

SADCAS Ref. No:

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WITNESSING OF ACTIVITY FOR PROFICIENCY TESTING SCHEME

(Please complete one form per Witness)

1. Organization	
2. Field/Area	
3. Identification of the specific item / measurerand(s) / characteristic(s) identified, measured or tested, etc. witnessed (as described on the scope of accreditation)	
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 sections)

7. Comments on internal control procedures witnessed, and acceptability of the outcome (as applicable)

8. Comments on the calibration and/or maintenance of measuring equipment (as applicable)

9. Comments on training, qualifications, competency, and authorisation records of the personnel member witnessed, and the availability of a current job description (however named)

10. Comments on Facilities and Environmental conditions (where applicable)

11. Comments on Personnel Registration / Certification if applicable to the scope of accreditation:

12. Recommendation / conclusions of the assessor with regards to competence of the person and the method/ procedure / operation witnessed

13. Evaluation of NEW Scheme Coordinator / Scheme Manager (If applicable)

13.1 Applicant competence declared by the PT Provider:

(Please provide detailed comments)

13.2 Level of understanding of the objectives and knowledge of the method / procedure / operation:

(Please provide detailed comments)

13.3 Ability to critically evaluate and interpret results/reports:

(Please provide detailed comments)

13.4 Does the applicant accept responsibility for the content and validity of results / reports he / she will be signing / authorising (refer to Act 19 of 2006)? *(Please provide detailed comments)*

13.5 Is the applicant conversant with the management system implemented within the CAB:
(Please provide detailed comments)

13.6 Level of understanding of SANAS and the accreditation requirements (Refer to F147 -Terms and Conditions of Accreditation and R03 - Nominated Representative and Signatories: Responsibilities, Qualifications and Approval, and Accreditation of Conformity Assessment, Calibration and Good Laboratory Practices (Act 19 of 2006):
(Please provide detailed comments)

15.7 Assessment team recommendation in terms of approval as Scheme Coordinator / Scheme Manager:

Recommended ☐

Please list the scope/methods/procedures etc. recommended for:

NOT Recommended ☐

Please provide reasons:

Signature of Technical Assessor / Expert		Signed by Team Leader	
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