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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.) |  |  |
|  |  |  |
| **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:**  |