

FEEDBACK FROM ASSESSMENT

attention by the Advisory Co	mmittee, the SADCAS Tech	Assessor to report aspects from an assess nrical Manager, Scheme Coordinator or the ation's details must be recorded on this for	SADCAS
SADCAS Facility Ref. No.			
Date of visit			
Name of organization			
Name of organization's representative			
Assessment Team members Matters to be raised with t	the: (Please tick the relevan	Team Leader Signature	
SADCAS Advisory Committee		SADCAS Scheme Coordinator	
SADCAS Advisory Committee		SADOAS Scheme Cooldinator	
SADCAS Accreditation Administrator		Change in Organization Details	
Feedback:			
For SADCAS use only:			
Actions completed:			
Feedback provided: (Please complete when and to whom feedback was given)			
Date:		SADCAS:	

Issue No: 2 Date of Issue: 2018-11-20