**TNV F 001-RT REMOTE ASSESSMENT REQUEST FORM**

Additional Questionnaire and decision making for Remote Assessment request:

# **Basic Information of the applicant (to be provided by the client organization):**

| ***Subject*** | ***Particular*** |
| --- | --- |
| Name of the client organization |  |
| Address |  |
| Mail |  |
| Contact no. |  |
| Contact Person |  |
| **REASON OF REQUESTING REMOTE ASSESSMENT** |
| Social Unrest (war, Crime, strike, tension, riot, terrorism, flood, disaster etc) |  |
| Unsuitability of the Physical Audit due to presence of Pandemic, Epidemic, Communicable decease etc. |  |
| Any other reason |  |
| Type of proposed audit | **Initial / Surveillance / Special / Recertification** |
| Tentative Proposed time of the audit | **Month / year**  |
| **EVIDENCE OF THE ABOVE FACT / CLAIM** |
| Please mention in detail the background for requesting Remote assessment along with the evidence of your claim with link of news link or any supporting information in English language. |
| **Checklist for our customers** |
| Availability of Suitable Place for Meeting? |  |
| Availability of Suitable infrastructure for Remote Audit? | stable internet connection, wired connection, : Connection via WLAN, computer/laptop/tablet/whiteboard available for the connection, camera for video communication, audio equipment, Email id of the people,  |
| Availability of the software for meeting? |  |
| Availability of the document in digital form? |  |
| Do you allow audit team and observer to take print screenshot or record video? |  |
| **DECLARATION OF THE APPLICANT FOR REMOTE ASSESSMENT** |
| Can ICT (Information and Communication Technology) methodology be used for Remote Control? |  |
| Please specify (example: GoToMeeting, Skype, Microsoft Teams, Cisco WebEx, Team Viewer, Zoom etc.)  |  |
| Is the ICT method used safe? |  |
| Required infrastructure (example: Notebook, PC, Mobile Phone, Tele conference etc.)  |  |
| Do you have a secure environment to share relevant documents or records to be used for auditing? Or you propose to share on TNV plateform? |  |
| *I hereby agree to use and provide access of the auditable site through meeting application like Zoom, BlueJeans, UberConference, Cisco Webex Meetings, Join.me, GoToMeeting, Skype, Adobe Connect, Lifesize Video Conferencing or any other software having similar feature.*  |
| *I hereby declare that I shall not use any software which is not encrypted or in beta stage. Further I confirm that minimum required feature like chat box, video, audio, sharing of screen and documents, recording of video, mute audio and video are available. Further I am an authorized person to authorize such access and grant access to TNV to take screenshot, record video of the meeting / site. Further I assure that in case requirement, I hereby assure to provide recorded video as per request of the TNV for the purpose of this audit.* |
| Signature |  |
| **Information submitted by:** |  |
| **Date** |  |

# **Risk Assessment of the applicant and verification of the Risk:**

| **Verification Point**  | **Response** |
| --- | --- |
| When will the organization be able to function normally? |  |
| When will the organization be able to ship products or perform the service defined within the current scope of certification? |  |
| Will the organization need to use alternative manufacturing and/or distribution sites? If so, are these currently covered under the current certification or will they need to be evaluated? |  |
| Does existing inventory still meet customer specifications or will the certified organization contact its customers regarding possible concessions? |  |
| If the certified organization is certified to a management system standard that requires a disaster recovery plan or emergency response plan, has the certified organization implemented the plan and was it effective? |  |
| Will some of the processes and/or services performed or products shipped be subcontracted to other organizations? If so, how will the other organizations’ activities be controlled by the certified organization? |  |
| To what extent has operation of the management system been affected? |  |
| Has the Certified organization conducted an impact assessment? |  |
| Identification of alternative sampling sites, as appropriate. | d |

# **Review of the application for remote Assessment:**

| **Verification Point**  | **Response** |
| --- | --- |
| Can effective communication be established with the organization? | **Yes / No** |
| **Can planning be made to implement the audit process?** |  |
| Does the certificate need to be suspended? |  |
| Does the certificate need to be withdrawn? |  |
| What is the maximum period during which an alternative short-term evaluation method can be used before the certificate is suspended or withdrawn? |  |
| Date when the audit can be applied normally again |  |
| Does TNV’s Procedures are effective for such an audit process? |  |
| Has an agreement been reached with the accreditation agency regarding special audit caused by force majeure? |  |
| Are remote audit conditions provided with the organization? |  |

# **Outcome of the review:**

| **For Existing Certificate**  |  | **For New Certificate** |  |
| --- | --- | --- | --- |
| **Audit is feasible remotely** |  | **Audit is feasible remotely** |  |
| Audit is not possible therefore audit has been postponed to a later date |  | Audit is not possible therefore audit has been postponed to a later date |  |
| Certificate is suspended |  | Client have been dropped. |  |
| Certificate is to be withdrawn |  | Any other comment |  |

Signature:

Reviewed by: Ajeet Singh, CEO Approved by: Pragyesh Singh, MD

**Note:** Copy of the decision shall be given to the client and for client who have been allowed to undergo with remote assessment, this format shall form part of the client file and for other client, copy of the decision shall be given on request only.