

AF 10
HOKLAS SIGNATORY ASSESSMENT FORM FOR PROFICIENCY TESTING PROVIDER

Case ID : _____

Date of Assessment : _____

Name :	Qualifications :
Nominated Proficiency Testing Scheme(s) :	
Position in staff structure, responsibilities and work experience :	
Technical Knowledge :	
Familiar with operation of proficiency testing scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with analysis of properties of interest?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with data analysis and evaluation of proficiency testing scheme results?	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-34?	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 017, HOKLAS 003 / 015* 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 proficiency testing scheme(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