

ASSESSMENT CYCLE MATRIX - ISO/IEC 17065:2012 <i>(Please record the number of NC's raised under the applicable clause in the Major or Minor row)</i>															
Organization Name															
SADCAS Accreditation No.															
Lead Assessor															
Dates & Types of assessment (Initial, Surveillance, Re-assessment, Extension, Re-instatement)															
Extent of assessment: F: Full assessment of the clause P: Partial assessment of the clause N: Not assessed	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor
SADCAS Publications															
Previous Corrective Action(s) cleared															
4.1 Legal and contractual matters															
4.2 Management of Impartiality															
4.3 Liability & Financing															
4.4 Non-discriminatory Conditions															
4.5 Confidentiality															
4.6 Publicly available information															
5.1 Organizational Structure and Top Management															
5.2 Mechanism of Safeguarding Impartiality															
6.1 Certification Body Personnel															

Dates & Types of assessment (Initial, Surveillance, Re-assessment, Extension, Re-instatement)															
Extent of assessment: F: Full assessment of the clause P: Partial assessment of the clause N: Not assessed	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor
6.2 Resources for Evaluation															
7.1 General Process Requirements															
7.2 Application															
7.3 Application Review															
7.4 Evaluation															
7.5 Review															
7.6 Certification Decision															
7.7 Certification Documentation															
7.8 Directory of Certified Products															
7.9 Surveillance															
7.10 Changes Affecting Certification															
7.11 Termination, Reduction, Suspension or Withdrawal of Certification															
7.12 Records															
7.13 Complaints & Appeals															
8.1 Management System Requirements - Options															

Dates & Types of assessment (Initial, Surveillance, Re-assessment, Extension, Re-instatement,) Extent of assessment: F: Full assessment of the clause P: Partial assessment of the clause N: Not assessed															
	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor	Extent: F/P/N	Major	Minor
8.2 General Management System Documentation (Option A)															
8.3 Control of Documents (Option A)															
8.4 Control of Records (Option A)															
8.5 Management Review (Option A)															
8.6 Internal Audits (Option A)															
8.7 Corrective Actions (Option A)															
8.8 Preventive Actions (Option A)															

SCOPE COVERAGE OF OVER THE ASSESSMENTS			
<i>Please note: The coverage over the accreditation cycle must include all the scopes of accreditation</i>			
Lead Assessor:			
ASSESSMENT 1: Date & Type of assessment			
PERSONNEL WITNESSED	VERTICAL ASSESSMENTS (Date of assessment) (Company/Client details)	WITNESSING (Date of assessment) (Company/Client details)	RECOMMENDATIONS/COMMENTS/ISSUES FOR FOLLOW-UP

SCOPE COVERAGE OF TESTS OVER THE ASSESSMENTS			
<i>Please note: The coverage over the accreditation cycle must include all the scopes of accreditation</i>			
Lead Assessor:			
ASSESSMENT 2: Date & Type of assessment			
PERSONNEL WITNESSED	VERTICAL ASSESSMENTS (Date of assessment) (Company/Client details)	WITNESSING (Date of assessment) (Company/Client details)	RECOMMENDATIONS/COMMENTS/ISSUES FOR FOLLOW-UP

SCOPE COVERAGE OF TESTS OVER THE ASSESSMENTS

Please note: The coverage over the accreditation cycle must include all the scopes of accreditation

Lead Assessor:

ASSESSMENT 3: Date & Type of assessment

PERSONNEL WITNESSED	VERTICAL ASSESSMENTS (Date of assessment) (Company/Client details)	WITNESSING (Date of assessment) (Company/Client details)	RECOMMENDATIONS/COMMENTS/ISSUES FOR FOLLOW-UP

SCOPE COVERAGE OVER THE ASSESSMENTS

Please note: The coverage over the accreditation cycle must include all the scopes of accreditation

Lead Assessor:

ASSESSMENT 4: Date & Type of assessment

PERSONNEL WITNESSED	VERTICAL ASSESSMENTS (Date of assessment) (Company/Client details)	WITNESSING (Date of assessment) (Company/Client details)	RECOMMENDATIONS/COMMENTS/ISSUES FOR FOLLOW-UP