

SITE VISIT EVALUATION

This form is also available electronically at
<http://www.cala.ca/A20-Site-Visit-Eval-Form.doc>

Please complete one form per site visit

Laboratory Name: _____ Membership Number: _____

Date of the assessment: _____

Names of Assessment Team members: _____

Please answer the following questions:

	YES	NO
Did the assessors conduct the assessment professionally and possess sound judgment?	<input type="checkbox"/>	<input type="checkbox"/>
Was the assessment performed objectively against ISO/IEC 17025 and relevant CALA requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Did the lead assessor organize the process effectively and efficiently?	<input type="checkbox"/>	<input type="checkbox"/>
Did the assessors communicate well, and put the laboratory staff at ease?	<input type="checkbox"/>	<input type="checkbox"/>
Do the findings support continual improvement in the laboratory (value-added)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there consistency between this team and the previous teams?	<input type="checkbox"/>	<input type="checkbox"/>
Will this audit have a positive effect on the laboratory services and be beneficial to your customer?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PLEASE RETURN TO: Karen Smith by Fax: (613) 233-5501 or by email to ksmith@cala.ca