



ON-SITE ASSESSMENT REVIEW

Instructions: See NVLAP OIM 22.03, *Documenting the On-Site Assessment Review*, for instructions on the completion and processing of this form.

PART 1 – to be completed and signed by the on-site assessment review evaluator for all reviews

Name of evaluator:	Program:
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Names of other technical experts consulted:

Type of review: on-site assessment (enter NIS on-site type code – see legend below) _____
 D1 review D2 review D3 review Other _____

Lab Name:	NVLAP Lab Code:
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Date(s) of assessment:	Start date	End date
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Based on my review of the on-site assessment documentation and associated nonconformity responses, I have determined that the laboratory under review:

meets all on-site assessment requirements

does not meet all on-site assessment requirements as indicated below

does not meet all on-site assessment requirements as indicated below and requires a follow-up assessment to determine that nonconformities have been resolved.

Comments:

Evaluator's signature:	Date:
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PART 2 – to be completed for any review where the laboratory does not meet all requirements

Item number			Action required by laboratory (for nonconformities only)
NIST HB150 Checklist	Program- Specific Checklist	TM Review Summary	

NIS codes: OS = new/renewal on-site visit PT = proficiency testing on-site FOLUP = follow-up assessment MV = monitoring visit
 PRE = pre-assessment MOVE = on-site after lab move ADDTM = on-site to assess additions to scope

