

AF 02
HOKLAS SIGNATORY ASSESSMENT FORM FOR NON-MEDICAL LABORATORIES

Case ID : _____

Date of Assessment : _____

Name :	Qualifications :
Nominated Test Area(s) :	
Position in staff structure, responsibilities and work experience :	
Technical Knowledge :	
Familiar with test methods assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with underlying principles and limitations of test methods assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with the requirements on measurement traceability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with the requirements on uncertainty of measurement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Comments :</i>	
Management System Knowledge :	
Familiar with the requirements of HKAS 002 Chapters 5 and 8 and HOKLAS SC-33?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with the requirements of HKAS SC-06 on Code of Conduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with the requirements of HOKLAS 003 and relevant Supplementary Criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Comments :</i>	
Recommendation :	
<input type="checkbox"/> Signatory approval recommended for the following test area(s) and conditions for approval :	
<input type="checkbox"/> Signatory approval not recommended. Nomination to be reviewed after the following conditions have been satisfied* :	
Assessor :	Signature :
Team Leader :	Signature :

* Delete where not applicable