

SADCAS Ref. No:										
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ASSESSMENT RECOMMENDATION REPORT

Date of visit:		Duration(days):			
Organization:					
Location:					
Technical Assessor(s)/ Technical Experts Observers:					
Team Leader:					
A. THIS REPORT COVERS (indicate and delete as applicable): Assessment type					
Pre-assessment	<input type="checkbox"/>	Re-assessment	<input type="checkbox"/>	Extension of scope	<input type="checkbox"/>
Initial assessment	<input type="checkbox"/>	Calibration/Testing Laboratory	<input type="checkbox"/>	Inspection	<input type="checkbox"/>
Periodic on-site visit	<input type="checkbox"/>	Personnel evaluation	<input type="checkbox"/>	Certification	<input type="checkbox"/>
On-site Clearance of findings visit	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Re-instatement visit	<input type="checkbox"/>
Scheme Type: (Example: Testing, Inspection, Certification, etc.)					
Field(s) and Accreditation Standard: (Example: Electrical ISO/IEC 17025, Electrical ISO/IEC 17020, Microbiology ISO 15189, etc.)					
B. PREVIOUS CORRECTIVE ACTIONS WHERE APPLICABLE			Cleared		Not cleared
Comments:					
C. OUTCOME OF THIS VISIT: Number of current non-conformities Proposed recommendations (including changes to scopes, personnel approvals /removals where relevant):			Major		Minor

Comments on competence as determined through conformity to all requirements for accreditation			
Team's observations on areas of possible improvement			
Comments on Interlaboratory Comparisons/Proficiency Testing Activities			
Additional Comments/Notes			
<p>D. SADCAS CORRECTIVE ACTIONS TIMELINES FOR INITIAL, PERIODIC ON-SITE, RE-INSTATEMENTS AND RE-ASSESSMENTS</p> <ol style="list-style-type: none"> 1. Guidance for addressing nonconformities and timelines for clearing nonconformities is given in SADCAS TG 04 available on SADCAS website: www.sadcas.org 2. Corrective actions must be submitted to SADCAS by the due date. 3. Accredited facility may be placed on suspension if the deadline for submitting corrective actions has been exceeded. 4. Instructions to the Team Leader/Technical Assessor/Technical Experts (as applicable): Please calculate the actual dates when corrective actions are due in days from the assessment date and kindly complete as appropriate for acceptance by the facility representative below. 			
Initial Assessment		Identify and submit proposed corrective actions for ALL nonconformities within 30 days from the assessment date.	Date:
		Submit corrective actions for ALL nonconformities and evidence of implementation within 60 days from the assessment date	Date:
Periodic Assessment		Submit corrective actions for ALL nonconformities and evidence of implementation within 30 days from the assessment date.	Date:
Re-Assessment			
Re-Instatement			
Team Leader:	Name:	Signed:	Date:
Management Representative:	Name:	Signed & Accepted:	Date: