

**TECHNICAL ASSESSMENT**

**QUESTIONNAIRE**

**Inspection Body Accreditation Programme**

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| 1. **General Information**
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| 1.1 **Name of accredited or applicant organisation**.      1.2 Please **provide a brief summary of the primary function of the Inspection Body** and/or **any changes in function during the past four years**.                 1.3 **Type** of Inspection Body - please complete and return the: [**Type A, B, C inspection body decision making process**](https://www.ianz.govt.nz/services/accreditation-2/becoming-accredited/information-packs/inspection/)form[ ]  Type A[ ]  Type B[ ]  Type C 1.4 Approximately **how many inspection reports or certificates, etc. relating to the inspections for which accreditation is held and/or sought are produced** on a monthly basis OR on an annual basis?Monthly: Annually: 1.5 If your Inspection Body is already accredited, what **proportion of the reports or certificates were IANZ endorsed?** 1.6 Please give **details of any recognition already awarded to the Inspection Body by organisations other than IANZ** (eg. NZ Government Departments, overseas bodies, etc.) or any assessments undertaken by other agencies.     1.7 **What percentage of the inspections, for which you hold or are seeking accreditation, is undertaken for**: In-house purposes %External clients % |

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| 1. **Accreditation Requirements**
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| 2.1 **Applicant Inspection Bodies:**Please **list the specific types of inspection for which accreditation is being sought**.**Accredited Inspection Bodies:**1. Scope extension

With reference to your current terms of accreditation, please **list those additional types of inspection for which accreditation is requested** 1. Scope item deletion

With reference to your current terms of accreditation, please **list those inspections for which accreditation is no longer required**.**Please provide copies of all relevant procedures/methods.***(Please indicate if more than one site is involved in performing these procedures)* |
| **Items / Systems inspected** | **Specific types of inspection** | **Methods used** | **Inspection frequency per month** |
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| 1. **Staff**
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| 3.1 Please indicate the **number of** **staff directly involved in inspection activities**. Full Time:  Part Time: 3.2 **Competency Model Inspection Bodies:**  Please include your up-to-date **Competency Matrix** (refer to the IANZ document *AS IB C3 Competency Model Requirements* for the specific information the matrix shall contain).3.3 **Signatory Model Inspection Bodies:**  Please list below the **names of all staff/contractors involved in inspection activities**, along with their current status (e.g. trainee / signatory applicant / current signatory / signatory applying for scope extension). Alternatively, you can submit this information as part of a Competency Matrix as outlined above.  Please attach ‘Application for Signatory Approval’ forms and supporting documentation for **existing signatories due for signatory review or seeking scope extensions**, and for any **new signatory applicants**. *Signatory Model Only*

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| **Name** | **Status (e.g. trainee / signatory applicant / current signatory)** | **Types of inspection for which signatory approval is sought** |
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3.4 If your Inspection Body is already accredited, **please list those persons who have joined the staff** since the last full (4-yearly) assessment.

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3.5 If your Inspection Body is already accredited, please **list the names of those persons who have left** since the last full (4-yearly) assessment.

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3.6 Please **attach a copy of the current organisation chart** for your Inspection Body detailing staff positions and names. |
| 1. **Equipment**
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| 4.1 **Applicant Inspection Bodies:**Please **list major items of equipment currently in use in the organisation as an essential part of the inspections** for which accreditation is being sought.**Accredited Inspection Bodies:**Please list **any items of equipment that have been put into service since the last full assessment** of the Inspection Body, or **relate to new inspections for which the Inspection Body is seeking accreditation.** **Where appropriate, please provide copies of relevant equipment calibration certificates.** |
| **Item**(Company identification, description, make, model, range if applicable) | **Date Of****Last****Calibration** | **Date Of****Next****Calibration** | **Calibrated by**(Include certificate no. if possible) | **Remarks** |
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| **5. Accommodation**  |
| 5.1 **If appropriate** (i.e inspections are completed in-house), please use the space below to provide a **sketch of the space devoted to the inspections for which this accreditation is required**. Please indicate approximate room sizes, functions, services, environmentally-controlled areas, locations of major items of equipment including safety equipment. (Alternatively, if a plan is included in the Quality Manual, please attach a photocopy to this section.)      |
| 5.2 With regard to the working environment, have you any reservations regarding general accommodation, storage, safety and environmental control? Are the environmental conditions conducive to the performance of accurate reliable work by the staff? Please elaborate.              |

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| 1. **Records**
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| 6.1 Please include a **list of inspections undertaken by the Inspection Body during the last three months.**  6.2 Please enclose copies of **at least three typical inspection reports or certificates with copies of associated original paperwork** (such as checklists, worksheets, written observations or pages from workbooks). These should be copies of actual reports or certificates and not artificial examples prepared for the assessment, except in cases where accreditation is required before reports/certificates can be produced. To maintain confidentiality, the client identification can be removed. Serial numbers / identification of inspection reports or certificates enclosed:             Identification of worksheets or workbook pages enclosed:             |
| 1. **Miscellaneous**
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| 7.1 **Have you enclosed copies of:**[ ]  Required inspection procedures/methods?[ ]  Competency Matrix *(if Competency Model is applicable)*?[ ]  Application(s) for Signatory Approval for existing signatories due for signatory review or seeking scope extensions, and new signatory applicants *(if Signatory Model is applicable)*?[ ]  Your Inspection Body’s current staff organisation chart?[ ]  Equipment calibration certificates?[ ]  List of inspections from the last three months?[ ]  Reports or certificates and associated worksheet records?[ ]  Completed [Type A, B C Inspection Body decision making process](https://www.ianz.govt.nz/services/accreditation-2/becoming-accredited/information-packs/inspection/) form *Please* note *that in order to adequately brief the assessment team, it may be necessary for IANZ to reproduce some or all of the material supplied.*7.2 Please identify the person who completed this submission. Name:  Title:   Signature:   Date: 7.3 Please forward this submission and the documents listed in 7.2 above to: **IANZ - Inspection Body Programme** **Mail:** Private Bag 28908, Remuera, Auckland 1541 **Physical:** 626 Great South Road, Ellerslie, Auckland 1051 Email: info@ianz.govt.nz  For further information, contact your Programme Manager at IANZ: Telephone (09) 525 6655  *Please keep at least one copy of the completed submission for your files and for reference during the assessment of your organisation.*  |