

**1. Nominated Representative**

<b>I. Personal Detail</b>		
A. Name :		
B. Organization		
C. Date :		
<b>II. Qualification:</b>		
<b>III. Experience:</b>		
<b>IV. Criteria by the CAB</b>	<b>Yes</b>	<b>No</b>
A. Fulfilling established criteria for Nominated Representative by the CAB		
B. <u>Comment:</u>		
<b>V. Knowledge on</b>	<b>Yes</b>	<b>No</b>
A. Quality Management system implemented within the organization		
B. Relevant Accreditation Standard		
C. EAS Polices, Procedures, Requirements & IAF/ILAC mandatory document		
D. <u>Comment:</u>		
He has good understanding on the above mentioned points listed from "a-c"		
<b>V. Authority &amp; Responsibility</b>	<b>Yes</b>	<b>No</b>
A. Have direct access to the highest level of management		
B. Authority to notify EAS of any changes		

C. Authority & Responsibility to ensure the management system are implemented & followed at all the time.		
D. Have positive attitude towards accreditation		
<b>E. <u>Comment:</u></b>		
<b><u>General comments:</u></b>		
<b><u>Recommendation:</u></b>		
Name of EAS responsible Team leader _____ Signature _____		

**2. Technical Signatories**

<p><b>I. Personal Detail</b></p> <p>Name _____</p> <p>Organization _____</p> <p>Date _____</p>
<p><b>II. Qualification:</b></p>
<p><b>III. Experience:</b></p>

<b>IV. Competency</b>	<b>Yes</b>	<b>No</b>
A. Fulfilling competency criteria established by the CAB		
B. Knowledge and skill on the test method witnessed		
C. Be able to asses & interpret data (Quality Control Chart, Test result interpretation)		
D. <b><u>Comment:</u></b>		
<b>V. Knowledge on</b>	<b>Yes</b>	<b>No</b>
A. EAS requirements guidance, regulation and IAF/ILAC mandatory document		
B. Relevant Accreditation standard		
C. Quality Management system implemented within the organization		
D. <b><u>Comment:</u></b>		
<b>VI. Contracted Technical Signatories</b>	<b>Yes</b>	<b>No</b>
A. In addition to the above requirement do the Contracted Technical Signatories have sufficient presence within the accredited CAB to be able to demonstrate satisfactory control		

of the CAB activities?

**B. Comment:**

**General Comments:**

**Recommendation:**

Name of EAS Responsible Technical Assessor \_\_\_\_\_ signature \_\_\_\_\_

**3. Management Signatory**

**I. Personal Detail**

- A. Name
- B. Organization :
- C. Date :

**II. Knowledge on**

**Yes**

**No**

A. EAS requirements obligation of CABs

B. Requirement to and use of EAS Accreditation symbol

C. Comment:

Recommendation:

Name of EAS Responsible Team leader: \_\_\_\_\_ signature \_\_\_\_\_