

2nd Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002 Phone: +91-11-2337 8056 / 57; Web: www.qcin.org; E-mail ID: <u>padd_schemes@qcin.org</u>



PADD: CSMS Scheme| ATC (Level 3): FR: 04

OFFICE ASSESSMENT REPORT Certification Body

	1	
Certification Body		
Office Location	Main Office	
	Location Assessed	Main / Branch
Address		
Scope of Approval applied and/or		
approved	Location Assessed	
Key Personnel	Chief Executive	
	Quality Manager	
	Technical Manager(s)	
	Local Contact Person	
Assessment Type	Initial / Surveillance / Reassess	sment / Scope Extension /
(tick as applicable)	Verification	
Assessment Date(s)		
Assessment Team		
(LA/AS/TE/OB)		
Assessment Criteria		
(Applicable Standard /		
Requirements &		
Documents)		
Last Assessment		
(Type & Date)	NA	

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Status of corrective actions on non-conformities in last assessment	NA			
Off-site Docume Review Summary conducted)	nt (if			
Introduction (About the organization, its legal status, management structure, financial performance, operations at location etc.) Personnel (at location assessed) Persons responsible for key activities	Total Staff		xamination taff	
Assessment Findings	(describe in detail on documentation, implementation, competence etc. as per the scope)			
Responsibility for de	ecision on certific	eation:		

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Organization Structure :
Integrity:
Impartiality :
Confidentiality:
Security:
Finance and liability :
Publicly Available Information :
Appeals :
Complaints :
Personnel Requirements :
Competence :
Outsourcing :

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Other Resources :	
Examination Proces	s:
Records of Examina	tion :
Use of Certificates, I	Logos and Marks :
General Managemen	nt System Requirements :
Scheme Requiremen	nts & Other Requirements :
Personnel Certificate	ion Files Examined :
Scope of Approval (a	any revisions and/or deletions) :
Other Observations	:
Assessment Summary	Summarize (in about 500 words) on the Management System, its overall compliance to the requirements & and any scope for further improvement.

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Suggested Audits for	r Witness				
Advice to Witness Assessment Teams for any follow-up required					
Non-conformities &	Scheme Requirements	Critical	Major	Minor	Concern
Concerns	Continue requirements	NC	NC	NC	001100111
	General Requirements				
	Technical requirements				
	Examination Process				
	Scheme requirement				
	Any Other				
1	•	•	•	•	

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	Total				
Remarks					
Assessment Team R					
Approval	(on grant / continuation / renewal / suspension / withdrawal of approval)				
Scope of Approval					
Conditions					
Nil					
List of documents a	nnexed:				
Annex – 1					
Annex – 2					
Annex – 3					
Annex – 4					
Annex – 5					
Annex – 6					
Date	S:~	natura			
Date	Sig	nature			
Place	Lea	ad			
		sessor			

Please add rows above where necessary.

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