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 choosePlease choosePlease choose | Weak points*(please choose max 3 of them)*Please choosePlease choosePlease 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 choosePlease choosePlease choose | Weak points*(please choose max 3 of them)*Please choosePlease choosePlease choose |
| Comment | Please enter additional information/justification, if the evaluation is « fair » or « poor ». |

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