## **EVALUATION OF ON-SITE REPORT** To be completed by the on-site assessment report evaluator & reviewed by the PM (if different than the evaluator). Name of assessor: Program: Was the assessor assessing the: management system technical competence or both Lab Name: **NVLAP Lab Code:** Date(s) of assessment: Start date End date Current Rate the quality of the report for N/A Evaluation areas questions 1 and 2 version? (form not used in this Needs report) Υ Ν Acceptable Improvement 1. For forms a) through e), as applicable: Was current version used? Is the report complete? a) On-Site Assessment Summary b) Signature Sheet w/Narrative П Summary c) NIST Handbook 150 Checklist П d) Program-Specific Checklist П П e) Test Method Review Summary Yes No 🗌 2. Are nonconformities reported? If Yes, complete a) through d). П a) Are nonconformities clearly stated? П b) Are they declared against specific requirements? c) Is objective evidence identified? $\Box$ d) Are reported nonconformities valid? 3. Evaluator's comments (explain the reason for any rating of "Needs Improvement"): 4. Program Manager's comments and actions taken: Program Mgr.: Date: Evaluator: Date: