

Name of CAB:			
Address:			
Accreditation Scheme:	<input type="checkbox"/> ISO/IEC 17043	<input type="checkbox"/> ISO/IEC 17020	<input type="checkbox"/> ISO 15189 <input type="checkbox"/> 17025 Field:
Accreditation Number:		Type of Assessment:	<input type="checkbox"/> IA <input type="checkbox"/> SV1 <input type="checkbox"/> SV2 <input type="checkbox"/> SV3 <input type="checkbox"/> SA <input type="checkbox"/> RA
Reasons for requesting remote/hybrid assessment:	<input type="checkbox"/> Health and safety issues (e.g. pandemic situations) <input type="checkbox"/> Travel restrictions <input type="checkbox"/> Supplemental of the on-site assessment <input type="checkbox"/> Inevitable matters (e.g. personal emergencies, flight changes) <input type="checkbox"/> Complaint investigation and/or verification of corrective action implementation <input type="checkbox"/> Others (please specify) _____		
Requirements and/or activities to be covered:	<input type="checkbox"/> Management Requirements <input type="checkbox"/> Technical Requirements <input type="checkbox"/> Witnessing		

Checklist	CAB's Response (Please provide a detailed response)	PAB Remarks
Video Conferencing Tool		
Do you allow PAB to use its online video/audio conference tool? Note: PAB shall record the assessment activity and will ensure confidentiality of all the information obtained and recorded, as necessary. Prior to recording, PAB will seek your permission to do so.	<input type="checkbox"/> Yes (Microsoft Office Teams or Zoom) <input type="checkbox"/> No (Please state the reason and suggest a tool to be used)	

Checklist	CAB's Response (Please provide a detailed response)	PAB Remarks
Internet and Electronic Devices		
Can your internet access and bandwidth support virtual meeting (such as web conferencing solutions)?	<input type="checkbox"/> Yes Internet Provider: _____ Type of connection: _____ Speed: _____ <input type="checkbox"/> No (Please state the reason)	
Do you have ICT tools (e.g. computers, laptops, mobiles, tablets, etc.) that can be used during remote assessment?	<input type="checkbox"/> Yes (Indicate the number and the type of ICT tools to be used) <input type="checkbox"/> No	
Are your ICT tools provided by the company/organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have skilled IT personnel?	<input type="checkbox"/> Yes Name: _____ Designation/Position: _____ Employment Status: _____ <input type="checkbox"/> No	
Do you have scanning facility that may be required for submission of e-copy documents?	<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No	
Electronic Documentation System		
Do you have electronic management system in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Checklist	CAB's Response (Please provide a detailed response)	PAB Remarks
Are you willing to provide temporary access to PAB Assessment Team to view and assess electronic documents and records?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please state the reason)	
Is there any confidential documented information that are not allowed to be accessed during the remote assessment?	<input type="checkbox"/> Yes (Please specify) <input type="checkbox"/> None	
Witnessing Arrangements		
Will you be able to arrange the witnessing of testing, inspection and/or calibration activities with reference to your scope of activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify the means)	
If live stream witnessing is not possible, are you willing to video record scope of activities and submit to PAB?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please state the reason)	
Are the required staff/personnel available during the remote assessment?	<input type="checkbox"/> Yes (Please accomplish Annex B by indicating the name of the personnel involved in the laboratory/inspection body's operations) <input type="checkbox"/> No (Please state the reason)	
What are your operational working hours? <i>(If outside the Philippines, please specify your time zone)</i>		
Are you willing to cooperate on remote assessment hours in relation to the availability of the assessment team member?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please state the reason)	
Other Issues, Concerns and Suggestions		
Is there any identified risk in relation to this remote assessment?		

Checklist	CAB's Response (Please provide a detailed response)	PAB Remarks
Any comments or suggestions to improve the remote/hybrid assessments?		

Note: Please submit this form in MS Word Format

All information provided for the conduct of this remote assessments are true and correct. Additionally, the CAB reviewed and agreed to the terms and conditions set by PAB stated in PAB/SF06.

Name of CAB's Authorized Representative: _____
Position/Designation: _____
Date: _____

ANNEX A: LIST OF DOCUMENTS FOR SUBMISSION

The following documents and records are required to be submitted together with the required application forms. Additional documents will be requested subject to the assessor's and expert's validation. Any sample records to be submitted should not come from the last two (2) months prior to submission

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> System Documentation (Manuals, Procedures, Work Instructions)<input type="checkbox"/> Legal identities<input type="checkbox"/> Organizational and/or functional structure<input type="checkbox"/> Records related to risk analysis*<input type="checkbox"/> Confidentiality records<input type="checkbox"/> Latest Internal Audit<input type="checkbox"/> Records of nonconforming work and corrective actions<input type="checkbox"/> Latest Management Review<input type="checkbox"/> Records relating to purchasing (e.g. purchase request to supplier evaluation)<input type="checkbox"/> Records related to subcontracting, if any<input type="checkbox"/> Complaints/Appeals<input type="checkbox"/> Personnel records (Authorization, Competence, Education and professional qualifications, Training, skills and experience)<input type="checkbox"/> Records of reference materials (Quality and Traceability) **<input type="checkbox"/> Records of compliance to ISO/IEC 17025 if characterization of PT Materials from external provider **<input type="checkbox"/> Records of a complete process<ul style="list-style-type: none">• For applicant PT provider, from announcement/invitation to Interim and/or complete report to participants• For testing, calibration and inspection body, from receiving to worksheets to certificates/reports | <ul style="list-style-type: none"><input type="checkbox"/> Proficiency Testing Final Report based on the matrix being applied for**<input type="checkbox"/> Proficiency Testing Plan based on the matrix being applied for **<input type="checkbox"/> Monitoring of environmental conditions<input type="checkbox"/> Equipment records (latest calibration certificates, plan and maintenance)<input type="checkbox"/> QA/QC records (internal quality controls)<input type="checkbox"/> Latest records of proficiency testing participation*<input type="checkbox"/> Measurement uncertainty*<input type="checkbox"/> Design of proficiency testing schemes records **<ul style="list-style-type: none">• Planning (choice of test materials, frequency of rounds, scoring system)• Preparation of PT items (acquisition, collection, preparation, handling, storage and disposal)• Homogeneity and stability assessment of PT items***• Statistical design (statistical models and analysis techniques, assigned values and standard uncertainty) |
|---|---|

**Not required to applicant PT provider*

***Required to applicant PT provider only*

****if PT samples prepared from an external source/outsource, provide documents to ensure integrity of the sample: ISO/IEC 17043:2010 or ISO 7034:2016 accreditation.*

Note: This portion is required for surveillance visit.

----- To be filled-out by PAB Accreditation Officer -----

Assessment Team	
Assessment team members are willing to conduct the assessment remotely?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please state the reason)
Assessment team members have reliable and fast internet access and bandwidth?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please state the reason)
Assessment team members have the ICT tools to conduct the remote/hybrid assessment (i.e. computers, laptops, mobiles, tablets, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please state the reason)
Agreed time for remote assessment	
Special request from the assessment team	
Accreditation History	
Notes from the previous assessment findings and records of nonconformities	

PAB'S DECISION ON THE CONDUCT OF REMOTE/HYBRID ASSESSMENT

Recommended for Remote Assessment:

- Yes No (Please state the reason)
 Remote Hybrid

REVIEWED BY: _____
 Program Manager/Date

NOTED BY: _____
 Division Chief/Date