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| SADCAS Ref. No: | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

WITNESSING OF ACTIVITY
(Please complete one form per Witness)

| | |
|---|--|
| 1. Organization | |
| 2. Field/Area | |
| 3. Identification (as described on accreditation schedule) and brief description of method/ operation evaluated) | |
| | |
| 4. Name of person observed: | |
| 5. Qualification / Experience: | |
| 6. Detailed comments, observations and/or reference to assessor's notes Indicate what was demonstrated and/or talked through as applicable. (Use reverse if necessary) | |
| | |

Additional / General Comments *(This space may also be used to expand on comments in specific actions)*

| | | |
|---|--------------|--------------|
| Additional /General Comments (This space may also be used to expand on comments in specific sections) | | |
| | | |
| 6.1 Validation data for method / technique / procedure | | |
| | | |
| 7. Recommendation / Conclusions | | |
| 7.1 Competence of person <input type="checkbox"/> Competent <input type="checkbox"/> Procedure not performed competently | <i>Notes</i> | |
| 7.2 Suitability of method/ technique /procedure <input type="checkbox"/> Suitable <input type="checkbox"/> Unsuitable | <i>Notes</i> | |
| Name & Signature of Technical Assessor / Technical Expert: | | |
| Signed by: Team Leader : | | Date: |