code TN VED CU/EEU \_\_\_\_\_\_\_\_\_\_** |
| **Product manufacturer:** *(state the name and the country)* |  |
| **Applicant:***(state the name and the country)* |  |

*\* if necessary, a photocopy of the certificate of conformity shall be attached to the case analysis card*

| Section/ item No. | Requirement name | Case analysis information*(if the item is not assessed,* *insert dash ( - ))* | Compliant | Record on availability of n/c\*\* (reference of the non-conformity sheet) and/or r/c\*\* |
| --- | --- | --- | --- | --- |
| YES | NO |

| 1 | 2 | 3 | 4 | 5 | 6 |
| --- | --- | --- | --- | --- | --- |
| **Conformity with the requirements of GOST ISO/IEC 17065-2013:** |
| **6 Staff of the certification body** |
| **6.1.1 (cl. 6.1.1.2)** | **General** | *(Full name of the audit experts who performed certification:* *(if work was performed by a commission, full names of all members of the commission shall be stated (audit experts, technical assessors, trainees etc.), and function distribution in the commission)* | [ ]  | [ ]  |  |
| **7 Process requirements** |
| **7.1** | **General** | *(denotation of TLR for work/services (state technical regulation(s), standard(s), etc.)* | [ ]  | [ ]  |  |
| **7.2**  | **Application** |  | [ ]  | [ ]  |  |
| **7.3** | **Application review** |  | [ ]  | [ ]  |  |
| **7.7** | **Documents following results of certification** |  | [ ]  | [ ]  |  |
| **7.8** | **Register of certified products** |  | [ ]  | [ ]  |  |
| **7.12** | **Records** |  | [ ]  | [ ]  |  |
| **Accreditation Rules:** |
| **Chapter 9** | **Reference to accreditation and use of the accreditation symbol** |  | [ ]  | [ ]  |  |

*\*\* n/c – non-conformities, r/k - risks/comments*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Technical assessor** |  |  |  |  |  |   |
|  | (signature) |  | (full name) |  | (date) |

|  |
| --- |
| **Comments of the technical assessor on the case analysis:**(in case of comments, their contents and item(s) of GOST ISO/IEC 17065-2013 and other TLR shall be stated)  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Technical assessor** |  |  |  |  |  |   |
|  | (signature) |  | (full name) |  | (date) |

## Annex 12

##

## Witness assessment/ interviewing card form

## for certification bodies

|  |  |  |
| --- | --- | --- |
|  | **WITNESS ASSESSMENT CARD FOR CERTIFICATION BODIES** **No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
| **1. Assessment details:** |
| Date(s) of assessment |  |
| Site for assessment (state the entity’s name and address) |  |
| Number of the certificate of conformity (if any) |  |
| Name of the assessed object (scope of the certificate of conformity): |  |
| - name and scope of MS/ EA codes/ categories/ technical areas (for the management system certification body) |  |
| - name of product/service, code as per SC RB 007-2012 (for the product, service certification body); |  |
| - ХХХ (for personnel certification body) |  |
| Type of monitored work, e.g.: |  |
| - audit type*(certification (1, 2 stage), periodic assessment, repeated certification)* (for the management system certification body); |  |
| - analysis of the status of manufacturing facility, sampling and product identification, registration of the declaration of conformity etc. (for the product/service certification body);  |  |
| - primary certification, examination (for personnel certification body); |  |
| Documents stipulating requirements for the activity procedures, e.g.: |  |
| TLR for the management system, stating the items of the standard and sections of the plan subject to assessment (for the management system certification body) |  |
| TLR stipulating requirements for analysis of the status of manufacturing facilities, sampling etc. (for the product/service certification body) |  |
| TLR stipulating requirements for examination etc. (for personnel certification body) |  |
| Reference to the report of the preceding periods (if any) (for the management system certification body) |  |
| Rationale of the audit time estimate (for the management system certification body) |  |
| **2. CB staff details:** |
| Assessment team  | Full name (if third party staff joins the team, state the employer and the position) | Records on proficiency of the staff (e.g., No. of the certification of proficiency (if any), its validity)/ experience in the system distribution area (for the technical expert) |
| Team leader |  |  |
| Audit expert |  |  |
| Technical expert |  |  |
| **3. Conformity with the requirements of basic standard:** |
| Section/ item No. | Requirement name | Compliant with requirements | Notes, records during monitoring, findings (non-conformities, risks, comments), assessment method description (meeting, analysis of documents and records, interviewing etc.) |
| **YES** | **NO** |
|  |  | **[ ]**  | **[ ]**  |  |
| **4. Other information:** |
| Adherence to impartiality | **[ ]**  | **[ ]**  |  |
| Conformity with safety requirements | **[ ]**  | **[ ]**  |  |
| Maintenance of confidentiality | **[ ]**  | **[ ]**  |  |
| Conformity with legal requirements | **[ ]**  | **[ ]**  |  |
| Conformity with CB procedures | **[ ]**  | **[ ]**  |  |
| Meeting deadlines (according to the schedule of periodical assessments/ repeated certifications of CB) | **[ ]**  | **[ ]**  |  |
| **5. CONCLUSIONS:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## Annex 13

