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:		_
Remote Assessment : Yes No		
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 requirements?	_	_
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. In particular, please provide feedback on the effectiveness of the proce remote assessment.	ss if this v	was a

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



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