

**DETAIL REPORT (EFNDT/CEC/P/05-002-1A)**

REPORT \_\_\_\_\_ OF \_\_\_\_\_

ASSESSED ORGANISATION: \_\_\_\_\_

REFERENCE DOCUMENT \_\_\_\_\_ CLAUSE \_\_\_\_\_

ASSESSMENT DATE: \_\_\_\_\_ ASSESSMENT TYPE: \_\_\_\_\_

**1. NARRATIVE REPORT OF OBSERVATION AND LOCATION** (to be recorded by the reporting assessor and confirmed by the signature of the organisation representative)

REPORTING ASSESSOR: **NAME** \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ORGANISATION REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**2. MANAGING ASSESSOR'S FURTHER COMMENTS** (including whether a non-compliance or observation)

SIGNATURE \_\_\_\_\_ NAME: **NAME** DATE \_\_\_\_\_

**3. CORRECTIVE ACTION AGREED** (by Managing assessor, EFNDT and the assessed organisation)

INTENDED DATE FOR CLEARANCE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**4. CORRECTIVE ACTION COMPLETED AND ACCEPTED BY MANAGING ASSESSOR** (evidence of effective implementation of corrective action should be forwarded directly to the Managing assessor for acceptance)

SIGNATURE: \_\_\_\_\_ NAME: **NAME** DATE \_\_\_\_\_

**EXAMINATION SPECIMEN REPORT**

ASSESSED ORGANISATION: REPORT \_\_\_\_\_ OF \_\_\_\_\_

ASSESSOR: **NAME** REFERENCE DOCUMENT: \_\_\_\_\_

ASSESSMENT DATE: \_\_\_\_\_ ASSESSMENT TYPE: \_\_\_\_\_

UNIQUE SPECIMEN REFERENCE: \_\_\_\_\_

PRODUCT FORM: \_\_\_\_\_

List examination(s) for which the specimen is used by reference to scheme document:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe discontinuities, including type, location, dimensions and whether mandatory reportable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is specimen considered suitable for qualification examinations? \_\_\_\_\_ If not, include remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the specimen master report satisfy applicable requirements? \_\_\_\_\_ If not, include remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSESSOR'S NAME: **NAME** SIGNATURE: \_\_\_\_\_

ASSESSED ORGANISATION'S REPRESENTATIVE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SUMMARY REPORT (EFNDT/CEC/P/05-002-1B)**

ASSESSED ORGANISATION: \_\_\_\_\_ SHEET \_\_\_\_\_ OF \_\_\_\_\_

DATE OF ASSESSMENT \_\_\_\_\_ ASSESSMENT TYPE: \_\_\_\_\_

MANAGING ASSESSOR: **NAME** \_\_\_\_\_ SUPPORT ASSESSOR: \_\_\_\_\_

NUMBER OF DR FORMS RAISED: \_\_\_\_\_ NUMBER OF NON-COMPLIANCES: \_\_\_\_\_

LATEST DATE AGREED FOR COMPLETION OF ALL CORRECTIVE ACTIONS \_\_\_\_\_

**SUMMARY OF FINDINGS**

MANAGING ASSESSOR'S SIGNATURE

\_\_\_\_\_

COMPANY REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**SUMMARY REPORT (continuation)**

ASSESSED ORGANISATION: SHEET \_\_\_\_\_ OF \_\_\_\_\_

MANAGING ASSESSOR'S SIGNATURE

\_\_\_\_\_

ASSESSEE REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**MANAGING ASSESSOR'S RECOMMENDATION (EFNDT/CEC/P/05-002-1C)**

This appendix includes report forms for pre-assessment, initial assessment and annual surveillance purposes. Managing assessors may choose to remit to the information provided by this form in a word processed format. This is acceptable, provided all of the information required is submitted.

ASSESSED ORGANISATION: SHEET \_\_\_\_\_ OF \_\_\_\_\_

DATE OF ASSESSMENT \_\_\_\_\_ ASSESSMENT TYPE:

MANAGING ASSESSOR: **NAME** SUPPORT ASSESSOR:

SENIOR COMPANY REPRESENTATIVE PRESENT \_\_\_\_\_

POSITION \_\_\_\_\_

LATEST DATE AGREED FOR COMPLETION OF ALL CORRECTIVE ACTIONS \_\_\_\_\_

**QMS details** (maturity, revision status and recent significant changes) **and the assessor's view of management's ongoing commitment to the system and future improvements:**

**Details of any improvement actions undertaken by the assessed organisation as a result of any previous assessment reports:**

**RECOMMENDATION (delete those not applicable):**

- A) Unconditional approval.
- B) Conditionally approved provided corrective actions to clear non-compliances are satisfactorily implemented within an agreed period. Evidence of implementation may be submitted to the Managing Assessor by post or e-mail.
- C) Conditionally approved provided corrective actions to clear non-compliances are satisfactorily implemented within an agreed period. Implementation will be confirmed during a follow-up audit at a date to be decided by EFNDT.
- D) Approval withheld, suspended or withdrawn. The audited organisation will not be approved without a further full audit.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

When completed, forward in confidence to EFNDT CEC CHAIRMAN

## ASSESSMENT VISIT REPORT (EFNDT/CEC/P/05-002-1D)

To be completed by the managing assessor and forwarded in confidence to the EFNDT CEC CHAIRMAN

Assessed organisation				
Address				
Telephone				
Contact(s)				
e-mail				
Date of visit				
Scope of activities				
QMS status				
Managing Assessor				
Support Assessor				
Applicable standards	E.G.: EN ISO IEC 17024:2012			
Remarks				
Man/days chargeable	Preparation, reporting and travel:	# DAYS	@ €600	
	On site assessment:	# DAYS	@ €600	
Expenses	Subsistence:			
	Accommodation:			
	Total non VAT-able charges			
Signature/name			Date:	

**PRE-ASSESSMENT REPORT**

General description of the quality management system documentation			
Reference	Specific comments relating to applicable normative documents		
Signature		Date	Page of

