

		ı	ASSESS	MENT	CYCLE	MATE	RIX FOF	R ISO/I	EC 170)21-1:2	015					
Organization Name																
Area/ Field of Operation:	ISO 900	1 🗌		ISO 1400	1 🗌	l	ISO 18001	L	ŀ	HACCP	IS	O 22000				
Other (Specify):																
SADCAS Accreditation No.																
Team Leader																
Dates																
Types of assessment (Initial, Periodic on-site assessment, Re-assessment, Extension, Re-instatement,)																Total No NCs/ Cycle
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	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	
5. GENERAL REQUIREMENTS																
5.1 Legal & contractual matters																
5.2 Management of Impartiality																
5.3 Liability & Financing																
6. STRUCTURAL REQUIREMENTS																
6.1 Organizational structure & top management																



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Dates																
Types of assessment (Initial, Periodic on-site assessment, Re-assessment, Extension, Re-instatement,)																Total No NCs/ Cycle
Extent of assessment: F: Full assessment of the clause P: Partial assessment of clause N: Not assessed	Extent: F/P/N	Major	Minor													
6.2 Operational Control																
7. RESOURCE REQUIREMENTS																
7.1 Competence of personnel																
7.2 Personnel involved in the certification activities																
7.3 Use of individual external auditors & external TE																
7.4 Personnel records																
7.5 Outsourcing																
8. INFORMATION REQUIREMENTS																
8.1 Public information																
8.2 Certification documents																
8.3 Reference to certification and use of marks																
8.4 Confidentiality																
8.5 Information exchange between CB & clients																



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Dates																
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9. PROCESS REQUIREMENTS																
9.1 Pre-certification Activities																
9.2 Planning Audits																
9.3 Initial Certification																
9.4 Conducting Audits																
9.5 Certification Decision																
9.6 Maintaining Certification																
9.7 Appeals																
9.8 Complaints																
9.9 Client Records																
10. MANAGEMENT SYSTEM REQUIREMENTS																
10.2 Option A: General Management System Requirements																
10.2.1 General																
10.2.3 Management System Manual																



Dates																_
Types of assessment (Initial, Periodic on-site assessment, Re-assessment, Extension, Re-instatement,)																Total No NCs/ Cycle
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10.2.3 Control of Documents																
10.2.4 Control of Records																
10.2.5 Management Review																
10.2.6 Internal Audits																
10.2.7 Corrective Actions																
10.3 Option B: General Management System as per ISO 9001																
10.3.1 General																
10.3.2 Scope																
10.3.3 Customer Focus																
10.3.4 Management Review																
SADCAS REQUIREMENTS																
SADCAS TR 01: Parts 1 & 2																
SADCAS TR 03																
OTHER (specify):																
OTHER (specify):																
OTHER (specify):																



Dates																
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OTHER (specify):																
IAF MD REQUIREMENTS																
MD1																
MD2																
MD3																
MD4																
MD5																
MD7																
MD10																
MD11																
MD12																
MD15																
MD17																
MD19																
ISO TS COMPETENCE REQUIREMENTS																
ISO/IEC TS 17021-2																



Dates																
Types of assessment (Initial, Periodic on-site assessment, Re-assessment, Extension, Re-instatement,)																Total No NCs/ Cycle
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ISO/IEC TC 17021-3																
ISO/TS 22003																
OTHER (specify):																
OTHER (specify):																
OTHER (specify):																
OTHER (specify):																



REVIEW ACTIVITY (select one)	File Review	Witnessing	REVIEW ACTIVITY (select one)	File Review	Witnessing
Date of file review/witnessing:			Date of file review/witnessing:		
Assessor conducting review activity:	,		Assessor conducting review activity:		
			-		
Management System/scheme:			Management System/scheme:		
Scope description/code:			Scope description/code:		
Auditor(s):			Auditor(s):		
Client:			Client:		
Location (site address):			Location (site address):		
REVIEW ACTIVITY (select one)	File Review	Witnessing	REVIEW ACTIVITY (select one)	File Review	Witnessing
Date of file review/witnessing:			Date of file review/witnessing:		
Assessor conducting review activity:			Assessor conducting review activity:		
Management System/scheme:			Management System/scheme:		
Scope description/code:			Scope description/code:		
Auditor(s):			Auditor(s):		
Client:			Client:		
Location (site address):			Location (site address):		



