|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the lead assessor** |  | **Name of the CAB** |  |
| **Accreditation standard(s)** |  | **Identification n° of the CAB** |  |
| **Type of assessment** |[ ]  Initial |[ ]  Renewal |
|  |[ ]  Extension |[ ]  Additional |
|  |[ ]  Surveillance |  |
| **Date(s) of assessment** |  |

|  |  |  |
| --- | --- | --- |
| **Was the information received by OLAS prior to the assessment sufficient?** |[ ]  Yes |[ ]  No |
| If not, please specify : |
|  |
| **Was the duration of the assessment sufficient?** |[ ]  Yes |[ ]  No |
| If not, please specify : |
|  |
| **Was the number of technical assessors sufficient?** |[ ]  Yes |[ ]  No |
| If not, please specify : |
|  |
| **What oughts to be assessed during the next assessment?** |
|  |