

**IF 05  
HKIAS INSPECTOR ASSESSMENT FORM**

Inspection Body : _____	Date : _____																		
Inspector Name : _____ Qualification : _____ Experience : _____ Training : _____ Communication skill : _____ Inspections for approval : _____ Competence : _____ _____ _____ Understanding of the need of integrity and impartiality Remarks : _____ _____ _____ _____ Approval recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <thead> <tr> <th>Acceptable</th> <th>Not Acceptable</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Acceptable	Not Acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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