

<b>ASSESSMENT CYCLE MATRIX - ISO/IEC 17043 : 2023</b> <i>(Please record the number of NC's raised under the applicable clause in the Major or Minor row)</i>																
<b>Organization Name</b>																
<b>SADCAS Accreditation No.</b>																
<b>Team Leader</b>																
<b>Dates</b>																
<b>Types of assessment</b> (Initial, Periodic on-site assessment, Re-assessment, Extension, Re-instatement,.....)										4 <sup>th</sup> Surveillance			Re-assessment			<b>Total No NCs/ Cycle</b>
Extent of assessment: <b>F:</b> Full assessment of the clause <b>P:</b> Partial assessment of clause <b>N:</b> Not assessed	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	
SADCAS Publications																
Previous Corrective Action(s) cleared																
4.1 Impartiality																
4.2 Confidentiality																
5. Structural Requirements																
6.1 Resource Requirements																
6.2 Personnel																
6.3 Facilities and Environmental Conditions																

Dates																Total No. NCs/ Cycle
Types of assessment (Initial, Periodic on-site assessment, Re-assessment, Extension, Re-instatement, .....)																
Extent of assessment: F: Full assessment of the clause P: Partial assessment of clause N: Not assessed	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Maj or	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	
6.6 Externally Provided Products & Services																
7.1.1 Review of Requests, Tenders & Contracts																
7.1.2 PT scheme communication																
7.2.1 Design & planning of a PT scheme																
7.2.2 Statistical design																
7.2.3 Determination of assigned values																
7.3.1 Production of PT items																
7.3.2 Homogeneity & stability of PT items																
7.3.3 Handling & storage of PT items																
7.3.4 Packaging, labelling & distribution of PT items																
7.3.5 Instructions for participants																
7.4.1 Data analysis																
7.4.2 Evaluation of performance																
7.4.3 PT Reports																

Dates																Total No. NCs/ Cycle
Types of assessment (Initial, Periodic on-site assessment, Re-assessment, Extension, Re-instatement, .....)																
Extent of assessment: F: Full assessment of the clause P: Partial assessment of clause N: Not assessed	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Maj or	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	
7.5.1 Technical Records																
7.5.2 Control of data and information management																
7.5.3 Surveillance of the process																
7.4.4 non-conforming work																
7.6 Handling of complaints																
7.7 Handling of appeals																
8.1 Management Requirements																
8.2 Management System Documentation																
8.3 Control of Management System																
8.4 Control of Records																
8.5 Actions to address Risks & Opportunities																
8.6 Improvement																
8.7 Corrective Actions																
8.8 Internal Audits																
8.9 Management Review																

**SCOPE COVERAGE OF SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED OVER THE ASSESSMENT**

*Please note: The coverage of tests over the accreditation cycle must include all items on the scope of accreditation*

**Team Leader:**

**ASSESSMENT 1: Date & Type of assessment**

PERSONNEL WITNESSED	SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED WITNESSED	SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED: VERTICAL ASSESSMENTS	RECOMMENDATIONS/COMMENTS/ISSUES FOR FOLLOW-UP AT NEXT ASSESSMENT

--	--	--	--

SCOPE COVERAGE OF SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED OVER THE ASSESSMENT			
<i>Please note: The coverage of tests over the accreditation cycle must include all items on the scope of accreditation</i>			
Team Leader:			
ASSESSMENT 2: Date & Type of assessment			
PERSONNEL WITNESSED	SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED WITNESSED	SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED: VERTICAL ASSESSMENTS	RECOMMENDATIONS/COMMENTS/ISSUES FOR FOLLOW-UP AT NEXT ASSESSMENT

**SCOPE COVERAGE OF SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED OVER THE ASSESSMENT**

*Please note: The coverage of tests over the accreditation cycle must include all items on the scope of accreditation*

**Team Leader:**

**ASSESSMENT 3: Date & Type of assessment**

PERSONNEL WITNESSED	SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED WITNESSED	SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED: VERTICAL ASSESSMENTS	RECOMMENDATIONS/COMMENTS/ISSUES FOR FOLLOW-UP AT NEXT ASSESSMENT

