# RECOMMENDATION REPORT

**Date/s of visit**:  
**Duration (days)**: 

**Organisation**:  

**Location**:  

**Team Leader**:  

**Technical Assessor/s, Expert/s, GLP Inspectors and Observer/s**:  

## A. TYPE OF ASSESSMENT:

- [ ] Initial Assessment / Inspection / Study Audit  
- [ ] Surveillance Visit  
- [ ] Re-assessment / Inspection  
- [ ] Extension to scope  
- [ ] Personnel evaluation  
- [ ] On-site clearance of findings Visit (COF)  
- [ ] Re-instatement Visit  
- [ ] Other: (specify)  

Specify Other:  

**Accreditation Standard**:  

**Programme Type**: (E.g. Testing)  

**Scope / Field**: (E.g. Microbiology)  

## B. PREVIOUS CORRECTIVE ACTIONS (if applicable):

- [ ] Cleared  
- [ ] Not Cleared  

**Comments**:  

## C. OUTCOME OF ASSESSMENT AND RECOMMENDATION:

### Number of current non-conformances:

<table>
<thead>
<tr>
<th></th>
<th>Major:</th>
<th>Minor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Unconditional accreditation to be granted</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Deferral of accreditation until all non-conformances are cleared</td>
<td></td>
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<tr>
<td>3.</td>
<td>Deferral of accreditation until all non-conformances are cleared through an on-site visit, the costs of which are to be borne by the facility</td>
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<tr>
<td>4.</td>
<td>Accreditation not recommended</td>
<td></td>
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| 5. | Re-assessment only: Suspension of accreditation status or part thereof  
*Note*: The period of suspension shall not exceed the date of expiry of the Certificate of Accreditation |  |

### Initial Assessment / Re-assessment / Extension of new scope

1. Unconditional maintenance of accreditation  
2. Conditional maintenance of accreditation subject to satisfactory clearance of non-conformances  
3. Conditional maintenance of accreditation subject to an on-site clearance of non-conformances within 3 months, the costs of which are to be borne by the facility  
4. Suspension of accreditation or part thereof  
5. Reduction of scope of Accreditation (details on pg 2)  
6. Withdrawal of accreditation (details on page 2)  

### Surveillance Assessment / Extension of existing scope / 6 Month Follow-up Visit

1. All corrective actions have been effectively implemented  
2. Corrective actions have not all been implemented / effectively implemented  

### Clearance of Findings (COF) Visit

1. Re-instatement of accreditation is recommended  
2. Re-instatement of accreditation subject to satisfactory clearance of the non-conformances  
3. Re-instatement of accreditation is not recommended  

### Re-instatement Assessment (after suspension)

1. Inclusion of personnel for specified scopes  
2. Inclusion of personnel for specified scopes subject to clearance of non-conformances  
3. Personnel not recommended  

### Personnel Evaluation

1. Inclusion of personnel for specified scopes  
2. Inclusion of personnel for specified scopes subject to clearance of non-conformances  
3. Personnel not recommended

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Nominated Representative

Comments on acceptability as NR (incl. knowledge with SANAS accreditation requirements):

Name/s of Recommended Technical Signatory/ies:
List scopes for which signatories are recommended:
(Note: A witnessing / vertical assessment must be completed as evidence of competence)

Technical Manager: (Inspection only)
Quality Manager: (Inspection only)
Scheme Manager: (Proficiency Testing only)
Scheme Coordinator: (Proficiency Testing only)

STATEMENT ON ADEQUACY OF ORGANISATION & GENERAL COMMENTS ON COMPETENCE AS DETERMINED THROUGH CONFORMITY WITH ACCREDITATION REQUIREMENTS:

COMMENTS ON THE EXTENT OF COMPLIANCE TO NEW / REVISED STANDARD:

DETAILS OF AND REASONS FOR RECOMMENDATION TO REDUCE SCOPE / WITHDRAW ACCREDITATION:

NOTE: Recommendation to withdraw only with evidence of fraudulent behaviour, or where the CAB intentionally provides false information or conceals information

D. SANAS CORRECTIVE ACTION TIMELINE

1. Corrective Actions with Root Cause Analysis must be submitted to SANAS with supporting evidence referenced and attached to each non-conformance by the stipulated due date.
2. Facilities are exposed to a level of risk for suspension if submitting corrective actions after the due date.
3. Where suspension has been recommended at a re-assessment, Corrective Actions relating to the cause of the suspension must be submitted to SANAS and cleared, including a re-instatement assessment, where required, before the date of expiry of the Certificate of Accreditation.

Initial Assessments, extension of new scopes: Calculate 3 months from the assessment date: dd/mm/yy:
Surveillance and Re-assessment Visits, extension of existing scopes Calculate 25 working days from the assessment date dd/mm/yy:

Team Leader: Signed and Accepted:
Management Representative (NR) Signed and Accepted: