

I/O Performance Assessment Check Sheet

Certification Type	HVS	I/O ID	
Date		I/O Delegate Name	

1. Ownership and Accountability		Comments
1.1 Delegated QMS role		
1.2 COI responsibilities		
1.3 Escalation process		
2. Technical Performance		
2.1 Correct certification outcomes		
2.2 Correct technical decisions		
2.3 Technical competence		
3. Administrative Performance		
3.1 Correct use of cert. Documents		
3.2 Correct entry of certification info		
3.3 Administrative competence		
4. Resources		
4.1 Facilities		
4.2 Technical equipment		
4.3 Administration equipment		
4.4 Technical information		
4.5 Controlled cert. Documents		
4.6 Certification staff		
5 Management		
5.1 Management of competence		
5.2 Management of facilities		
5.3 Management of equipment		
5.4 Mgmt of technical information		
5.5 Mgmt of certification documents		
5.6 Mgmt of electronic cert. Info		
5.7 Mgmt of certification staff		
5.8 Management of time		
6. Performance improvement		
6.1 Commitment to improvement		
6.2 Internal assessments		
6.3 Correct handling of complaints		
6.4 Commitment to the QMS		

Comments: (This may include an I/O action plan)

I/O Delegate Name:

I/O Delegate Sign: