

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

CLEARANCE OF NON-COMPLIANCES

ASSESSED ORGANISATION: SHEET _____ OF _____

DATE OF ASSESSMENT _____ TYPE OF ASSESSMENT:

SERIAL NUMBER	SUBJECT AREA	EVIDENCE RECEIVED	CLEARANCE ACCEPTED

SIGNATURE _____ NAME: **NAME** DATE _____

Please forward in confidence to EFNDT CEC Chairman