APPENDIX 7

GOOD LABORATORY PRACTICE COMPLIANCE PROGRAMME DEPARTMENT OF STANDARDS MALAYSIA

*LEAD INSPECTOR / INSPECTOR/ TRAINEE INSPECTOR EVALUATION REPORT

Name of evaluated inspector:

Date of inspection: _____

Type of inspection: _____

Role in the inspection: _____

Name of test facility: _____

Classification of Evaluation:

A = Acceptable, B = Needs Improvement, NA = Not applicable

EVALUATION

Criteria	Α	В	NA	Comment
1. Effective planning, preparation and briefing				
2. Punctuality				
the inspector was on time				
3. Conduct of starting conference:				
introduction				
scope and objectives				
reconfirm the standard				
 assures the maintenance & undertaking of confidentiality 				
 clarifies the inspection plan 				
 provides the opportunity for everyone to ask questions 				
 responds effectively to questions and remarks 				
4. Audit skills:				
remained in scope				
objective				
conclusions based on objective evidence				
alert				
act ethically				
good time management				
 ability to understand operation in a broad perceptive 				
5. Conduct of exit conference:				
 inspection findings clearly presented and explained 				
 category and significant of non-compliance explained 				
 confirmation of the scope of studies 				

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Criteria	Α	В	NA	Comment			
6. Presentation of inspection findings							
 inspection findings and non-complianc clearly presented and explained 	e raised						
7. Knowledge of inspection criteria / requirem (GLP CP Manual & OECD Principles of GL							
8. Compliance with inspection procedure (GLP CP Manual & OECD Series No.3)							
9. Appearance							
10. Oral communication skills							
11. Clear and concise reporting							
12. Relationship with team							
13. Relationship with customer							
14. Personal attributes:							
ethical, versatile							
open minded, mature							
diplomatic, observant							
decisive, self-reliant							
Report by evaluator Result of evaluation: Satisfactory / Unsatis Summary comments: Name: Signature Acknowledgement by evaluatee Name : Signature (Lead Inspector/Inspector/Trainee Inspector*)	e:			Date: Date:			
Reviewed by GLP Manager Result of review: Satisfactory / Unsatisfactory * Comments:							
Name: S	ignature:			Date:			
Approval by Director of Accreditation							
Approved / Not Approved*							
Comments:							
Signature: Date:							

Note: * Delete whichever not applicable