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| 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       |
|  ***Evaluation areas*** | ***N/A******(form not******used in this report)*** | ***Current version?*** | ***Rate the quality of the report for questions 1 and 2*** |
|  | ***Y*** | ***N*** | ***Acceptable*** | ***Needs 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 Summary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  c) NIST Handbook 150 Checklist | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  d) Program-Specific Checklist | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  e) Test Method Review Summary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2. Are nonconformities reported? Yes [ ]  No [ ]  If Yes, complete a) through d). |  |  |
|  a) Are nonconformities clearly stated? | [ ]  | [ ]  |
|  b) Are they declared against specific requirements? | [ ]  | [ ]  |
|  c) Is objective evidence identified? | [ ]  | [ ]  |
|  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:       |
| Evaluator:       | Date:       | Program Mgr.:       | Date:       |