

SADCAS Ref. No:																			
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WITNESSING OF ACTIVITY FOR PROFICIENCY TESTING SCHEME
(Please complete one form per Witness)

1. Organization	
2. Field/Area	
3. Identification of the specific item / measurerand(s) / characteristic(s) identified, measured or tested, etc. witnessed (as described on the scope of accreditation)	
4. Name of person observed:	
5. Qualification / Experience:	
6. Detailed comments, observations and/or reference to assessor's notes Indicate what was demonstrated and/or talked through as applicable. (Use reverse if necessary)	

Additional /General Comments (This space may also be used to expand on comments in specific sections)

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7. Comments on internal control procedures witnessed, and acceptability of the outcome (as applicable)

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8. Comments on the calibration and/or maintenance of measuring equipment (as applicable)

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9. Comments on training, qualifications, competency, and authorisation records of the personnel member witnessed, and the availability of a current job description (however named)

10. Comments on Facilities and Environmental conditions (where applicable)

11. Comments on Personnel Registration / Certification if applicable to the scope of accreditation:

12. Recommendation / conclusions of the assessor with regards to competence of the person and the method/ procedure / operation witnessed

13. Evaluation of NEW Scheme Coordinator / Scheme Manager (If applicable)

13.1 Applicant competence declared by the PT Provider:

(Please provide detailed comments)

13.2 Level of understanding of the objectives and knowledge of the method / procedure / operation:

(Please provide detailed comments)

13.3 Ability to critically evaluate and interpret results/reports:

(Please provide detailed comments)

13.4 Does the applicant accept responsibility for the content and validity of results / reports he / she will be signing / authorising (refer to Act 19 of 2006)? *(Please provide detailed comments)*

13.5 Is the applicant conversant with the management system implemented within the CAB:
(Please provide detailed comments)

13.6 Level of understanding of SANAS and the accreditation requirements (Refer to F147 -Terms and Conditions of Accreditation and R03 - Nominated Representative and Signatories: Responsibilities, Qualifications and Approval, and Accreditation of Conformity Assessment, Calibration and Good Laboratory Practices (Act 19 of 2006):
(Please provide detailed comments)

15.7 Assessment team recommendation in terms of approval as Scheme Coordinator / Scheme Manager:

Recommended

Please list the scope/methods/procedures etc. recommended for:

NOT Recommended

Please provide reasons:

Signature of Technical Assessor / Expert		Signed by Team Leader	
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