



# SITE VISIT EVALUATION

**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?

Was the assessment performed objectively against ISO/IEC 17025 and relevant CALA documents?

Did the lead assessor organize the process effectively and efficiently?

Did the assessors communicate well, and put the laboratory staff at ease?

Do the findings support continual improvement in the laboratory (value-added)?

Is there consistency between this team and the previous teams?

Will this audit have a positive effect on the laboratory services and be beneficial to your customer?

**Comments:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN BY FAX TO: Karen Smith:

CALA

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or by email to [ksmith@cala.ca](mailto:ksmith@cala.ca)