**Remote Assessment Request Form**

This form is to be used when a Conformity Assessment Bodies (CAB) is requesting that Standards Malaysia conduct a remote assessment of some or all of its conformity assessment activities. Please complete and submit this form to Standards Malaysia via email to your Accreditation Officer (AO) along with the requested supporting information. Once received by Standards Malaysia, the request will be reviewed to determine if, and for what activities, remote assessment will be used during the conformity assessment process.

**Part I: General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. CAB Name | : |  | |
| 1. CAB Certificate Number(s) | : |  | |
| 1. CAB representative (Name, email, tel no.) | : |  | |
| 1. Indicate conformity assessment activities to be assessed remotely | : | **Conformity Assessment Activity** | **Please (√)** |
| Pre-Assessment |  |
| Surveillance |  |
| Re-Assessment |  |
| Witnessing |  |
| Verification |  |
| Others: Please state:\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. Medium of assessment (E.g. video conference applications, messenger services, file sharing applications, email, telephone call) | : |  | |

**Part II: Supporting Information**

|  |  |  |
| --- | --- | --- |
| **Documents/Records**:  **(NOTE:** By ticking the box, the CAB hereby agrees to submit the supporting information. The supporting information is to only be submitted upon agreement by the Team Leader and the date of assessment has been set.) | **Please (√)** | **Remarks** |
| 1. **For ACB:** | | |
| * + - 1. FM 410 |  |  |
| * + - 1. Quality Manual/Procedures |  |  |
| * + - 1. List of personnel |  |  |
| * + - 1. List of clients |  |  |
| * + - 1. Structure/Organisation chart |  |  |
| * + - 1. Management of impartiality |  |  |
| * + - 1. Risk assessment analysis/report |  |  |
| * + - 1. Internal audit report |  |  |
| * + - 1. Management review minutes |  |  |
| 1. **SAMM CALIBRATION / TESTING (CT):** | | |
| * + - 1. Company profile and information about the laboratory including legal entity and its activities |  |  |
| * + - 1. Latest /current Structure/Organisation chart |  |  |
| * + - 1. Policies and objectives |  |  |
| * + - 1. Identified management who is responsible for laboratory activities (name and responsibility) |  |  |
| * + - 1. Risk assessment analysis/report |  |  |
| * + - 1. Internal audit report |  |  |
| * + - 1. Management review minutes |  |  |
| * + - 1. Competency records of personnel |  |  |
| * + - 1. Most recent evaluation of measurement uncertainty (MU) |  |  |
| * + - 1. Statement of conformity (if applicable) |  |  |
| * + - 1. Record of equipment which can influence laboratory activities (e.g. calibration programme, intermediate check, verification records, etc)   Note; refer to clause 6.4.13 MS ISO/IEC 17025 |  |  |
| * + - 1. Quality control charts |  |  |
| * + - 1. Sample of test reports / calibration certificates issued |  |  |
| * + - 1. PT participation record |  |  |
| * + - 1. PT plan (for re-assessment) |  |  |
| 1. **SAMM MEDICAL TESTING (MT):** | | |
| * + - 1. LA 401 RA MT – Remote Assessment Report and supporting information as required for the report |  |  |
| **MIBAS:** | | |
| * + - 1. Quality Manual/procedures |  |  |
| * + - 1. Risk on impartiality |  |  |
| * + - 1. Policies and objectives |  |  |
| * + - 1. Technical Manager and its deputy (name and responsibility) |  |  |
| * + - 1. List of signatories |  |  |
| * + - 1. List of inspectors |  |  |
| * + - 1. Record of monitoring of inspectors |  |  |
| * + - 1. Internal audit report |  |  |
| * + - 1. Management review minutes |  |  |
| * + - 1. Competency records of personnel |  |  |
| * + - 1. Calibration certificate of equipment |  |  |
| * + - 1. Verification records of equipment |  |  |
| * + - 1. Sample of inspection reports/certificates issued |  |  |
| 1. **MyPTP:** | | |
| * + - 1. Quality manual/procedures |  |  |
| * + - 1. Structure/Organisation chart |  |  |
| * + - 1. Policies and objectives |  |  |
| * + - 1. List of personnel (name and responsibility) |  |  |
| * + - 1. Internal audit report |  |  |
| * + - 1. Management review minutes |  |  |
| * + - 1. Competency records of personnel |  |  |
| * + - 1. PT report |  |  |

**Part III: Acknowledgement**

By requesting for remote assessment, the CAB agrees to the following:

1. To fully comply with the relevant Standards Malaysia requirements and criteria;
2. The CAB agrees with the assessment team and plan prior to the commencement of assessment;
3. The CAB agrees to prepare the medium of assessment as per Part I, 5.;
4. The CAB agrees to provide the supporting information as per Annex A prior to the assessment. The CAB understands that failure to submit the supporting information prior to the assessment may lead to cancellation of assessment;
5. The CAB to provide full cooperation during the assessment;
6. The CAB is responsible for the management of confidentiality of information transmitted during the conduct of the remote assessment;
7. The CAB fully understands Standards Malaysia’s categorisation of findings; and
8. The CAB fully understands Standards Malaysia’s complaints and appeals procedure.

**Prepared by** **CAB representative:**

Name :

Date :

(No signature is required as this form was submitted electronically)

Note:

After the request has been provided to Standards Malaysia, the request will be reviewed by Standards Malaysia and a determination of the acceptability and extent of remote assessment is to be made. At that time, the CAB will be informed of the decision and the next steps required to proceed with the assessment process.

If you have any questions, please contact your assigned AO for further information.

**(To be filled by the Team Leader)**

I hereby agree and accept on behalf of the assessment team, the following:

1. To conduct the remote assessment;
2. That we have signed the Standards Malaysia Undertaking which includes to abide to confidentiality and act impartially;
3. The assessment team will dispose of any documents that come into their posession after the completion of assessment;
4. The assessment team has considered the risk is acceptable for remote assessment to be conducted.

Name :

Date :