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| ***ANNEXURE 09*** | Case file No. |  |
| ***Details on Multiple locations*** | Location No. |  |
| *(For Inspection Bodies with Multiple locations except VET Centers only)* | Date applied |  |
|  | Verified by |  |

*Please attach one sheet for each Location*

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|  | **To be filled by the Inspection Body** | | | | | | | | | | | | ***For SLAB use only***  *(Comments by the Technical Assessor / Technical Expert and Assessor at assessments)* | | | |
| **1** | **Details of the Location** | | | | | | | | | | | | ***Comments on the location*** | | | |
| 1.1 | Location Name | |  | | | | | | | | | |  | | | |
| 1.2 | Location Address | |  | | | | | | | | | |  | | | |
| 1.3 | Legal registration details | |  | | | | | | | | | |  | | | |
| 1.4 | Other registration details (EPL, etc.) | |  | | | | | | | | | |  | | | |
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| **2** | **Details on recommended authorized signatories & Inspection staff** | | | | | | | | | | | |  | | | |
| **Name and designation** | **Qualification and Relevant training** | | | **Relevant experience** | | | **Authorized for which area of inspection (Signatory / Inspector)** | | | | **Specimen signature** | ***Compliance to SLAB minimum competency requirements (Yes/No)*** | | | |
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| **3** | **Details on the Equipment (if applicable)** | | | | | | | | | | | |  | | | |
| **Name & Identification No. of the equipment** | **Range and accuracy** | | **Calibration status**  *(Date of calibration/Metrological traceability/Calibration frequency / Calibrated by)* | | | | | | **Intermediate checks**  *(Method of verification/Frequency/ Metrological traceability of Reference standard/s used)* | | | ***Comments on the equipment*** | | | |
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| **4** | **Details on the Reference Material (if applicable)** | | | | | | | | | | | |  | | | |
| **Name of reference material/ reference standard** | **Source (Supplier)** | | | | **Date of expiry/ validity** | | | | | **Metrological traceability** | | **Comments on the Reference Material** | | | |
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| **5** | **Details on any other conformity assessment activities (e.g.: Testing, Certification) associated with the Inspection activity / inspection decision** | | | | | | | | | | | | | | | |
| **Conformity Assessment Activity** | **Parameter tested / Scheme certified** | | | | **Service provider** | | | | | **Impact of the activity for Inspection activity / inspection decision** | | **Comments on the Conformity Assessment activities** | | | |
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| **6** | **Activities covered at the location** | | | | | | | | | | | | **Comments on the activities** | | | |
| 6.1 | Policy formulation | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.2 | Processes and /or procedures development | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.3 | Process of initial selection of inspectors and as appropriate | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.4 | Contract review | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.5 | Planning conformity assessments | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.6 | Review and approval of conformity assessments | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.7 | Contract review separate from the Head office | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.8 | Maintenance of records not kept at Head Office | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.9 | Maintenance of management system documentation not kept at Head Office | | | | | | | | Covered / Not covered | | | |  | | | |
| 6.10 | Maintenance and calibration of specific equipment kept separate from Head Office | | | | | | | | Covered / Not covered | | | |  | | | |
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| **Signature, Name and Designation of Head of Inspection Body & Date**  *(At submission of application)* | | | | | | | | | | | | |  | | | |
| ………………………………………………………………………………………………………………………………………………………………………………………………………………  ***For SLAB use only***  *(Comments by the Technical Assessor / Technical Expert and Assessor at witnessing of the location)* | | | | | | | | | | | | | | | | |
| **Assessment findings** *(To be filled at the assessment by the SLAB assessment team)* | | | | | | | | | | | | | | | | |
| **SI No** | **Finding** | | | | | | | | | | | | | **Clause no** | | **Non-conformity / Observation** |
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| Comments on the use of SLAB logo in the certificates | | | | | | |  | | | | | | | | | |
| Comments on the any other uses of SLAB accreditation in the center | | | | | | |  | | | | | | | | | |
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| **Recommendation from the assessment team** | | | | | | |  | | | | | | | | | |
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| **Signature, Name and Designation of Head of Inspection Body & Date**  *(At Assessment)* | **Signature & Name of Technical Assessor(s)/ Technical Expert (s)/Assessor (s)/ Team leader:**  **Assessment date:**  **Type of witnessing:** |