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| --- | --- | --- | --- | --- | --- |
| **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?** | | | | |
|  | | | | |