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| CAB Checklist for PS 10 Submission | PS10-F1 |
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| **Conformity Assessment Body (CAB) Name:** |  |
| **INAB Reg No./Serial No.:** |  |
| **Date of Assessment:** |  |

The CAB is required to submit this page with the PS10 documentation:

|  |  |  |
| --- | --- | --- |
| **APPLICANTS** | | |
| 3.1 |  |  |
| 3.2 |  |  |
| 3.3 |  |  |
| 3.4 |  |  |
| **ALL CABS** | | |
| 4.1 |  |  |
| 4.2 |  |  |
| 4.3 |  |  |
| 4.4 |  |  |
| 4.5 |  |  |
| 4.6 |  |  |
| 4.7 |  |  |
| 5.1 |  |  |
| 5.2 |  |  |
| 5.3 |  |  |
| 5.4 |  |  |
| 5.5 |  |  |
| 5.6 |  |  |
| 5.7 |  |  |
| 5.8 |  |  |
| 5.9 |  |  |
| **+ LABORATORIES** | | |
| 6.1 |  |  |
| 6.2 |  |  |
| 6.3 |  |  |
| 6.4 |  |  |
| 6.5 |  |  |
| 6.6 |  |  |
| 6.7 |  |  |
| 6.8 |  |  |
| 6.9 |  |  |
| **+ CERTIFICATION, INSPECTION AND VALIDATION/VERIFICATION BODIES – HEAD OFFICE** | | |
| 7.1 |  |  |
| 7.2 |  |  |
| 7.3 |  |  |
| 7.4 |  |  |
| 7.5 |  |  |
| 7.6 |  |  |
| **+ REFERENCE MATERIAL PRODUCERS** | | |
| 8.1 |  |  |
| 8.2 |  |  |
| 8.3 |  |  |
| **+ BIOBANKS** | | |
| 9.1 |  |  |
| 9.2 |  |  |
| 9.3 |  |  |
| **+ WITNESSED ACTIVITIES (CERTIFICATION, VALIDATION/VERIFICATION AND INSPECTION)** | | |
| 10.1 |  |  |
| 10.2 |  |  |
| 10.3 |  |  |
| 10.4 |  |  |
| 10.5 |  |  |
| 10.6 |  |  |
| **+ NOTIFIED BODIES** | | |
| 11.1 |  |  |
| 11.2 |  |  |
| **+ NEW APPLICANTS AND APPLICATIONS FOR EXTENSIONS TO SCOPE (ALL CABs)** | | |
| 12.1 |  |  |
| 12.2 |  |  |
| 12.3 |  |  |
| 12.4 |  |  |
| 12.5 |  |  |
| 12.6 |  |  |
| 12.7 |  |  |
| 12.8 |  |  |
| 12.9 |  |  |
| 12.10 |  |  |
| 12.11 |  |  |
| 12.12 |  |  |
| **+ CERTIFICATION, INSPECTION AND VALIDATION/VERIFICATION BODIES – DOCUMENTATION FOR FILE REVIEW** | | |
| 13.1 |  |  |
| 13.2 |  |  |
|  | | |
| Guest WiFi available | Yes  No | |