REPORT DETAILING ALL THE LOCATIONS INSIDE AND OUTSIDE IRELAND ASSOCIATED WITH EACH CAB

Please return to your INAB officer no later than 31st Jan each calendar year. Use additional sheets as necessary

CAB Name:

Reg. No.

Year:

***Notes:**

(a) Country and full postal address of location

(b) e.g. certification decision making, testing, application review, administration

(c) e.g. sub-contractor, branch office

(d) Key activities performed, see PS19 clause 2.4; documented justification required if not critical

(e) Date from which critical location was effectively operation al within the CAB management system

(f) Site may be sub-contracted by INAB accredited CAB and may hold accreditation in its own right

Country and Full address [(a)]	Services/Activities provide at the location [(b)]	Specify legal or other relationship with parent CAB [(c)]	No. employees/subcontractors on site	Critical Location? Y/N [(d)]	Date which location commenced/ ceased operation [(e)]	Accreditation Status, if applicable [(f)]