

SADCAS Ref. No:																			
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MANAGEMENT SYSTEM CERTIFICATION BODIES' PERFORMANCE  
ANNUAL COLLECTION DATA**

Certification Body Name:					
Certification Body Location(s):					
Area/Field of operation:					
<i>As required by IAF MD 15, you are requested to provide annually data on Management System CB's performance from January to December</i>					
Indicators	ISO 9001	ISO 14001	ISO 22000	OHSAS 18001/ ISO 45001	
1. Number of accredited certificates valid					
2. Number of auditors					
3. Number of transfers accepted					
4. Number of overdue audits					
5. Number of auditor-days delivered					
<b>Signed and stamped</b>					
<b>Name</b> ( <i>print</i> )					
<b>Position</b>					
<b>Date</b>					