**ANNEXURE 02**

**Recommended Authorized Signatories**

*(For Inspection Bodies)*

Please refer relevant specific criteria available at [www.slab.lk](http://www.slab.lk)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SI No** | **Name & Designation of Signatory** | **Qualification** | | **Experience in years related to present work** | **Relevant Training** | **Authorized for which specific area of inspection** | ***Specimen Signature*** | ***For internal use only*** |
| **Qualification with Specialization** | **Name of the institute** | ***Compliance to SLAB minimum competency requirements (Yes/No)*** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Note 1: Please provide details separately for each field of Inspection

Note 2: Please specifically indicate if any contracted personnel, under Name and Designation of Signatory column

Note 3: Any change in the Authorized signatories shall be informed by the Inspection body to SLAB within one month

Note 4: Please attach updated CV of all new signatories with the recommendation of Head of the Institution.

**For Internal use only**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SI No** | **Name & Designation of Signatory** | **To be filled by the Technical Assessor / Technical Expert and Assessor** | | | | | |
| **Knowledge of Quality Management System** | | **Knowledge on Inspection activity** | **Knowledge on Quality Assurance and traceability, if applicable** | | **Knowledge on the validity of Technical results** |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
| **Signature, Name and Designation of Head of Inspection Body** | | | **Signature & Name of Technical Assessor(s)/Technical Expert (s)/Assessor (s)** | | | **Signature & Name of Team Leader** | |