



National Accreditation Board for Testing and Calibration Laboratories (NABL)

Assessment Forms and Checklist for Recognition of Temporary Site Laboratories Testing Aggregates and Concrete in Building Projects (Based on NABL 224)

ISSUE NO.: 01
ISSUE DATE: 01.04.2024

AMENDMENT NO.:
AMENDMENT DATE:

AMENDMENT SHEET

Sl.	Amendment No.	Page No.	Clause No.	Date of Amendment	Amendment	Reasons	Signature QA Team	Signature Competent authority
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National Accreditation Board for Testing and Calibration Laboratories

Doc. No.: NABL 225	Assessment Forms and Checklist for recognition of temporary site laboratories testing Aggregates and Concrete in building projects (Based on NABL 224)		
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Issue No.: 01	Issue Date: 01.04.2024	Amend. No.:	Amend Date: --	Page No.: 1 of 16
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CONTENTS

Sl.	Title	Page No.
	Amendment Sheet	1
	Contents	2
1.	NRF 1 - Assessment Schedule	3
2.	NRF 1A - Attendance Sheet (Opening & Closing Meeting)	4
3.	NRF 3 - Details of Testing / Re-Testing Witnessed During Assessment	5
4.	NRF 4 - Assessor's Summary on Non-Conformity	6
5.	NRF 6 - Assessment Summary	7
6.	Assessor Checklist	8
7.	NRF 72 - Recommended Scope of Recognition	14
8.	NRF 74- Declaration of Impartiality & Confidentiality	15
9.	NRF 2 - Observation Sheet	16

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 225	Assessment Forms and Checklist for recognition of temporary site laboratories testing Aggregates and Concrete in building projects (Based on NABL 224)			
Issue No.: 01	Issue Date: 01.04.2024	Amend. No.:	Amend Date: --	Page No.: 2 of 16

ASSESSMENT SCHEDULE
(Temporary Site Laboratory)

Name of the Laboratory:		
Authorized representative of Laboratory:		Date of Visit:
Type of Assessment: Initial assessment / Surveillance / Supplementary Visit		
Field: Testing	Discipline (s): Mechanical	
Assessment Criteria: NABL 224		
Assessment Timings	Opening/Closing Meeting Date/Time	
<i>Morning:</i> AM to PM <i>Afternoon:</i> PM to PM	<i>Opening Meeting:</i> <i>Closing Meeting:</i>	
Name and Expertise of the Assessor	Schedule of Activity to be Assessed	
	Morning	Afternoon
Lead Assessor		
Assessor 1		
Assessor 2		
Observer (only for observation)		
I declare that the assessment schedule has been prepared after discussing with the assessment team members.		
Name & Signature of Lead Assessor		

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 225	Assessment Forms and Checklist for recognition of temporary site laboratories testing Aggregates and Concrete in building projects (Based on NABL 224)			
Issue No.: 01	Issue Date: 01.04.2024	Amend. No.:	Amend Date: --	Page No.: 3 of 16

ATTENDANCE SHEET (OPENING & CLOSING MEETING) (Temporary Site Laboratory)

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National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 225	Assessment Forms and Checklist for recognition of temporary site laboratories testing Aggregates and Concrete in building projects (Based on NABL 224)			
Issue No.: 01	Issue Date: 01.04.2024	Amend. No.:	Amend Date: --	Page No.: 4 of 16

DETAILS OF TESTING / RE-TESTING / REPLICATE WITNESSED DURING ASSESSMENT
(Temporary site laboratory)

Name of the Laboratory:	
Discipline: Mechanical	Date of Assessment:
Materials or Products tested	
Specific Test Performed/ Tests or type of tests performed	
Test Method	
Range of Testing	
Measurement Uncertainty (+) at Value	

1. Fresh Sample

Sample ID	
Tested by	
Results of Test Witnessed	

2. Re-testing/replicate testing of Retained Sample

Sample ID	
Date of Earlier Testing	
Earlier Tested by	
Earlier Reported Results	
Results of Test Witnessed	
Test conducted by (same person)	
Test conducted by (different person)	

Remarks:

Deviations observed, if any	
Conclusion on the technical competence of the lab for the test witnessed	

(Enclose/upload all supporting data sheets for tests witnessed)

(Signature & Name of Assessor)

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No.: NABL 225	Assessment Forms and Checklist for recognition of temporary site laboratories testing Aggregates and Concrete in building projects (Based on NABL 224)			
Issue No.: 01	Issue Date: 01.04.2024	Amend. No.:	Amend Date: --	Page No.: 5 of 16