



**BELARUSIAN STATE CENTRE FOR ACCREDITATION
REPUBLICAN UNITARY ENTERPRISE**

DP MS 7.6-2017

ASSESSMENT

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CONTENT

1 SCOPE OF USE.....	3
2 REFERENCES.....	3
3 TERMS AND DEFINITIONS.....	4
4 DESIGNATIONS AND ABBREVIATIONS.....	4
5 LIABILITY.....	4
6 ASSESSMENT	5
6.1 General provisions.....	5
6.2 Preliminary meeting	5
6.3 Assessment.....	6
6.4 Final meeting	7
6.5 Confirmation of the implementation of the planned corrective actions/corrections, analysis of the implementation and final assessment report	8
6.6 Additional assessment.....	9
7 RECORD MANAGEMENT.....	9
Annex 1 Form of the minutes of the preliminary meeting	11
Annex 2 Sampling evidence assessment card form	13
Annex 3 Evidence assessment/interviewing cards form.....	15
Form 3.1 Evidence assessment/interviewing card for laboratories/inspection bodies.....	15
Form 3.2 Evidence assessment/interviewing card for proficiency testing providers.....	17
Form 3.3 Interviewing card for laboratories/inspection bodies.....	18
Form 3.4 Interviewing card for proficiency testing providers.....	20
Annex 4 Case analysis cards form.....	21
Form 4.1 Case analysis card for laboratories/inspection bodies.....	21
Form 4.2 Case analysis card for proficiency testing providers.....	22
Annex 5 Non-conformity sheet form.....	24
Annex 6 Form of a sheet for records during assessment.....	26
Annex 7 Form of the minutes of the final meeting	27
Annex 8 Confidentiality statement form.....	29
Annex 9 Technical expert report form.....	30
Annex 10 Final assessment report form.....	31
Annex 11 Case analysis cards form for certification bodies.....	34
Form 11.1 Case analysis card for conformity with the requirements of GOST ISO/IEC 17065.....	34
Form 11.2 Case analysis card for conformity with the requirements of GOST ISO/IEC 17024.....	36
Form 11.3 Case analysis card for conformity with the requirements of GOST ISO/IEC 17065.....	37
Form 11.4 Case analysis card for conformity with the requirements of STB ISO/IEC 17021-1.....	38
Annex 12 Evidence assessment card form for certification bodies.....	40
Annex 13 Report form on the implementation of corrective actions/corrections.....	42
Amendment registration sheet.....	44

1 SCOPE OF USE

1.1 This documented procedure (hereinafter referred to as the “procedure”) is a document of the management system of Belarusian State Centre for Accreditation Republican Unitary Enterprise (hereinafter referred to as the “BSCA”); and establishes the procedure for the implementation of the accreditation process regarding the assessment of conformity assessment bodies (hereinafter referred to as the “CAB”).

1.2 The procedure is mandatory for the staff involved in the accreditation process.

2 REFERENCES

Herein, references to the following documents were used:

Gosstandart Resolution No. 27 dated May 31, 2011 “On the Approval of Accreditation Rules” (as amended by Gosstandart No. 49 dated 19.06.2017) (hereinafter referred to as the “Accreditation Rules”);

STB ISO 9000 (ISO 9000, IDT) Quality Management Systems. Fundamentals and Vocabulary;

STB ISO 15189 (ISO 15189, IDT) Medical Laboratories. Quality and Competency Requirements;

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;

STB ISO/IEC 17021-1 (ISO/IEC 17021-1, IDT) Conformity Assessment. Requirements for Bodies Conducting Audit and Certification of Management Systems. Part 1. Requirements;

STB ISO/IEC 17021-2 (ISO/IEC 17021-2, IDT) Conformity Assessment. Requirements for Bodies Conducting Audit and Certification of Management Systems. Part 2. Competency Requirements for the Audit and Certification of Environmental Management Systems;

STB ISO/IEC TS 17021-3 (ISO/IEC TS 17021-3, IDT) Conformity Assessment. Requirements for Bodies Conducting Audit and Certification of Management Systems. Part 3. Competency Requirements for the Audit and Certification of Quality Management Systems;

GOST ISO/IEC 17024 (ISO/IEC 17024, IDT) Conformity Assessment. General Requirements for Personnel Certification Bodies;

GOST ISO/IEC 17025 (ISO/IEC 17025, IDT) Competence of Testing and Calibration Laboratories. General Requirements;

GOST ISO/IEC 17043 (ISO/IEC 17043, IDT) Conformity Assessment. Basic Requirements for Proficiency Testing;

GOST ISO IEC 17020 (ISO/IEC 17020, IDT) Conformity Assessment. Requirements for the Work of Various Types of Inspection Bodies;

GOST ISO/IEC 17065 (ISO/IEC 17065, IDT) Conformity Assessment. Requirements for Products, Processes and Services Certification Bodies;

QG MS Quality Guidelines of the BSCA;

DP MS 6-02 Monitoring of the Competence and Activities of Personnel Involved in the Accreditation Process;

DP MS 7.4-01 Sampling Objects for Laboratories, Inspection Bodies, and Proficiency Testing Providers;

DP MS 7.4-02 Sampling Objects for Assessment of Certification Bodies;

DP MS 7 Accreditation Process;

DP MS 7.7-01 Preparation of Materials for Consideration at a Meeting of the Technical Commission for Accreditation;

RI SM 7.6 Classification of Findings;

IAF/ILAC-A5/2013 IAF/ILAC Multilateral Mutual Recognition Arrangements (Arrangements): Application ISO/IEC 17011:2004.

Note: When using this procedure, current versions of the referenced documents should be used. If the referenced documents are replaced (amended), then when using this procedure, one should be guided by the replaced (amended) documents. If the referenced documents are terminated without replacement, then the provisions of the procedure, in which there are references to them, apply to the extent that these references do not affect.

3 TERMS AND DEFINITIONS

This procedure applies the terms and definitions specified in STB ISO 9000, Quality Guidelines of the Management System.

4 DESIGNATIONS AND ABBREVIATIONS

The following designations and abbreviations apply for this procedure:

BSCA, accreditation body	– Belarusian State Centre for Accreditation Republican Unitary Enterprise
Team leader	– Lead Assessor;
DP MS	– documented procedure of the BSCA management system;
Standard IRS	– Standard Information Retrieval System;
Accreditation IS	– unified information system in the field of conformity assessment and accreditation;
AD 1	– Accreditation Department No. 1;
AD 2	– Accreditation Department No. 2;
CBAD	– Certification Bodies Accreditation Department;
AMOD	– Accreditation Management Organisation Department;
CAB	– Conformity Assessment Body;
DELPW	– Department of Economic, Legal and Personnel Work;
PT	– proficiency testing;
Expansion of accreditation	– accreditation in an additional field of accreditation;
OI	– operation instruction;
Evidence assessment	– observation (for laboratories), “observation-assessment” (for certification bodies) (Accreditation Rules);
MS	– management system;
TCA	– Technical Commission for Accreditation;
Expert examination	– documented information analysis;
Expert	– Technical Expert (clause 3.32 of GOST ISO/IEC 17011);
EA	– European Cooperation for Accreditation;
IAF	– International Accreditation Forum;
ILAC	– International Laboratory Accreditation Cooperation.

5 LIABILITY

The matrix of the distribution of responsibility and authorities on the accreditation process, including assessment, is given in Annex 1 of DP MS 7.

6 ASSESSMENT

6.1 General provisions

The sampling procedure for assessment is carried out in accordance with DP MS 7.4-01, DP MS 7.4-02.

Assessment is carried out in order to obtain confirmation that the CAB complies with the accreditation requirements in accordance with the accreditation scheme and is able to demonstrate competence in the implementation of the declared/accredited activities.

Assessment includes:

- preliminary meeting (regardless of whether it is performed at the place of activities or remotely);
- assessment of the competence of the CAB in accordance with the Accreditation Rules for conformity with the requirements of the accreditation scheme;
- final meeting.

When conducting an assessment, assessment techniques or a combination of them (appropriate to a specific situation) are applied in accordance with DP MS 7.4-01, DP MS 7.4-02: assessment at the place of business; remote assessment; evidence assessment; analysis of documents; case analysis; measurement audit; analysis of the results of participation in proficiency testing and other interlaboratory comparisons; validation audit; visit without warning; interviewing.

6.2 Preliminary meeting

Assessment begins with a preliminary 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 preliminary 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 preliminary meeting, the lead assessor (hereinafter referred to as the “team leader”):

- represents the members of the assessment team and their functions;
- provides information on the appeal procedure;
- informs the CAB about the objectives of assessment, accreditation criteria, assessment procedures, documentation of assessment results;
- 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, dates 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 a confidentiality statement for signing (Annex 8);
- 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 preliminary meeting in the form specified in Annex 1.

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 minutes of the preliminary meeting.

The representative of the CAB informs the assessment team of up-to-date information on its activities, including information on the activities of the organisation, which includes the CAB (if any).

In the absence of some members of the assessment team at the preliminary 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 preliminary meeting) to conduct assessment, assessment does not continue, the team leader draws up the minutes of the preliminary meeting, which indicates this information, prepares documents for consideration by the TCA 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 (Annex 10 of the DP SM 7).

