

For office use: EAS Acc. No	
Name of CAB	
Field of operation:	
Assessor/s , Technical Expert & Observers:	
Name of person observed:	
Qualification(s) & Experience:	
Date of Evaluation:	

This report covers the following:

Type of assessment (Tick box):	Initial:		Follow up:		Re-assessment:	
	Extension:		On-site Clearance:			

OBSERVED ACTIONS

(Record in detail precisely what actions are being performed and how they relate to the standard of operation, which could be a method, an instruction, SOP, procedure etc. Use the blank side of any page for recording additional information and cross-reference your notes to any detailed observations that you might raise in Forms F07/09.)

OBSERVED ACTIONS (Contd)

PERFORMANCE AGAINST STANDARDS

(Record evidence of the activity performance against relevant standards, e.g. if the activity is being controlled using QC standards or references, was the observed activity performed under controlled conditions and are the tolerances used derived from verifiable sources such as validation data)

CONCLUSION

(Provide a conclusion on the competency level of how the activity was performed against the relevant standard, whether the activity was effectively controlled and monitored for all specified variables as indicated in the standard and whether the result/outcome produced can be relied upon as being credible)

Activity Performed Competently:	YES:	NO:
Standard effective (method, SOP, procedure, instruction, etc):	YES:	NO:

Assessor signature:

Date: