

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: padd_schemes@qcin.org



PADD: CSMS Scheme| STC (Level 2): FR: 04

OFFICE ASSESSMENT REPORT Certification Body

Last Assessment

(Type & Date)

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 (tick as applicable)	Initial / Surveillance / Real Verification	assessment / Scope Extension /
Assessment Date(s)		
Assessment Team		
(LA / AS / TE / OB)		
Assessment Criteria		
(Applicable Standard /		
Requirements & Documents)		
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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		Examination Staff	
Assessment Findings	(describe in detail on documentation, implementation, competence etc. as per the scope)			
Responsibility for de	cision 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 Managemer	nt System Requirements :
Scheme Requiremen	nts & Other Requirements :
Personnel Certificat	ion Files Examined :
Scope of Approval (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 fo	r Witness				
Advice to Witness A	ssessment Teams for any	follow-up	required	k	
	T		T		Γ
Non-conformities & Concerns	Scheme Requirements	Critical NC	Major NC	Minor NC	Concern
	General Requirements				
	Technical requirements				
	Examination Process				
	Scheme requirement				
	Any Other				
	•	•	•	•	•

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	То	al			
Remarks					
Assessment Team F	Recommendations:				
Approval	(on grant / continuation / renewal / suspension / withdrawal of approval)				
	T				
Scope of Approval					
	T				
Conditions					
Nil					
List of documents a	nnexed:				
Annex – 1					
Annex – 2					
Annex – 3					
Annex – 4					
Annex – 5					
Annex – 6					
Т	T		1		
Date		Signature			
		g.ia.a.o			
Place		₋ead Assessor			

Please add rows above where necessary.

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