Accreditation technical experts (experts) assess the competence of the CAB in accordance with the terms of reference (Annex 9 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 using the required forms established in DP MS 7 herein:

- an evidence assessment/interviewing card(s) carried out for the activities to assess the conformity of the CAB, interviewing cards (Annex 2, Annex 3, Annex 12);
- a checklist being simultaneously a report on the analysis of a set of documents (Annex 11 to DP MS 7);
- case analysis card(s) (Annex 4, Annex 11);
- sheet(s) of nonconformities (Annex 5);
- sheet(s) for records (Annex 6);
- report(s) of the technical expert on accreditation/expert (Annex 9);
- final assessment report (Annex 10).

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 final 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 requirements; makes a decision on the classification of findings according to WI MS 7.6, draws up a sheet(s) of nonconformities, formulates risks, comments according to WI MS 7.6, discusses the information that will be announced by the CAB at the final meeting.

A representative of the CAB is given the opportunity to form their own opinion on the identified nonconformities (if any) in the sheet(s) of non-conformities at the final meeting.

The team leader, on the basis of the materials received and the analysis of all the information collected, 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 drawn up in duplicate and signed by the members of the assessment team who identified the nonconformity, the team leader and the representative of the CAB. One counterpart 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 final meeting (Annex 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.

Assessment team members submit all reporting forms to the team leader.

Report forms for assessment are drawn up in duplicate and distributed among the parties.

In case of a repeat of the nonconformity (-ies) identified during the previous assessment, the team leader prepares assessment materials for review by the TCA in accordance with DP MS 7.7-01 for decision making.

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 sends a memorandum with all assessment materials for consideration to the department head, deputy director and (or) to TCA.

The 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 Final 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 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 finding, including, if any, non-conformities 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 from the date their coordination with the team leader, which should not exceed the deadlines established by the Accreditation Rules.

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 final meeting in the form specified in Annex 7.

The minutes of the preliminary and final meetings are drawn up in duplicate 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 requirements, if all the necessary data are available for its preparation. Conclusions regarding competency determined on the basis of conformity assessment should justify conclusions 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.

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.

In the final assessment report, the representative of the CAB is given the opportunity to form their dissenting opinion on the identified findings (if any), the conclusions of the assessment team. The dissenting opinion of the CAB is taken into account at the TCA meeting when deciding on the CAB. The final assessment report is made in 2 counterparts and distributed among the parties.

6.5 Confirmation of the implementation of the planned corrective actions/corrections, analysis of the implementation and final assessment report

The CAB, within the time specified in the sheets of nonconformities, but not exceeding 20 business 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 expert(s)/expert(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 processing 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 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 specified in Annex 13 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. 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 TCA. Preparation of materials on the results of the assessment for consideration at the TCA is carried out by the team leader in accordance with DP MS 7.7-01.

6.6 Additional assessment

An additional assessment is assigned in case of:

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

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

If it is necessary to verify the effectiveness of corrective actions/corrections, the assessment team will indicate the information on the need for an additional assessment in the sheet(s) of nonconformities.

An additional assessment is carried out in accordance with the procedure specified in DP MS 7 and section 6 hereof. The volume of additional assessment is determined depending on the results of the assessment.

7 RECORD MANAGEMENT

For information on record management for this procedure, please see Table 1.

Table 1 Record Management

Name, type * of record	Record storage location	Person responsible for updating of the record form/person responsible for record keeping	Record form location	Record storage form
Minutes of the preliminary meeting (PF)	CAB Dossier	Accreditation Department No. 2/Team leader	Standard IRS/ Our documents/ DP MS 7.6/ Annex 1	2 accreditation cycles
Sampling evidence assessment card (PF)	CAB Dossier	Accreditation Department No. 2/Technical expert	Standard IRS/ Our documents/ DP MS 7.6/ Annex 2	2 accreditation cycles
Evidence assessment/interviewing card for laboratories/inspection bodies/proficiency testing providers (PF)	CAB Dossier	Accreditation Department No. 2/Technical expert	Standard IRS/ Our documents/ DP MS 7.6/Form 3.1, Form 3.2 of Annex 3	2 accreditation cycles
Interviewing card for laboratories/inspection bodies/proficiency testing providers (PF)	CAB Dossier	Accreditation Department No. 2/Technical expert	Standard IRS/ Our documents/ DP MS 7.6/Form 3.3, Form 3.4 of Annex 3	2 accreditation cycles
Case analysis card for a laboratory/inspection body	CAB Dossier	Accreditation Department No. 2/Technical expert	Standard IRS/ Our documents/ DP MS 7.6/Form 4.1, Form 4.2 of Annex 4	2 accreditation cycles
Sheets of nonconformities (PF)	CAB Dossier	Accreditation Department No. 2/Team leader	Standard IRS/ Our documents/ DP MS 7.6/ Annex 5	2 accreditation cycles
Sheets for notes during assessment (PF)	CAB Dossier	Accreditation Department No. 2/Team leader	Standard IRS/ Our documents/ DP MS 7.6/ Annex 6	2 accreditation cycles

