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<th>CB Name</th>
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<td>CB Address</td>
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<td>CB City State Country</td>
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<td>Assessment Number</td>
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<td>Assessment Location</td>
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<td>Assessment Type</td>
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<td>Assessment Team</td>
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<td>Other Assessment</td>
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<td>Attendees</td>
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<tr>
<td>Scope of Assessment</td>
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<td>Requirement Documents</td>
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<tr>
<td>Assessment Conclusion</td>
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<td>Submitted by</td>
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<tr>
<td>Date Submitted</td>
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All green text is instructions or guidance and shall be removed prior to submitting the report.

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<tr>
<td>Assessment Dates</td>
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</tbody>
</table>
| Assessment Location     | Address  
City, state/province, zip/postal code, country |
| Assessment Type         | ISO/IEC 17065 and DSSC Initiative CB requirements  
Assessment type  
Annual Office Assessment,  
ISO/IEC 17065 Reaccreditation Office Assessment, etc. |
| Assessment Team         | • First and last name, assessment team role |
| Other Assessment        | • First and last name, role |
| Attendees               |                                      |
| Scope of Assessment     | To evaluate the conformance and effectiveness of the CB's management system and SSCI DDSC Initiative. |
| Requirement Documents   | [specify related standards and/or requirement documents],  
The requirement documents used include: ISO/IEC 17065, DSSC initiative requirements, applicable IAF Mandatory Documents, CB processes, and any documents referred to within.  
The most current versions of the standards shall be used. |
| Assessment Conclusion   | Include recommendation from the Assessment Team Recommendations form (referring to the form is not sufficient), and add any additional pertinent information required (e.g., follow up). |
| Submitted by            | Name, Assessment Team Leader |
| Date Submitted          |                                      |
1. Introduction

This report includes information on the conformance and effectiveness of various processes and the effectiveness of the CB’s overall management system in support of the assessment scope and objectives as determined by the conduct of the office assessment.

2. Certification Body Summary

Management System

Provide details as needed using the following bullets as guides:

- Provide a summary of the process for CB’s policy, goals, and objectives, including how the CB is measuring and meeting goals/objectives, etc.
- Provide information regarding the CB’s design and development and/or management of change process.
- Process CB uses to notify AB and SSCI and clients of changes in certification process.

Organization Structure

Provide detail using the following bullets as guides:

- Where in the system the organization structure is identified
- Legal structure including verification that the CB is a legal entity
- Ownership and ownership involvement
- Summary of operational responsibilities, including top management with overall authority and responsibilities
- Rules for appointment, terms of reference, and operation of any committees if not detailed below
- Other activities of the CB
- Arrangements to cover liabilities

Management of Impartiality

Provide detail using the following bullets as guides:

- Conformity Assessment activities undertaken impartially
- Verification that all entities the CB has a relationship with are included in the risk analysis and controls are in place as identified
- Confirm financial risk is included in the risk-analysis process
- If a committee is used:
  - Stakeholder groups identified by the CB and represented on the committee, competence of members, adequacy of meeting frequency, responsibilities of the committee, summary of last meeting (with dates), and management of confidentiality and conflict of interest
- If a committee is not used:
  - How the process includes identification and consultation with appropriate interested parties, with no single interest predominating
- Closing/overall conclusion of effectiveness statement (closing the loop on the above information)

Internal Audits

Provide detail as needed on the effectiveness of the process using the following bullets as guides:

- Persons/positions responsible are competent
- Internal auditors are competent and independent of audited areas
- Frequency of audits is adequate
- Internal audits include evaluation of conformity to ISO/IEC 17065, IAF MDs, and DSSC initiative
requirements
• Last audits including dates
• Internal audit program is established and CB is on schedule
• Conclusion of effectiveness

Management Reviews
Provide detail on the effectiveness of the process using the following bullets as guides:
• Persons/positions responsible are competent and have authority to maintain and revise the system
• Frequency of meetings is adequate
• Last management review including dates
• Required inputs and outputs are achieved
• Action items identified and being managed properly
• Conclusion of effectiveness

Corrective Action Process
Provide detail as needed on the effectiveness of the process using the following bullets as guides:
• Effectiveness of process to minimize repeat findings internally and from the AB
• Use of the corrective action process for internal findings
• Persons/positions responsible are competent
• Appropriate correction, root cause analysis, and corrective action is being taken in a timely manner
• Verification of effectiveness is being appropriately completed
• Conclusion of effectiveness

Complaint Process
Provide detail as needed using the following bullets as guides:
• How the complaint process made public (without request)
• Summary of complaints received and actions taken
• Timeliness of closing of complaints
• Conclusion of effectiveness: whether or not the action was appropriate and timely