**SCOPE COVERAGE OF SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED OVER THE ASSESSMENT**

*Please note: The coverage of tests over the accreditation cycle must include all items on the scope of accreditation*

**Team Leader:**

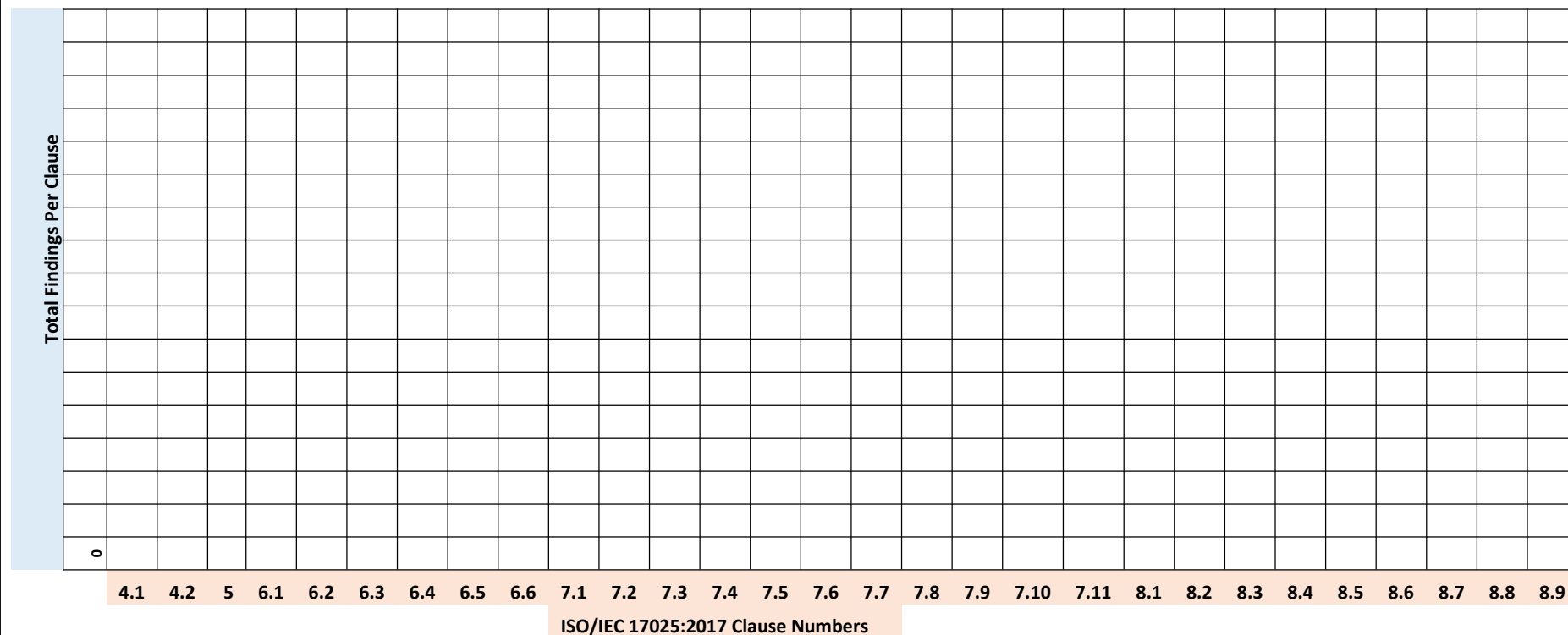
**ASSESSMENT 4: Date & Type of assessment**

PERSONNEL WITNESSED	SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED WITNESSED	SPECIFIC ITEM / MEASURERAND(S) / CHARACTERISTIC(S), MEASURED OR TESTED: VERTICAL ASSESSMENTS	RECOMMENDATIONS/COMMENTS/ISSUES FOR FOLLOW-UP AT NEXT ASSESSMENT



## REVIEW OF PERFORMANCE OVER THE ACCREDITATION CYCLE

**TREND ANALYSIS:** Based on the number of findings raised over the Accreditation Cycle



**RECOMMENDATIONS/COMMENTS:**

Signed by: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_