Name, type * of record	Record storage location	Person responsible for updating of the record form/person responsible for record keeping	Record form location	Record storage form
Minutes of the final meeting (PF)	CAB Dossier	Accreditation Department No. 2/Team leader	Standard IRS/ Our documents/ DP MS 7.6/ Annex 7	2 accreditation cycles
Confidentiality statement (PF)	CAB Dossier	Accreditation Department No. 2/Team leader, members of the assessment team	Standard IRS/ Our documents/ DP MS 7.6/ Annex 8	2 accreditation cycles
Technical expert's report (PF)	CAB Dossier	Accreditation Department No. 2/Technical expert	Standard IRS/ Our documents/ DP MS 7.6/Annex	2 accreditation cycles

Name, type * of record	Record storage location	Person responsible for updating of the record form/person responsible for record keeping	Record form location	Record storage form
			9	
Final assessment report (PF)	CAB Dossier	Accreditation Department No. 2/Team leader	Standard IRS/ Our documents/ DP MS 7.6/Annex 10	2 accreditation cycles
Case analysis card for a certification body (PF)	CAB Dossier	Accreditation Department No. 2/Technical expert	Standard IRS/ Our documents/ DP MS 7.6/Form 11.1, Form 11.2, Form 11.3, For, 11.4 of Annex 11	2 accreditation cycles
Evidence assessment card for a certification body (PF)	CAB Dossier	Accreditation Department No. 2/Technical expert	Standard IRS/ Our documents/ DP MS 7.6/ Annex 12	2 accreditation cycles
Report on the implementation of corrective actions/corrections (PF)	CAB Dossier	Accreditation Department No. 2/CAB's representative	Standard IRS/ Our documents/ DP MS 7.6/ Annex 13	2 accreditation cycles
EF – the document is stored in electronic form; PF – the document is stored in paper form.				

Form of the minutes of the preliminary meeting

	MINUTES OF THE PRELIMINARY MEETING
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Full name of the CAB:	
Full name of the legal entity:	

_____ date of the meeting

_____ place of the meeting

1 Participants of the preliminary meeting

Representatives of the CAB, legal entity

No.	Full name	Position	Functions	Signature

Members of the assessment team

No.	Full name	Organisation (place of employment), position	Status	Signature

2 List of Aspects Discussed at the Preliminary 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 BSCA State Enterprise and are responsible for assessment and conducting it in accordance with the assessment plan).

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 area being assessed).

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).

2.4 Determination of standards and relevant documents used for the assessment (informing those present about the accreditation criteria; about the requirements of BSCA State 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 leading assessor

Team leader

_____ signature

_____ full name

Sampling evidence assessment card form

	SAMPLING EVIDENCE ASSESSMENT CARD FORM No. _____ dated _____	BY/ (or registration number of the application upon accreditation)
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1. Sample name, description, identification No.:											
2. Place of sampling assessment:											
3. Sampling staff:	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:65%; text-align: center;"><i>Full name, position</i></th> <th style="width:35%; text-align: center;"><i>Expertise in the area (years)</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	<i>Full name, position</i>	<i>Expertise in the area (years)</i>								
<i>Full name, position</i>	<i>Expertise in the area (years)</i>										
Assessment results (briefly):											
4. Sampling environment (in case of requirements):	Assessment results (briefly):										
5. Sampling method(s), methodology(-ies)											
Standard method(s), methodology(-ies):	<input type="checkbox"/> <i>Details of TLR stipulating sampling method(s), methodology(-ies)</i>										
Method(s), methodology(-ies) developed by the laboratory:	<input type="checkbox"/> <i>Details and name of the document stipulating sampling method(s), methodology(-ies)</i>										
Other method(s):	<input type="checkbox"/> <i>Details and name of the document stipulating sampling method, name of the approving body, date of approval</i>										
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 expert

_____ Signature

_____ Full name

_____ Date

Evidence assessment/ interviewing cards form

F.3.1 Evidence assessment/ interviewing cards form for laboratories, inspectorates

	EVIDENCE ASSESSMENT/ INTERVIEWING CARDS FORM (for laboratories, inspectorates) No _____ dated _____	BY/ (or registration number of the application upon accreditation)
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1. Area of activity of CAB subject to assessment (according to classification by RI MS 7-05) <i>(throughout the whole or a part of conformity assessment activity):</i>		
2. Place of assessment <i>(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):</i>		
3. Method subject to assessment:		
Standard method	<input type="checkbox"/>	<i>Details of TLR:</i>
Method developed by the laboratory	<input type="checkbox"/>	<i>Details and name of the document stipulating the method</i>
Other method	<input type="checkbox"/>	<i>Details and name of the document stipulating the method, name of the approving body, year of approval</i>
4. Staff:	<i>Full name, position</i>	
	<i>Expertise in the area (years)</i>	
Assessment results (briefly):		
5. Premises and environment:	Assessment results (briefly):	
6. Conformity with the method:	Assessment results (briefly):	
7. Equipment:	Assessment results (briefly):	