Marketing/Use of Marks/Accreditation Symbol
Provide detail as needed using the following bullets as guides:
• Marketing material
• Website of CB (related body sites – e.g., parent company) and CB client websites
• Use of AB accreditation symbol by CB
• Use of SSCI logo and License
• CB control of clients’ use of CB mark and AB accreditation symbol and SSCI logo
• Conclusion of effectiveness

Additional Locations/Affiliates
Provide detail as needed to supplement \ using the following bullets as guides:
• Confirm locations are appropriately identified on the AB-accredited certificate under DSSC initiative (all locations, critical and non-critical)
• By critical location
- Determine how often the location is/should be assessed by the AB after the initial assessments (e.g., annually, every other year, once in the accreditation cycle) for the full accreditation cycle
- Include justification for the frequency (e.g., due to level of activity, scope of activity, central office control)
- Determine what type of assessments are required (office assessments and/or witnessed audits)
- Confirm the list of countries with SSCI recognized certificates is correct at the time of the office assessment
- Conclusion of effectiveness to include:
  - Accredited office control of additional locations (including internal audits, management review, etc.)
  - Verification that locations are properly identified as critical or not
- If this AB office assessment is at a critical location, recommend ongoing oversight for AB including frequency, type of assessments (e.g., office vs. witness), AB that can conduct the audit/assessment, and justification of such, etc., for this location

Confidentiality and Conflict of Interest

Provide detail using the following bullets as guides:
- All personnel, auditors, contractors, and boards/committees have confidentiality and conflict of interest arrangements in place that are legally enforceable
- Physical arrangements to protect records and documents (electronic and hard copy)
- Notification to clients of publicly available information and access by ABs, SSCI, etc.
- Conclusion of effectiveness

3. Competence of Personnel

Provide detail using the following bullets as guides:
- Note criteria applicable for the DSSC initiative scope of the assessment
- CB’s ability to use indicator and demonstration tools
- Conclusion of effectiveness

Auditor Process

Provide detail using the following bullets as guides:
- Process for determining auditors’ competencies
- Process for determining what technical areas the auditor is competent in (per the auditor competencies determined by technical areas during the competency analysis)
  - Including initial (on-site) evaluation process
- Ongoing evaluation process
  - Including on-site evaluation and verifying auditors maintain competencies
- Training
- Records to demonstrate conformity
- Conclusion of effectiveness

Other Personnel Process

Provide detail as needed using the following bullets as guides:
- Process for initially determining personnel are competent for a technical area and/or position (per the personnel competencies determined by technical areas during the competency analysis)
- Ongoing evaluation process
- Training
• Records to demonstrate conformity
• Conclusion of effectiveness

**Personnel Files Reviewed**
Records for the following personnel were reviewed (list all):

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Title</th>
<th>Scope</th>
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<tbody>
<tr>
<td></td>
<td>e.g., Auditor</td>
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<td></td>
<td>e.g., Office Administrator</td>
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<td>e.g., Impartiality Committee</td>
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<td>e.g., Decision maker</td>
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<td></td>
<td>e.g., Lead Auditor</td>
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</table>

**Transition Process for DSSC initiative requirements (If Applicable)**

Highlight any progress in transitioning and provide an update or detail on the readiness for a transition decision.

- Summary of transition process, progress, actions, etc.
- Conformance to transition requirements

**OR**
The CB is not currently required to have any active transitions.

**OR**
The transition for is complete as of [date] and transition has been granted

**OR**
The transition for is ready for a transition decision (add when NCRs are closed, if appropriate).

4. **Certification Process**

**Overall Process**

Provide detailed summary and conclusion of effectiveness.

**Application/Contract Review**

Provide detail using the following bullets as a guide:

- Application requests necessary information to adequately determine competency and capability requirements for certification
- Requirements for certification have been communicated/provided to applicant
- Records for justification to undertake the audit are maintained
- Personnel making the review are competent
- Conclusion of effectiveness

**Determination of Audit Duration**

Provide detail using the following bullets as guides:

- CB is using appropriate criteria to determine audit duration for each relevant scope
- CB is making appropriate adjustments (additions and reductions) to audit duration
- CB is maintaining sufficient records of justification of the audit duration determination
- CB has a system to adjust audit duration when revisions to the client or system occur
• All justifications are recorded in a manner that is repeatable
• Conclusion of effectiveness

Auditor Selection

Provide detail using the following bullets as guides:
• Matching the client with an audit team based on competencies needed for the client and competencies held by the audit team
• Records available to support assignment
• Competence of personnel making selection/assignment
• Conclusion of effectiveness

