This form shall be completed by the assessed conformity assessment body in order to evaluate the performances of a assessors, expert or a junior quality assessors

**Instructions et definitions according to OLAS P004 :**

* **Excellent:** an assessor who “ …possesses the maximum number of qualities required to correspond, almost perfectly, to the ideal representation of his nature, his function or to manifest a very clear superiority over other things or persons of the same type.”,
* **Good:** an assessor who  “… responds positively to what is expected of him, in terms of its nature, function, effectiveness, etc... “
* **Fair:** an assessor who “ ...can pass..........; which, without being good, is acceptable, admissible..."
* **Poor:** an assessor who “ … does not achieve the desired or necessary quantity or quality. Otherwise, deficient...…… “.

For a « fair » or « poor » evaluation, an additional explanation or justification is requested.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessed CAB |  | Identification no. of CAB | |  | |
| Accreditation standard(s) | Choose standard | |  | |  |
| Type of assessment | initial | extension | | surveillance | |
| additional | renewal | |  | |
| Assessment dates of | Choose assessment date | | | | |
| Form filled out by : |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Evaluation of the quality of the OLAS services** | | |
| Organization of the audit in a timely manner | satisfied | not satisfied |
| File management by accreditation manager | satisfied | not satisfied |
| Duration of assessment | satisfied | not satisfied |
| Number of assessors | satisfied | not satisfied |
| Added value of assessment for the CAB | satisfied | not satisfied |
| Reception of final assessment plan 5 work days prior to assessment | satisfied | not satisfied |
| Time for decision-making:  (**80 work days Mo – Fri) :** 15 w.d. max for corrective actions of CAB + 25 w.d. max for return of assessment report + 40 w.d. for Accreditation committee meeting (*exception* : in case of major non-conformities)  *REM :* *exception* : no CA meeting from mid of July – mid of September, or if no possibility to guarantee the necessary quorum. | satisfied | not satisfied |
| Quality of OLAS home page | satisfied | not satisfied |
| Is the OLAS accreditation system comprehensible? | satisfied | not satisfied |
| Comment | Thank you for your comments & suggestions | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Evaluation: team leader/quality assessor** | | | **Name:** Click here to enter text. | | | |
| Preparation of assessment | excellent | good | | fair | | poor |
| Assessment capability | excellent | good | | fair | | poor |
| Understanding of your profession | excellent | good | | fair | | poor |
| Knowledge of the accreditation standard | excellent | good | | fair | | poor |
| Writing/justification of the findings raised during assessment | excellent | good | | fair | | poor |
| Relevance and basis of conclusions | excellent | good | | fair | | poor |
| Working atmosphere during assessment | excellent | good | | fair | | poor |
| In-time transmission of assessment report | excellent | good | | fair | | poor |
| Quality of the final assessment report | excellent | good | | fair | | poor |
| Personnel characteristic’s | Strengths  *(please choose max 3 of them)*  Please choose  Please choose  Please choose | | | | Weak points  *(please choose max 3 of them)*  Please choose  Please choose  Please choose | |
| Comment | Please enter additional information/justification, if the evaluation is « fair » or « poor ». | | | | | |

***Please fill out one table for each technical/expert /assessor (copy/paste from table)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Evaluation: technical assessor no. 1** | | | **Name:** Click here to enter text. | | | |
| Preparation of assessment | excellent | good | | fair | | poor |
| Assessment capability | excellent | good | | fair | | poor |
| Technical knowledge of assessed domain | excellent | good | | fair | | poor |
| Writing/justification of the findings raised during assessment | excellent | good | | fair | | poor |
| Relevance and basis of conclusions | excellent | good | | fair | | poor |
| Working atmosphere during assessment | excellent | good | | fair | | poor |
| Personnel characteristic’s | Strengths  *(please choose max 3 of them)*  Please choose  Please choose  Please choose | | | | Weak points  *(please choose max 3 of them)*  Please choose  Please choose  Please choose | |
| Comment | Please enter additional information/justification, if the evaluation is « fair » or « poor ». | | | | | |

|  |
| --- |
| **General comments and suggestions** |
| Click here to enter text. |