8. Handing items subject to	Assessment results (briefly):
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conformity assessment:	
<i>Registration, sampling deed, consumption, storage, writing off specimens</i>	
9. Ensuring reliability of results:	Assessment results (briefly):
<i>(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)</i>	
10. Technical records, reports with results:	Assessment results (briefly):
<i>(Records, assessment of measurement uncertainties, documentation of results and their verification)</i>	
11. Annexes	

Description (contents) of findings (if any):


Technical expert

Signature

Full name

Date

F.3.2 Evidence assessment/ interviewing card for proficiency testing providers

	EVIDENCE ASSESSMENT/ INTERVIEWING CARD (for proficiency testing providers) No. _____ dated _____	BY/ (or registration number of the application upon accreditation)
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1. Area of activity of CAB subject to assessment (according to classification by RI MS 7-05)	
<i>(throughout the whole or a part of conformity assessment activity):</i>	
.....	
.....	
2. Place of assessment <i>(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):</i>	
.....	
3. Program subject to assessment	
4. Staff:	<i>Full name, position</i>
	<i>Expertise in the area (years)</i>
	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):
<i>(studying guidelines for participants, handling specimens, package and marking, distribution of specimens)</i>	
8. Communication with participants	Assessment results (briefly):
9. Reports	Assessment results (briefly):
<i>(Records, documentation of results and their verification)</i>	
10. Annexes	

Description (contents) of findings (if any):

Technical expert

_____ Signature

_____ Full name

_____ Date

F 3.3 Interviewing card for laboratories/ inspection bodies

	INTERVIEWING CARD (for laboratories, inspection bodies) No. _____ dated _____	BY/ (or registration number of the application upon accreditation)
---	--	--

1. Area of activity of CAB subject to interviewing (according to classification by RI MS 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	<input type="checkbox"/>	<i>Details of TLR:</i>
Method developed by the laboratory	<input type="checkbox"/>	<i>Details and name of the document stipulating the method</i>
Other method	<input type="checkbox"/>	<i>Details and name of the document stipulating the method, name of the approving body, year of approval</i>

4. Staff:	<i>Full name, position</i>	<i>Expertise in the area (years)</i>
	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):
<i>(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)</i>	
10. Technical records, reports with results:	Assessment results (briefly):
<i>(Records, assessment of measurement uncertainties, documentation of results and their verification)</i>	
11. Annexes	

Description (contents) of findings (if any):

Technical expert

Signature

Full name

Date

F 3.4 Interviewing card for proficiency testing providers

	INTERVIEWING CARD (for proficiency testing providers)	BY/ (or registration number of the application upon accreditation)
	No. _____ dated _____	

1. Area of activity of CAB subject to assessment (according to classification by RI MS 7-05) <i>(throughout the whole or a part of conformity assessment activity):</i>		
2. Place of assessment <i>(location of CAB subject to assessment (specify – in premises: special, intended or outside permanent premises, number of the premise (if any)):</i>		
3. Program subject to assessment		
4. Staff:	<i>Full name, position</i>	<i>Expertise in the area (years)</i>
	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):	
<i>(studying guidelines for participants, handling specimens, package and marking, distribution of specimens)</i>		
8. Communication with participants	Assessment results (briefly):	
9. Reports	Assessment results (briefly):	
<i>(Records, documentation of results and their verification)</i>		
10. Annexes		

Description (contents) of findings (if any):

Technical expert

_____ Signature

_____ Full name

_____ Date

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 upon accreditation)
---	--	---

Number and date of testing/calibration certificate, inspection report:	
Testing/ calibration/ inspection method(s)/ methodology(-ies): <i>(denotation or name)</i>	
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	Number of section, item of the 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

 3 Conformity of operation of CAB management system with the requirements of the standard and the National Accreditation System of the Republic of Belarus was demonstrated/ not demonstrated.

Delete as applicable

4. Annex:

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

Case analysis was carried out by:


 Technical expert/
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 upon 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:

Conclusions:

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

1 Traceability of measurement results is sufficient/ insufficient.

Delete as applicable

2 Proficiency of the applicant’s staff in this proficiency testing program was demonstrated/ not demonstrated.

Delete as applicable

3 Conformity of operation of the applicant’s management system to the requirements of GOST ISO/IEC 17043 and the National Accreditation System of the Republic of Belarus was demonstrated/ not demonstrated.

