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| SADCAS Ref. No: | | | | | | | | | | | | | | | | | | | |
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REPORT ON WITNESSING OF A CERTIFICATION BODY
(Please complete one form per witness)

| | | | |
|---|--|--------------|--|
| 1. Organization | | | |
| 2. Type of assessment (initial/ re-assessment/ other) | | 3. Time/Date | |
| 4. Name of person observed | | | |
| 5. Standard used | | | |
| 6. Role in the audit | | | |
| 7. EAC Code | | 8. NACE Code | |
| 9. Description | | | |
| 10. Client Name | | | |
| 11. Client Address | | | |

EVALUATION

*(Key: AB = Above Average, SAT = Satisfactory, UA = Unacceptable, N/A = not observed)
Evaluators are encouraged to comment beside each space*

| CRITERIA | KEY | COMMENTS |
|---|-----|----------|
| <p><i>Effective planning, preparation and briefing</i></p> <ul style="list-style-type: none"> • Review of pertinent documentation • Review of applicable standards, codes and regulations • Ability to plan and control • Ability to acquire specialist knowledge and skills <p>Composition and/or use of checklists (general or specific to the organization)</p> | | |

| CRITERIA | KEY | COMMENTS |
|--|-----|----------|
| <p><i>Conduct of opening meeting</i></p> <p>Has the auditor addressed all of the following?</p> <ul style="list-style-type: none"> • Introduction? • Scope and objectives well defined? • Communication ability? • Management of resources? • Time and place of exit meeting? <p>Ask for questions?</p> | | |
| <p><i>Skills and Technique</i></p> <ul style="list-style-type: none"> • Remained in scope? • Objective, unbiased? • Questioning open questions (when, why, what, etc.) or closed questions (yes and no type of questions) • Were leading questions used? • Crosschecks, depth, persistence? • Conclusions based on objective evidence? • Alert to the situation and ability to anticipate problems? • Act ethically? • Ability to listen? • Ability to generate an appropriate atmosphere? • Knowledge of the organization? • Ability to identify non-conformances? • Were all findings based on adequate factual evidence and referenced where necessary? • Ability to make a decision and to be able to justify the decision? | | |

| CRITERIA | KEY | COMMENTS |
|---|-----|----------|
| <p><i>Auditor meeting</i></p> <ul style="list-style-type: none"> • Ability to collect positive comments? • Ability to consolidate findings? • Ability to exchange information? • Ensured scope was covered? • Discuss strategy for closing meeting? | | |
| <p><i>Closing meeting</i></p> <ul style="list-style-type: none"> • Observations clearly presented and explained? • Significance of observations explained? • Quality system effectiveness in meeting objectives? • Compliance with procedures? | | |
| <p><i>Reporting clear and concise</i></p> <ul style="list-style-type: none"> • Orally and in writing | | |
| <p><i>Relationship with team</i></p> | | |
| <p><i>Relationship with client</i></p> | | |

| CRITERIA | KEY | COMMENTS |
|--|-----|----------|
| <p><i>Personal skills</i></p> <ul style="list-style-type: none"> • Open minded? • Mature? • Ability to understand complex operations from a broad perspective? • Coverage and interpretation of elements of the standard? | | |
| <p><i>General comments</i></p> <ul style="list-style-type: none"> • Was work systematically approached and done? • Did the auditor select an appropriate sample and was this considered in your opinion to be representative? • Was client documentation referred to during the course of the audit? • Was the auditor sidetracked? • Was the appearance of the auditor appropriate and conducive to the audit? • Performance under pressure? • Ability to gain co-operation of the audit team? • Ability to adapt as necessary? • Was the appearance of the auditor appropriate for the occasion? | | |

Comments and Recommendation

(Please add date you received the CB's audit report here)

| | | | |
|---------------------------------|--|--------------|--|
| Name of Evaluator: | | | |
| Signed by Evaluator: | | Date: | |
| Signed by Lead Assessor: | | Date: | |