

AF 13
HOKLAS SIGNATORY ASSESSMENT FORM FOR REFERENCE MATERIAL PRODUCER

Case ID : _____

Date of Assessment : _____

Name :	Qualifications :
Nominated type(s) of reference material :	
Position in staff structure, responsibilities and work experience :	
Technical Knowledge :	
Familiar with reference material production process?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with procedures for reference material characterisation, data evaluation and quality control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with limitations of the production and characterisation procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with procedures of recording and reporting/certifying reference material properties?	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-39?	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 022, 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 type(s) of reference material 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