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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: | |