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| **Names of the assessors :** | Lead assessor :  Technical assessor(s) : |
| **Name of the CAB :** |  |
| **Assessment date(s) :** |  |
| **Date of the Accreditation Committee (AC) :** |  |
| **The AC followed the position of the lead assessor concerning the awarding/continuing/extension/withdrawing… of the accreditation:** | Yes  No  If no, why: |
| **The AC maintained the findings recorded by the assessors:** | Yes  No  If no, why: |
| **The AC maintained the accreditation scope as validated by the assessors:** | Yes  No  If no, why: |
| **Evaluation of the assessment report by the AC:** |  |
| * Clarity of the audit report | excellent good fair insufficient |
| * Completeness of the audit report | excellent good fair insufficient |
| * Neat presentation of the audit report | excellent good fair insufficient |
| * Relevance and rationale of the findings with regard to the applicable accreditation criteria | excellent good fair insufficient |
| * Relevance of the conclusions expressed by the lead assessor | excellent good fair insufficient |
| **Comments and suggestions reported by the AC:** |  |
| **Comments and suggestions from the accreditation manager of OLAS :** |  |