ANNEX 3

**QUESTIONAIRE OF EVALUATION OF CONFORMITY ASSESSMENT SCHEME**

**CAB name \_\_\_\_\_\_\_\_\_”XZ”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scheme name, scheme number \_\_\_\_no. 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **General data on scheme owner (SO)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Scheme Owner Name** |  | | |
| **Address** | Chisinau city, str. | | |
| **Contact data** | **Tel:** | **Fax:** | **Email:** |
| **Banc references** |  |  |  |
| **Legal representative of scheme owner, (***Name, Surname*) | CAB representative – Director’s name, surname | | |

* 1. **Conformity assessment scheme requirements presented by CAB and accepted by MOLDAC**
     1. **Domain for which scheme is intended:**

|  |  |  |
| --- | --- | --- |
| **Nr. and name:**  **- Product group**  **- Group for DOP/IGP/ST products**  **- Inspection domain** | **1**  **2**  **6** | Agricultural products and food industry products  Food and processed products  Medical device |
| **Nr. and division name:**  **-CAEM/ NACE 2**  **-Category/Subcategory/sector**  **-Object or product subject to inspections** | **11**  **C** – Food products manufacture  - | Beverages manufacture  C IV – Processing of stable ambient products  Incubator for new-borns |
| **Nr. and NC chapter title (2 figures)**  **- products**  **- DOP/IGP/ST products**  **\*not applicable IB** | **22**  **22** | Alcohol, non-alcohol beverages and vinegars  Alcohol, non-alcohol beverages and vinegars |

