



Assessor Questionnaire

OMB No.
0693-0031 Expires:
2024-08-31

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Laboratory Name:

NVLAP Lab Code:

Assessor Name:

Assessment Date(s):

Please provide NVLAP with your evaluation of the assessor by rating the following performance areas. Complete a separate questionnaire for each assessor. For any question rated Poor or Fair, comment below.

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
1. Familiarity with NVLAP accreditation procedures and requirements (NIST Handbook 150 series)	(1)	(2)	(3)	(4)	(5)
2. Knowledge of relevant assessment methods and techniques: examining, questioning, evaluating and reporting	(1)	(2)	(3)	(4)	(5)
3. Audit management skills: preparation, organization, and direction	(1)	(2)	(3)	(4)	(5)
4. Technical knowledge of specific tests or calibrations for which accreditation is sought and, where relevant, of the associated sampling procedures	(1)	(2)	(3)	(4)	(5)
5. Personal attributes: judgment, objectivity, maturity, interpersonal skills	(1)	(2)	(3)	(4)	(5)
6. Oral and written communication skills	(1)	(2)	(3)	(4)	(5)
7. Presentation of assessment findings and conclusions in a logical and orderly sequence and in appropriate depth (exit briefing and on-site assessment report)	(1)	(2)	(3)	(4)	(5)
8. Duration of assessment (number of hours at laboratory)					
9. Comments (attach sheet if needed)	_____				

Please return this questionnaire via email to NVLAP@nist.gov. Thank you very much!

FOR NVLAP USE ONLY

Reviewed by: _____ Date: _____

Comments: