The Intermediary Report has to be sent to OLAS within 6 months after the assessment.

Please comment on all dates of implementation of more than 3 months.

|  |  |  |  |
| --- | --- | --- | --- |
| **CABs name** |  | **Date of Intermediary Report** |  |
| **Finding n°** | **Type of finding** | **Concern (documentation/ application)** | **Description of finding** | **Implementation date of the corrective action** | **Time limit respected (yes/no)** | **Comments** |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |
|  | Choose |  |  |  |  |  |