Certification Decisions

Provide detail using the following bullets as guides for the certification decision process:
• Audit days
• Audit team selection
• Audit plan
• Audit conduct (evidence)
• Audit report
• Corrective action process
• Application information review and comparison
• Certification cycle program
• Conclusion of effectiveness of the certification decision process
• Suspension and withdrawal decision process
  ▪ Decision-making personnel are notified when CB audit team recommends suspension or withdrawal
  ▪ Decision-making personnel are notified when issues identified outside of an audit prompt potential suspension
  ▪ Appropriate decisions are being made when necessary
  ▪ Summary that suspensions have occurred or not, other than for financial reasons
  ▪ Conclusion of effectiveness of the suspension and withdrawal decision process

Issuance of Certificate

Provide detail regarding the issuance of certificates using the following bullets as guides:
• Scope statements are appropriate for the relevant scope and detailed per site for multiple site certificates
• Dates are appropriate and supported by the files (e.g., effective after certification decision, etc.)
• Any marks or logos are used appropriately
• Address of issuing location is accredited or recognized as critical
• Conclusion of effectiveness of the certificate issuance process

Public Information

Provide detail of the process using the following bullets as guides:
• How CB makes public, without request, in all geographical areas in which it operates:
  ▪ Audit process
  ▪ Processes for granting, maintaining, renewing, suspending, restoring, or withdrawing certification or expanding or reducing the scope of certification
  ▪ Use of the CB’s name and certification mark or logo
- Processes for handling requests for information, complaints, and appeals
- Policy on impartiality

If already included in another section of the report, refer to the section and do not reiterate.

- How CB makes available on request:
  - Geographical areas in which it operates
  - Status of a specific certification
  - Name, related normative document, scope, and geographical location (city and country) for a specific certified client
- Conclusion of effectiveness

Transfers

Provide detail on the effectiveness of the process using the following bullets as guides:

- Achieving requirements of IAF MD 2 for transferred clients
- Criteria for when to complete an on-site visit before transfer
- Competency requirements for person carrying out initial review of potential transfer
- Confirmation certification decision is separate from initial (pre-transfer) review
- Magnitude of transfer activity

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Certificate Number</th>
<th>Location (State, Country)</th>
<th>Standard (including version) and Technical Area</th>
<th>CB Transferred from</th>
<th>Reason for Transfer</th>
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Multi-site Certification (Sampling and Non-sampling)

Provide detail on the effectiveness of the process using the following bullets as guides:

- Contract review procedures and competency requirement
- Organizations meet the multi-site requirements
- Appropriate multi-site sampling and frequency (if sampling multi-site)
- Process for adding additional sites to the multi-site certification
- Nonconformities evaluated for effect at other locations and associate corrective actions
- Magnitude of multi-site activity
- Conclusion of effectiveness

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Certificate Number</th>
<th>Locations (State, Country)</th>
<th>Number of Sites</th>
<th>Type of Multi-site (Sampling or Non-sampling)</th>
<th>Standard (including version) and Technical Area</th>
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Client Files Reviewed

- Conclusion of effectiveness
- File availability and organization information
- Audit day calculation justification
- Required records available (applications, audit reports, certification agreement, audit day justification, correction, root cause analysis, corrective actions and verification, complaints, appeals, deliberations and decisions, certification decisions, certification documents, and supporting records as needed)

The following certification files were reviewed.

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Client Name</th>
<th>Certificate Number</th>
<th>Location (State, Country)</th>
<th>Standard (including version)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial, annual, special, etc.</td>
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5. Closing

Assessment Objectives/Assessment Plan

State whether or not the assessment team met the defined objectives for this assessment and whether the assessment plan was achieved. If not, detail the objectives or parts of the assessment plan that were not completed and why. Include actions required to complete the objectives and plan.

Findings

Strengths
List of strengths (if applicable)

Opportunities for Improvement
List of opportunities for improvement (if applicable)

Nonconformities

Document all issued during the assessment nonconformities # major nonconformities and # minor. Include objective evidence and statement as well as references to the requirements section.

OR

There were no nonconformities identified as a result of this assessment.

Summary on the closure and verification of implementation of previous nonconformities
E.g., Some NCRs were verified as effectively closed;
OR
Previous NCRs could not be verified as effectively closed during this office assessment.

6. Conclusion
If this is a follow-up assessment, refer to the previous assessment and indicate whether this follow-up assessment achieved the objectives.
Document any discussions with AB staff in regard to the overall outcome of the office assessment and/or findings in relation to any decisions that may have been made.
Document the opinion of the CB and note any points of disagreement with the assessment team recommendations.

7. Scoping
Provide any detail necessary to understand scope recommendations. If there is nothing to report identify as not applicable.

8. Next Office Assessment
Provide the length of time recommended for the next office assessment, including whether additional assessors are needed (e.g., for workload, certain industries, etc.).
Provide planned dates for the next office assessment.

End of Report