

SADCAS Ref. No:											
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PRE-ASSESSMENT REPORT

Date of visit:		Duration(day):	
Organization:			
Physical address:			
Postal address:			
Tel:		Fax:	Mobile:
Email:			
Field of operation:			
Scope of application:			
Number of personnel involved in each field (if applicable) e.g. analysts technicians:			
Number of personnel applying for Technical signatory:			
Facility Management Structure			
Name and Position:		Responsibility:	

Person responsible for the implementation and maintenance of the management system: (Nominated Representative)	
Conformity with the accreditation standard:	
Estimated time required for the initial assessment:	
Number of Technical Assessors/Technical Experts required and field of expertise required:	
<p>Other information e.g. Directions, flight arrangements, car arrangements, accommodation requirements, safety requirements, security requirements</p>	
<p>Team Leader:</p> <p>_____</p>	<p>Signature:</p> <p>_____</p> <p>Date:</p> <p>_____</p>