Delete as applicable

4. Annex:

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

Case analysis was carried out by:


**Technical expert/
Team leader:**

Signature

Full name

Date

Non-conformity sheet form

	NON-CONFORMITY SHEET No..... dated _____ <i>(to be completed in the course of assessment)</i>	BY/ (or registration number of the application upon accreditation)
---	---	---

ASSESSMENT TYPE

<input type="checkbox"/> Accreditation	<input type="checkbox"/> Extending accreditation
<input type="checkbox"/> Additional assessment	<input type="checkbox"/> Extraordinary surveillance
<input type="checkbox"/> Reaccreditation	<input type="checkbox"/> Surveillance


Name of assessed CAB:

I. NON-CONFORMITY DETECTED

ASSESSMENT GROUP	Denotation of document(s) stipulating assessment criteria:		Document items:		
	On-conformity description (contents):				
	Non-conformity detected by:			Full name:	
	<i>Team leader/ assessor</i>	<i>Technical expert</i>	<i>Assessor</i>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Date:			Signature:	
	Is additional assessment required?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Period for development of corrective actions/ corrections and their presentation for approval: <i>(to be presented to BSCA State Enterprise not later than 20 business days from the date of signing of the non-conformity sheet)</i>				
	Period for implementation and presentation of information about accomplishment of corrective actions/ corrections: <i>(not later than 90 business days)</i>				
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:		
	Special opinion on the non-conformity (if any):				

II. CORRECTIVE ACTIONS/ CORRECTIONS OF ASSESSED CAB							
ASSESSED CAB	Analysis of reasons for the detected 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 FINDINGS							
ASSESSMENT GROUP	Correctness and sufficiency of corrective actions/ corrections scheduled by CAB:			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Remarks (if the conclusion is 'no'):						
	Expert status:			Date:			
	<i>Team leader/ Assessor</i>		<i>Technical expert</i>		<i>Assessor</i>		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Signature:
Full name:							
IV. ASSESSMENT OF ACCOMPLISHMENT OF CORRECTIVE ACTIONS/ CORRECTIONS							
ASSESSMENT GROUP	Assessment of elimination of findings			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Analysis of provided documents (proof) evidencing accomplishment of item ___ of the report on accomplishment of corrective actions/ corrections dated _____			<input type="checkbox"/>	Additional assessment (before decision-making) Item _____ of the report dated _____		<input type="checkbox"/>
	Expert status:			Date:			
	<i>Team leader/ Assessor</i>		<i>Technical expert</i>		<i>Assessor</i>		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Signature:
Full name:							

Form of a sheet for records during assessment
(*advised*)

	Sheet for records No. _____ dated _____	BY/ (or registration number of the application upon accreditation)
---	---	--

Conformity with the requirements of the underlying standard:

Underlying standard section No.	Section name	Records

Team leader:

Signature

Full name

Form of the minutes of the final meeting

	MINUTES OF THE FINAL MEETING
--	-------------------------------------

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

 Date of the meeting

 Place of assessment

1 Participants of the final meeting

Representatives of CAB, legal entity

No.	Full name	Position	Functions	Signature

Members of the assessment group

No.	Full name	Entity (employer), position	Expert status	Signature

2 List of issues discussed at the final meeting

2.1 Opening address of the team leader (gratitude to CAB staff, members of the assessment group 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 detected findings (explanation of understanding and importance of detected findings; Note: 'Understanding' of detected findings does not necessarily mean that CAB agrees with the findings; explanation of the consequences that may arise out of the detected 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) detected by each technical expert/ expert (giving the floor to each present member of the assessment group for explanation of detected findings)

2.6 Presentation of findings detected 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 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 of the team leader:

Team leader

Signature

Initials, family name

Confidentiality statement form**CONFIDENTIALITY STATEMENT**

I, _____
Full name

in the course of proficiency assessment

(name of CAB)

for the purpose of

(type of assessment)

Declare that, performing the work on assessment/ accompanying the assessment group (delete as appropriate):

- I guarantee maintenance of confidentiality of the information received by me in the course of proficiency assessment procedure at the time of performing work on conformity assessment;
- I do not violate the assessment procedure;
- I do not give recommendations or suggestions on performing the assessment to the members of the assessment group;
- I do not carry out actions detrimental to the reputation of the staff of the assessed CAB and BSCA State Enterprise.

I am informed that I am liable for non-conformity with this statement.


