



National Accreditation Board for Testing and Calibration Laboratories (NABL)

Assessment Forms and Checklist (based on ISO 17034: 2016)

ISSUE NO.: 03
ISSUE DATE: 16-Feb-2021

AMENDMENT NO.: --
AMENDMENT DATE: --

AMENDMENT SHEET

S. No.	Page No.	Clause No.	Date of Amendment	Amendment	Reasons	Signature QA Team	Signature CEO
1.							
2.							
3.							
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5.							
6.							
7.							
8.							
9.							
10.							

National Accreditation Board for Testing and Calibration Laboratories			
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)		
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -
			Page No.: 1 of 36

CONTENTS

Sl.	Title	Page No.
	Amendment Sheet	
	Contents	
1.	NAF RM 1 – Assessment Schedule	3
2.	NAF RM 1A – Attendance Sheet (Opening & Closing Meeting)	4
3.	NAF RM- 2 - Assessor's Observations	5
4.	NAF RM 3 – RM Process(s) verified by the Assessment Team	6
5.	NAF RM 3A – Details of Testing, Calibration Measurement witnessed during Assessment	8
6.	NAF RM 4 – Summary on Non-Conformities	9
7.	NAF RM 6 – Summary of Assessment	10
8.	Form RM 72 – Recommended Scope of Accreditation	11
9.	Form RM 74 – Declaration for Impartiality & Confidentiality	12
10.	Assessor Checklist – By Lead Assessor/Technical Assessors/ Experts	13

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 2 of 36

ASSESSMENT SCHEDULE

Name of the RMP:				
Contact Person for NABL:			Date(s) of Visit:	
Type of Visit: <i>Final Assessment / Onsite Surveillance / Re-Assessment / Supplementary Visit</i>				
Field: <i>RMP</i>				
Facility (s): <i>Permanent - Sites away (Mobile/ Temporary)- Subcontractor activity –</i> 1. 2.		Assessment Standard: ISO 17034: 2016 Specific Criteria of NABL:		
		Type: <i>RM / CRM Producer</i>		Category/ Sub- Category:
Assessment Timings		Opening/Closing Meeting Date/Time	Daily Debriefing (at the end of each day) Date / Time	
<i>Morning: AM to PM</i> <i>Afternoon: PM to PM</i>		<i>Opening Meeting:</i> <i>Closing Meeting:</i>	<i>Day 1:</i> <i>Day 2:</i>	
Name and Expertise of the Assessor	Schedule of Locations/ Department/ Section/ Activity to be Assessed (date wise)			
	Day 1		Day 2	
	Morning	Afternoon	Morning	Afternoon
Lead Assessor				
Assessor 1				
Assessor 2				
Assessor 3				
Assessor 4				
Assessor 5				
Observer (only for observation)				
I declare that the assessment schedule has been prepared after discussing with the assessment team members.				
Signature and Name of Lead Assessor				

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 3 of 36

ATTENDANCE SHEET (OPENING / CLOSING MEETING)

(to be filled separately for Opening and Closing meeting)

[illegible]

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 4 of 36

ASSESSOR'S OBSERVATIONS

[illegible]

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 5 of 36

RMP PROCESS(S) VERIFIED BY THE ASSESSMENT TEAM
(To be filled in by each Technical Assessor)

Name of RMP:		Date(s) of Visit:	
Name of Assessor/Expert:		Category/ Sub- Category:	Location(s):
RM / CRM Verified		Remarks (satisfactory / unsatisfactory)	
Planning of production process			
Material selection / Processing:			
Measurement Procedure used (National / International / In-house):			
Assessment of Homogeneity (use separate sheet, if required)			
Assessment and monitoring of Stability & Approach for Assessment of Shelf Life (use separate sheet, if required)			
Approach for Characterisation & Assessment of property values (and their uncertainties, best reference value capability (as relevant) (use separate sheet, if required)			
Metrological traceability of Certified Values (refer NABL 142)			

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 6 of 36

PT/ILC Participation (refer NABL 163)	
Sampling, Sub-sampling and sample size taken for production and testing	
Packaging & Labelling	
Storage facilities:	
Contents of RM Documents (If, CRMs it shall comply with the requirements of ISO Guide 31)	
Signature of Assessor	
Remarks by Lead Assessor, if any	
Signature of Lead Assessor	

Note: Any of above performed by subcontractor, then mention it and use separate sheet (including details of subcontractor)

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 7 of 36

DETAILS OF TESTING, CALIBRATION, MEASUREMENT WITNESSED DURING ASSESSMENT

(To be filled in by the Technical Assessor)

RMP/ RMP's Sub- Contractor assessed:		Locations:	
Category/ Sub- Category/ Sub- sub- category:		Date(s) of Assessment:	
Types of reference materials (Certified Reference Materials, Reference Materials or both) Category & Subcategory			
Reference Material Matrix or Artefact			
Property / Properties Characterized			
Approach used to assign property values/ Characterization Technique			
Range / Limits of Detection			
Accuracy/Measurement Uncertainty			
Sample ID			
Reference Value/ Earlier Results			
Results of Witness.			

