ETHIOPIAN ACCREDITATION SERVICE	**Off-Site Follow Up Assessment Checklist Completed by CAB**	**F07/30**

CAB 's name :	
Address	
Accreditation No.	
Field: Testing/ Calibration/ Medical / Certefication/Inspection	
Discipline(s):	
Accreditation validity period:	
Period of the report:	

1. Status of implementation and monitoring the effectiveness of corrective actions(s) taken on non-conformities raised during last on-site assessment*: (please provide details in tabular format)*

Non-conformities raised during last on-site assessment	Brief Summary of corrective actions taken	Evidence of continued compliance of corrective actions (as on date)

2. Summary of last internal audit findings and corrective actions taken on non-conformities raised during the audit

a) Availability of audit scope and plan/schedule Yes/No

b) Frequency of internal audit as per procedure for internal audit_____

c) Dates of last two internal audit conducted

_____

d) Persons who have conducted last internal audit

Name(s) of auditor s(s) &	Qualification	Affiliation (Internal/ External)	Training status (whether trained as per	Details of training organization & duration of training

designation			ISO/IEC 17025 / ISO 15189 / ISO /IEC 17021 / ISO/IEC17020)	

e) Comment on independence of activities audited_____

f) Whether all the activities (as required by standard) were covered in the audit **Yes / No**

g) Whether various locations (including site testing / calibration, mobile, collection centers etc) were covered in the audit **Yes / No**

h) Whether the all the requirements of ISO/IEC 17025 or ISO 15189: 2012 or ISO/IEC 17021 or ISO/IEC 17020 were covered in audit **Yes/ No**

i) Number of NCs raised.....

j) Whether NCs are monitored for its closure as agreed time frame **Yes / No**

k)

Sl. No.	Non-conformities raised during last Internal audit	Brief Summary of corrective actions taken	Status (Closed/Open)

3. Management Review Meeting

3.1 Summary of last Management Review

a) Date of last Management Review_____

b) Whether all the agenda points as required by the relevant standard (ISO/IEC

17025 or ISO 15189: 2012 or ISO/IEC 17021 or ISO/IEC 17020 were discussed including quality policy and objectives **Yes/ No**

c) Whether minutes of the meeting and with actions points thereon were recorded **Yes/No**

d) Whether the action plan implemented as targeted **Yes/ No**

3.2 Minutes of last Management Review Meeting

4. Summary of complaints received and status of their resolutions

S.No.	Complaint No. & date	Complaint details	Investigation findings	Corrective action taken	Status settled/ unsettled

5. Details of internal quality control (IQC) checks practiced by the CAB (*wherever applicable*)

a) Which of the following quality control measures are used by the CAB, please tick appropriate column(s).

i.	Use of Certified reference material/reference material.	
i.	Use of internal quality control material	
i.	Replicate testing using same or different method.	
i.	Retesting of retained item	
i.	Replicate calibration using same or different method	
i.	Recalibration of retained items.	
i.	Use of control charts using control samples	
i.	Use of control charts using check standards	
i.	Correlation of results for different characteristics of an item	
i.	Any other technique(s); Please specify.....	

b) Details of IQC plans of the CAB as per accredited scope mentioning frequency of IQC checks

c) Whether the compliance criterion is defined, met and corrective actions taken if required **Yes/ No**

6. Details of participation in EQAS/ PT/ ILC and initiation of ILC by the CAB (*wherever applicable*)

a) Availability of EQAS/ PT/ ILC plan as per requirements of EAS PT policy

Yes/ No

b) Whether the ILC/PT activities complied as per the plan submitted **yes / No**

c) Please provide clarifications of lapses in implementation (if any)

_____

Results of EQAS/ PT/ ILC participation

EQAS/ PT providers (or) ILC/ coordinating CAB	PT programme No.	Parameter	*Z* Score/ En Value / SDI	Details of root cause analysis in case of unsatisfactory performance

7. Please furnish detail of the reference standards, CRM, equipments, held by the CAB

S.No.	Reference standard/ CRM/ equipments (Make &Model No. if applicable)	Date of calibration (reference standard/ equipments)/ Date of validity (CRM)	Metrological traceability/ calibration agency

Note: Equipments, CRM, Reference standards details shall be given separately wherever applicable

8. Details of Training provided to CAB personnel since last assessment

a) Does the CAB identify training needs of its employees and prepare an annual training plan **Yes/No**

b) Whether the training plan implemented **Yes/ No**

c) Please provide clarifications of lapses in implementation (if any) _____

d) Whether the effectiveness of training is evaluated and records are maintained **Yes/ No**

9. Has there been a change in the following aspects of the CAB operations since last assessment?

a) Legal Status : **Yes/No** (If yes, give details thereof)

b) Ownership : **Yes/No** (If yes, give details thereof)

c) Top Management : **Yes/No** (If yes, give details thereof)

d) Key CAB Personnel : **Yes/No** (If yes, give details thereof)

e) Policies : **Yes/No** (If yes, give details thereof)

f) Resources : **Yes/No** (If yes, give details thereof)

g) CAB Premises : **Yes/No** (If yes, give details thereof)

h) Major Test/ Calibration equipment : **Yes/ No** (If yes, give details thereof)

i) Personnel declared for report, review and Authorize the results : **Yes/ No** (If yes, give details thereof)

Note: For any of above stated changes; CAB should have informed EAS within 15 days of its change as defined in EAS P07.0 the above declarations cannot be considered as an application for change

10. Does the CAB want a change/ addition in personnel declared for report, review and authorize the results? If yes please furnish the details of proposed report, review and authorize the results along with specimen signature and send competency assessment report for each additional personnel

11 Send risk assessments Report

12. Off-site follow up fee details:

_____

(Fee amount is similar with document review)

13. Self-declarations

13.1 (a) Please give a self-declaration confirming the valid calibration status of various equipments and reference standards held by the CAB. The declaration should also focus on compliance to EAS traceability policy PM10-01

(b) Incase the CAB has enhanced the periodicity of calibration of any equipment(s), please give detailed technical justification for the same.

Note: The self declaration to be given by a competent authority on CAB's letter head

13.2 Please furnish a self-declaration by the head of the CAB / CAB director for continued compliance of the CAB to ISO/IEC 17025 or ISO 15189: 2012 or ISO/IEC 17021 or ISO/IEC 17020 (whichever is applicable) and relevant EAS specific criteria (s) (wherever applicable) since last on site assessment. Annexure...

Note: The self-declaration to be given on CAB's letter head

14. All information provided above is true and I am aware that any wrong information / declaration given therein may lead to adverse actions by EAS

Name & Designation_____

_____

Signature of CAB Head/CAB Director_____

Date & Place

_____

__