



# Feedback from Assessment

Issue No. 1  
Revision No. 4  
Date: October 2021

# F1.21

Name of CAB:		CAB Ref. No.		Date of Assessment:					
Type of assessment	Initial Assessment	<input type="checkbox"/>	Assessment	<input type="checkbox"/>	Re-assessment	<input type="checkbox"/>			
	Others <input type="checkbox"/> (specify) .....								
Laboratory	Calibration	<input type="checkbox"/>	Testing	<input type="checkbox"/>	ISO/IEC 17025	<input type="checkbox"/>	ISO 15189	<input type="checkbox"/>	
Inspection Body	Type A	<input type="checkbox"/>	Type B	<input type="checkbox"/>	Type C	<input type="checkbox"/>	ISO/IEC 17020	<input type="checkbox"/>	
Certification Body	ISO/IEC 17021-1	<input type="checkbox"/>	(QMS) ISO/IEC 17021-3	<input type="checkbox"/>	(EMS) ISO/IEC 17021-2	<input type="checkbox"/>			
	(FSMS) ISO/TS 22003	<input type="checkbox"/>	(HACCP) ISO/TS 22003	<input type="checkbox"/>	(ISMS) ISO/IEC 27006	<input type="checkbox"/>			
Assessment Team									
<b>Overview of Assessment</b> <i>(at least but not limited to Assessors' attitudes, CAB Staff attitude, Cooperation, involvement)</i>									
<p style="text-align: center; opacity: 0.5; font-size: 48px; transform: rotate(-30deg);">Uncontrolled Copy</p>									
<i>(Please tick)</i> Assessment was carried out smoothly			<input type="checkbox"/>	Assessment was not carried out smoothly			<input type="checkbox"/>		
<b>Matters (if any) to be raised with:</b> <i>(Please tick)</i>									
Technical Advisory Committee	<input type="checkbox"/>	Complaints Working Group	<input type="checkbox"/>	Accreditation Committee	<input type="checkbox"/>				
MAURITAS Advisory Council	<input type="checkbox"/>	Director of MAURITAS	<input type="checkbox"/>	Others <i>(Please specify)</i>	_____				
Name of Team Leader: _____			Signature: _____						



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*For MAURITAS Use only (to be filled by the Director/Designated Staff)*

Comments of Director/Designated Staff (if any):

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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