Remarks:

Deviations observed, if any	
Conclusion on the technical competence	

(Enclose all supporting data sheets for tests witnessed)

(Signature & Name of Assessor)

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 8 of 36

SUMMARY ON NON-CONFORMITIES

(Please use separate sheet for raising each Non-Conformity)

Name of the RMP			
Name of the Assessor			
Date(s) of Assessment		Discipline:	
NC No.			
Non-Conformity Statement:			
Cl. No. of ISO 17034: 2016 & NABL 133 Clause No. / NABL Specific criteria:			
Acceptance (Signature of RMP's representative and propose the required corrections)		Signature & Name of Assessor	
CORRECTION PROPOSED BY THE RMP			
Signature & Name Authorized Representative of Laboratory			
ASSESSOR'S COMMENTS ON CORRECTION ACTION PROPOSED BY THE LABORATORY:			
(RMP to provide corrective action and root cause analysis along with the evidences of corrective actions)			
Signature of Assessor			
REMARKS BY LEAD ASSESSOR, IF ANY:			
Signature & Name of Lead Assessor			

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 9 of 36

SUMMARY OF ASSESSMENT

Sl.	Item	Details														
1.	RMP Name															
2.	Date of Assessment															
3.	Field	RMP														
4.	Discipline(s)	Category/ Sub- Category:														
5.	Facility	Permanent/ Site/ Mobile														
6.	Type of Assessment	Final Assessment/ Onsite Surveillance/ Re-assessment / Supplementary visit														
7.	Assessment Team															
8.	Date of earlier visit	Non-Conformities during earlier visit have/ have not been discharged. (Yes or No)														
9.	Total no. of Non-conformities	<table border="1"> <tr> <th colspan="2">Number of NC(s)</th></tr> <tr> <td>Clause 4</td><td></td></tr> <tr> <td>Clause 5</td><td></td></tr> <tr> <td>Clause 6</td><td></td></tr> <tr> <td>Clause 7</td><td></td></tr> <tr> <td>Clause 8</td><td></td></tr> <tr> <td>Total</td><td></td></tr> </table>	Number of NC(s)		Clause 4		Clause 5		Clause 6		Clause 7		Clause 8		Total	
Number of NC(s)																
Clause 4																
Clause 5																
Clause 6																
Clause 7																
Clause 8																
Total																
10.	Comment(s) of Assessment Team on compliance of laboratory to: NABL 133* NABL 142* Specific Criteria* <i>*(Lead Assessor to comment on the basis of observations of Technical Assessor(s))</i>															
11.	Assessment Summary															
12.	Recommendation of Assessment team as per ISO 17034: 2016															
13.	Only if accreditation is recommended, date by which the Corrective Action to be submitted by the laboratory for the above Non-conformities (Max. 30 days):															
14.	The requirements of NABL 133 have been explained by the Lead Assessor and understood by the RMP.															
No. of Pages	NAF RM-6	NAF RM-4														
	NAF RM-3A	NAF RM-1														
	NAF RM-1A	Assessor Check list 1														
		Assessor Check list 2														
		Form 72														
		Form 74														
		Form 45														
		TA/DA Forms														
		Any other document														
Acknowledgement by Authorised Representative of RMP & Date		Signature of Lead Assessor& Date														

National Accreditation Board for Testing and Calibration Laboratories			
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)		
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -
			Page No.: 10 of 36

RECOMMENDED SCOPE OF ACCREDITATION

Name of RMP:				Date(s) of Visit:				
Location:								
Sl.	Types of reference materials (Certified Reference Materials, Reference Materials or both) Category & Subcategory	Reference Material Matrix or Artefact	Property Properties Characterized	Approach used to assign property values Characterization Technique	Range of property	Assigned value, uncertainty and reference value capability (as relevant)	Activities being subcontracted (e.g. assessment of homogeneity, stability, characterization testing, calibration, measurements etc. if any)	Assessment Technique used by Assessor(s) (Witness / Document review / Interviewing / File Review (Record Review))
**RMPs performing activities with subcontractor shall clearly identify the activities performed with full details Note: This does not imply that this accreditation allows the RMP to operate as an accredited testing and/or calibration laboratory.								
Signature & Name of RMP Representative		Signature & Name of Assessor(s)			Signature & Name of Lead Assessor			

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 194	Assessment Forms and Checklist (based on ISO 17034:2016)			
Issue No.: 03	Issue Date: 16-Feb-2021	Amend. No: -	Amend. Date: -	Page No.: 11 of 36