(position, name of the entity)

(signature)

(full name)

(date)

Technical expert report form

	REPORT of the technical expert/ expert dated _____	BY/ (or registration number of the application upon accreditation)
---	--	---

Type of assessment:

<input type="checkbox"/> Accreditation	<input type="checkbox"/> Extending accreditation
<input type="checkbox"/> Reaccreditation	<input type="checkbox"/> Surveillance
<input type="checkbox"/> Additional assessment	<input type="checkbox"/> Extraordinary surveillance

Full name of the enterprise (entity) if CAB is its subdivision	
Full name of CAB:	
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 expert/ assessor confirming compliance with the requirement)
		YES	NO	

2.1 Efficiency of corrective actions/ corrections undertaken based on results of elimination of non-conformities detected in the course of the previous assessment:

2.2 Accreditation area subject to assessment:

2.2.1 Case analysis: item _____ of accreditation area, case analysis card No. ____ dated _____ .

2.2.2 Evidence assessment/ interviewing: item _____ of accreditation area, evidence assessment/ interviewing card No. _____ dated _____ .

2.2.3 Interviewing: item _____ of accreditation area, interviewing card No. _____ dated _____ .

2.3 Description (contents) of findings:

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

3 Annexes

3.1 Sampling evidence assessment card (for laboratories);

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

3.3 Evidence assessment card for certification bodies;

3.4 Case analysis card;


3.5 Technical assignment for the technical expert/ expert;

3.6 Other annexes

The report was drawn by:

Technical expert/ assessor:	_____ Full name	_____ Signature	_____ Date
------------------------------------	--------------------	--------------------	---------------

Final assessment report form

	Final assessment report dated _____	BY/ (or registration number of the application upon accreditation)
---	--	---

Full name of the legal entity	
Full name of the branch of the legal entity (if any)	
Full name of CAB	
Registration number of the application, registration date:	

TYPE OF ACCREDITATION WORK

<input type="checkbox"/>	Accreditation
<input type="checkbox"/>	Reaccreditation
<input type="checkbox"/>	Extending accreditation
<input type="checkbox"/>	Surveillance
<input type="checkbox"/>	Extraordinary surveillance
<input type="checkbox"/>	Additional assessment
<input type="checkbox"/>	Transfer to a new version of the underlying standard

Date(s) of assessment:	
Place(s) of assessment:	

Full name	Entity (employer), position	Status of the assessment team member	Codes of competence areas of the assessor corresponding to the assessed scope	Scope of assessment	
				Codes of accreditation ascope subject to assessment, directions of accreditation activities subject to assessment	Items of the underlying standard subject to assessment

Control over implementation of corrective actions based on the previous assessment results:

Information on implementation of corrective actions/ corrections	Note on implementation	Notes (if necessary)/ Reasons for failure
Corrective actions/ corrections are fully implemented and efficient	<input type="checkbox"/>	
Corrective actions/ corrections are implemented not in the full scope	<input type="checkbox"/>	
Corrective actions/ corrections are not implemented	<input type="checkbox"/>	

Information about changes influencing the ability of CAB to perform work according to the scope of accreditation, from the moment of the last assessment:

Changes	Note on actual changes		Conformity with the agreement with the accredited entity relating to timely notification of the accreditation body	
	Yes	No	Yes	No
In the legal status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the organizational structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the locations of CAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information on assessment in the accreditation scope

Item number of the scope (representative methods/ methodologies (denotation and/or name of LR and TLR stipulating methodologies))	Assessment techniques*	Name of executing officer(s) subject to assessment	Presence of non-conformities		Additional information (if any)/ References to documents of technical experts for accreditation/ assessors
			Yes	No	
1	2	3	4	5	6

Note: * Assessment in the place of activity (PA); remote assessment (RA); evidence assessment (EA); 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); visit without notification (VN); interviewing (IV).

Conformity with the requirements of the standard (accreditation scheme) _____

Section No.	Requirement name	Compliant		Not assessed	Presence of non-conformities		Note/ Reference to non-conformity sheets
		YES	NO		YES	NO	
		3	4		6	7	
1	2	3	4	5	6	7	8

Information about detected non-conformities:	
Non-conformities:	
Risks:	
Comments:	
Total number of findings	

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 conformity with the requirements of the underlying standard according to verified items and EA, ILAC, IA documents applied as criteria;
- The conclusion on proficiency in the accreditation area;
- The conclusion on implementation of BSCA policies;
- The conclusion on application of references to accreditation and combined mark;
- The information on conformity with the accreditation area.

BSCA assumes the responsibility for the contents of all assessment documents including those relating to the findings detected by the assessment group.