**1.2.2 Scheme presentation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part of the questionnaire completed by  **CAB** | | | Part of the questionnaire completed by **MOLDAC** | |
| **No.** | **Scheme specific requirements** | **Presentation of document indicative where are described scheme requirements, of the document item (Procedure, Instruction, DN, etc.)** | **Result of scheme requirements assessment by MOLDAC** | |
| **Comply** | **Does not comply** |
|  | Scheme description  **-Group of products** | **Example:**  ***sch. 2 (ISO/CEI 17067) – important products certification (contract)*** |  |  |
|  | Reference standard, all requirements that are provided by the scheme (see 6.5.1 from ISO/IEC 17067 and all requirements of ISO/CEI 17065 for certification and requirements of ISO/CEI 17020 for inspection)  Example: ISO/CEI 17065 4.1.2.2 i), j), k)  4.1.3.1, 4.13.2  Etc. | Example: Certification Procedure:  Pct. 6.1.3  Pct. 6.1.4 etc |  |  |
|  | Scheme activities | testing, inspections,  17065: 17020, 17025  17020: 17025 |  |  |
|  | Scheme requirements – General framework of reference and of normative context: | | | |
| - National framework | For certification:  HG – 356/2015, alcohol products  HG – 520 contaminants,  HG – 229 food additives etc.  For inspection:  Law 102/2017 – medical devices  HG- 966/2017  MS MPS Order nr 30 as of 12.01.2018 |  |  |
| - European and international framework | Not applicable for the moment |  |  |
|  | Evidence of market support for **CAS** from interested parties | Requests for certification |  |  |
|  | Rules for certification/ inspection process/ etc. | Requirements specific to scheme: procedures, sampling methods, CC/CI duration, etc., requirements for LÎ/OI, etc., requirements for personnel, etc.:   * PSM-7, pct. 6.2.6(identification), * PSM-7, pct. 6.2.7(sampling), * PSM-7, pct. 6.2.11(C/C duration) |  |  |
|  | List of interested parties that approved scheme contents, divided according with categories and interests, which they represent.  To present evidence:   * list including Name, Surname, interested party that represent, main work place, date and number of document by which he/she was appointed, * copy of minutes by which was approved scheme’s contents, etc. | Certification scheme, that has went through interested parties, or certification procedure:  -CAB clients,  -clients’ beneficiaries,  -manufacturers,  -providers,  -authorities’ representatives, etc. (see 5.2.4 from ISO/IEC 17065) |  |  |
|  | Which are specific requirements on conformity assessment object’s features (process/ product/ service/ material/ facility/ system, etc.)? Identify scheme documents, where these are specified. | **Note:**  -Requirements will be described in a clear, direct and accurate way and will result in a correct and unique interpretation, so that parties using scheme document will be able to derive from the content of document an unambiguous understanding of its meaning and intention.  -Requirements will be written regarding the results and along with limit values and allowed deviations, if they are appropriate.  -Requirements should be described in a unique, clear way using objective, logic, valid and specific wording |  |  |
|  | Is scheme covered with the following elements typical to a conformity assessment scheme (according to ISO/IEC 17067)? | | | |
|  | **Selection:**  -Planning and preparing activities | -Assessment questionnaire performed by the applicant (Guide 28),code: Y  -Assessment Plan, code: Y, etc. |  |  |
| -Requirements specifications (ex.: normative documents and of sampling, as appropriate) | *According to requested Accreditation Scope*  *Internal or external sampling document, etc.* |  |  |
|  | **Determination of features:**  a) Testing | - Testing program for grape-wine, code: Y,  - Minutes of organoleptic features, code: Y, etc. |  |  |
| b) Inspection | -Identification act, code: Y  -Sampling act, code: Y |  |  |
| c) Project Verification | *not applicable* |  |  |
| d) Services and processes assessment | - Assessment/ surveillance questionnaire for storage conditions, code: Y  - Nonconformity form, code: Y  - Objections form, code: Y  - Assessment results, code: Y  - Testing report, LÎ, etc.  - Final assessment report, code: Y |  |  |
| e) Other determination activities, for example verification | *not applicable* |  |  |
|  | **Analysis:**  Review of conformity evidences obtained during the determination stage in order to establish if specific requirements were met    \* not applicable for IB | -List of documents and records from the folder, code: Y  -Recommendation of Technical Committee, code: Y, etc. |  |  |
|  | **Certification/ Inspection decision:**   * Granting/ not granting certification/ inspection | -Certification decision, code: Y  -Certification refusal, code: Y |  |  |
| * Maintenance (for CB) | -Maintenance decision, code: |  |  |
| * Extension (for CB) | *According to 6.9 of PSM-7, Decisions* |  |  |
| * Suspension (for CB) | -Suspension decision, code: Y |  |  |
| * Restriction (for CB) | *According to 6.9 of PSM-7* |  |  |
| * Withdrawal (for CB) * Insolvency (for IB) | *According to 6.9 of PSM-7* |  |  |
|  | **Attestation, licensing:**   1. Issuing certification and of other document by which conformity is declared   (validity of certificate/ document)  Example: Conformity Certificate, Inspection Certificate, Metrological Verification Form, etc. | - Conformity Certificate (CC), code: Y,  - Annex to CC, code: Y  issued for a period of – 1 year (PSM, pct.) |  |  |
| 1. granting the right to use the certificate or of other document by which conformity is declared | - Certificate Use Agreement, code: Y |  |  |
| 1. issuing a conformity certificate for a batch of products   \*not applicable for IB | *not applicable* |  |  |
| 1. granting the right of use of conformity mark (licensing) is made based on surveillance or on a certification of a batch   \*not applicable for IB | -Conformity Mark Use Agreement code: Y |  |  |
| 9.6. | \*p.9.6 is not applicable for IB  **Surveillance**   1. Testing or inspection of sampling from the market | - Product surveillance program, code: Y,  - Product surveillance plan, code: Y,  - Assessment/ surveillance questionnaire of storage conditions, code: Y,  - Sampling act, identification, etc… |  |  |
| 1. Testing or inspection of samples from the manufactory | *not applicable* |  |  |
| 1. Assessment of production, service delivery or of process operation | *not applicable* |  |  |
| 1. Management system audits combined with random testing and inspections | *not applicable* |  |  |

**1.3 Authorized people from CAB responsible for assessment scheme and for questionnaire completion**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Team members** | **Name, Surname** | **Signature** | **Date** |
| 1. | Expert in the field |  |  |  |
| 2. | CAB Head |  |  |  |

**1.4 Results of scheme evaluation by MOLDAC team:**

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| --- | --- | --- | --- |
| Accepted |  | Not accepted |  |

***NOTE:* *In case of not acceptance, are indicated reasons***

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**1.5 Members of evaluation of conformity assessment scheme from MOLDAC:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Team members** | **Name, Surname** | **Signature** | **Date** |
| 1. | Lead assessor |  |  |  |
| 2. | Technical Assessors |  |  |  |
| 3. | Technical Experts |  |  |  |

Note: What is written in green is an example of completion.