# OBJECTIVE

Establish clearly whether it is the Evaluation for Certification, Registration, Monitoring, Annual, or Control.

# SCOPE

Define the extent of the Evaluation

# CERTIFICATION ENTITY DETAILS

|  |  |
| --- | --- |
| Name: | <full name> |
| Central office address: | <all data> |
| Phone/Fax: | <Phone number> |
| E-mail/Web Page: | <Fax number> |
| Evaluation date: | <day- month-year> |
| Personnel contacted: | <full name and position> |

# EVALUATION TEAM

|  |  |
| --- | --- |
| Name | Position |
|  |  |

# PROGRAM

Tentative evaluation program, which will be adjusted by mutual agreement.

Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Criterion** | **Activity** | **Schedule** | **Responsible** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

# REQUIRED SUPPORTS

To carry out the evaluation, support is needed in the following:

* Availability of the personnel responsible for the activities to interview them and verify the development of their activities according to the corresponding procedures, within normal working hours, unless otherwise agreed by both parties.
* Willingness to accompany an evaluation process to testify to the activities
* Granting a place of work.