The list of assessment documents attached hereto:

No.	Document name

Team leader:

_____ Signature _____ Full name _____ Date

Informing CAB representative:

Full name	Position	Signature	Date

Informing representative(s) of the entity's management:

Full name	Position	Signature	Date

Special opinion of CAB (if any):

--

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; STB 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 expert:

_____ Signature _____ Full name _____ Date

Case analysis cards form for certification bodies
F 11.1 Case analysis cards for conformity with the requirements of GOST ISO/IEC 17065

	CASE ANALYSIS CARD No. _____ for conformity with the requirements of GOST ISO/IEC 17065-2013 _____ (name of the certification and organization body)	BY/ (or registration number of the application upon accreditation)
Certificate of conformity*: No. BY/112 _____ Valid from _____ to _____ scheme _____ Registration date _____ Annex to the certificate of conformity: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of work/services: (state the category/class if any) _____ <p style="text-align: right;">Code as per SC RB 007-2012 _____</p>		
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 (√)		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	General provisions	(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 experts, trainees etc.), and function distribution in the commission)			
7 Procedural requirements					
7.1	General provisions	(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	Data analysis.				
7.6	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 mark				


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

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)

Assessor: _____
Signature Full name Date

F 11.4 Case analysis card for conformity with the requirements of STB ISO/IEC 17021-1

	CASE ANALYSIS CARD No. _____ for conformity with the requirements of STB ISO/IEC 17021-1-2016 _____ (name of the certification and organization body)	BY/ (or registration number of the application upon accreditation)
Certificate of conformity*: No. BY/112 _____ Registration date _____ Confirmation date _____ Valid until _____		
Full name of audit expert(s) who performed certification work: (if work was performed by a commission, full names of members of the audit team (audit experts, technical experts, 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 <i>(if the item is not assessed, insert dash (-))</i>	Compliant (√)		Record on availability of n/c** (reference of the non-conformity sheet) and/or r/c**
			YES	NO	
Conformity with the requirements of STB ISO/IEC 17021-1-2016:					
9 Procedural requirements					
9.3	PRIMARY CERTIFICATION AUDIT				
9.1.1	Application				
9.1.2	Application analysis				
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	<i>First stage</i>				
9.3.1.3	<i>Second stage</i>				
9.4	Audit performance				
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 performance				
9.5	Certification decision				
9.6.3	REPEATED CERTIFICATION				
9.1.1	Application				
9.1.2	Application analysis				
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 performance				
9.5	Certification decision				
9.6.4	SPECIAL AUDIT				

Section/ item No.	Requirement name	Case analysis information <i>(if the item is not assessed, insert dash (-))</i>	Compliant (√)		Record on availability of n/c** (reference of the non-conformity sheet) and/or r/c**
			YES	NO	
9.6.4.1	Expansion of the certification area				
9.6.4.2	Short-time audit				
9.6.5	Suspension, cancellation or narrowing of the certification area				
Conformity with the requirements of GOST ISO/IEC 17011-2018:					
8.3	Reference to accreditation and use of the accreditation mark				

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

Assessor: _____
Signature Full name Date

Comments of the Assessor on the case analysis (record analysis):
(in case of comments, their contents and item(s) of STB ISO/IEC 17021-1-2016 and other TLR shall be stated)

Assessor: _____
Signature Full name Date

Evidence assessment card for certification bodies

	EVIDENCE ASSESSMENT CARD FOR CERTIFICATION BODIES No. _____ dated _____	BY/ (or registration number of the application upon accreditation)
---	---	---

1. Assessment details:				
Date(s) of assessment				
Site for assessment (<i>state the entity's name and address</i>)				
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);				
- XXX (for the staff certification body)				
Type of monitored work, e.g.:				
- audit type (<i>certification (1, 2 stage), periodical assessment, repeated certification</i>) (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 the staff 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 the staff certification body)				
Reference to the report of the preceding periods (if any) (for the management system certification body)				
Substantiation 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 the underlying 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	
		<input type="checkbox"/>	<input type="checkbox"/>	
4. Other information:				
Adherence to unbiased attitude		<input type="checkbox"/>	<input type="checkbox"/>	
Conformity with safety requirements		<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of confidentiality		<input type="checkbox"/>	<input type="checkbox"/>	
Conformity with law		<input type="checkbox"/>	<input type="checkbox"/>	
Conformity with CB procedures		<input type="checkbox"/>	<input type="checkbox"/>	
Meeting deadlines (according to the schedule of periodical assessments/ repeated certifications of CB)		<input type="checkbox"/>	<input type="checkbox"/>	
5. CONCLUSIONS:				

Assessor:

Signature

Full name

Date

Form of report on implementation of corrective actions/ corrections
(*advised*)

APPROVED BY

Company's CEO

Signature

Initials, family name

Date of approval

Report on implementation of corrective actions/ corrections

#	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

Amendment registration sheet

Amendment No.	Amendment enforcement date	No. of amendment notification, date of approval	Amendment item	Signature of amending person	Printed name of amending person
1	2	3	4	5	6
1	12.02.2018	15	Contents,2,6.3, 6.4,6.5,6.6,7, Annexes 1-7, 9-13		Kravchenko