##

## Form of report on implementation of corrective actions/ corrections

*(recommended)*

|  |  |  |
| --- | --- | --- |
|  |  | **APPROVED BY***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *(entity top manager)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *(signature) (full name)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* *(date of approval)* |

**Report on the implementation of corrective actions/corrections**

|  |  |  |
| --- | --- | --- |
| No. | Identification number of sheet, date of non-conformity sheet  | Materials confirming implementation of the corrective action/ correction |
| 1 | 2 | 3 |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CAB representative** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

## Annex 14

## Interviewing card form for certification bodies

|  |  |  |
| --- | --- | --- |
|  | **INTERVIEWING CARD** **(No.\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(full name of the certification body, full name of legal entity)*  | **BY/****(or registration number of the application for accreditation)** |

|  |
| --- |
|  |
| [ ]  | Interviewing during case analysis | *Number of certificate of conformity/declaration of conformity* |
| [ ]  | Interviewing |
| Staff |
| *(full name, No. of certificate of competence (if any), period of validity)* | Code according to RI SM 7-07 |  |
|  |
| **Knowledge** | **Yes** | **No** | **Note\*** |
| Regulatory legal acts *(legislative, legal basis for confirming the conformity of conformity assessment objects)* | [ ]  | [ ]  |  |
| Procedures of certification body | [ ]  | [ ]  |  |
| Technical regulatory legal acts including acts that set requirements to conformity assessment bodies | [ ]  | [ ]  |  |
| **Personal qualities** |
| objective | [ ]  | [ ]  |  |
| open | [ ]  | [ ]  |  |
| communicative | [ ]  | [ ]  |  |
| persistent | [ ]  | [ ]  |  |
| decisive | [ ]  | [ ]  |  |
| self-sufficient | [ ]  | [ ]  |  |
| ethical | [ ]  | [ ]  |  |

*\*The note identifies the specific documents establishing the requirements.*

**Description (contents) of findings (if any):**

|  |
| --- |
| **Conclusions:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Team leader/****technical assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

**Amendment registration sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Index number of the amendment | No. of the order on approval/order on activation | Date of approval/activation | Paragraph changed | Signature of the person who introduced the change | Name of the person who introduced the change |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 |  | 12.02.2018 | Contents, section 2, section 6 cl.6.3,cl.6.4, cl.6.5, cl.6.6, section 7,Annexes 1-7, 9-13 |  | N.V.Kravchenko |
| 2 | No. 50 | 15.07.2019/26.08.2019 |  |  | D.P.Titarenko |
| 3 | No. 58/1 | 05.09.2019/17.10.2019 | section 2, Annexes 1-11 |  | M.A.Misevich |
| Annex 14 |  | N.V.Kravchenko |
| 4 | No.143/1 | 20.10.2023/30.11.2023 | Contents, sections 1-5, 6.1-6.6, 7; F 3.5, F 3.6, Annexes 6, 8, 9, 10; F 11.1, F 11.3, F 11.4 |  | O.V.ShabanovaA.N.Melnikov |
| 5 | No.9 | 12.01.2024/22.01.2024 | Section 6 cl.6.3, Table 1, Annex 6, Annex 10  |  | O.V.Shabanova |

1. The assessment checklist is filled out electronically in a .docx (Word) file and posted by the team leader in the IS Accreditation. [↑](#footnote-ref-1)