

Approved by: Managing Director



PSA

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[illegible]



PSA

Subject: CAB Request

FORM 1 – REQUEST FOR INTERPRETATION OR VARIANCE

1.1 NAME OF CAB	1.2 DATE OF SUBMISSION	1.3 CAB CONTACT PERSON	1.4 EMAIL ADDRESS OF CAB CONTACT PERSON
1.5 SOURCE OF THE REQUIREMENT FOR WHICH THE VARIATION OR INTERPRETATION IS REQUESTED			
<input type="checkbox"/> TYPE 1 – REQUIREMENT FOUND IN THE CAR			
<input type="checkbox"/> TYPE 2 – REQUIREMENT FOUND IN AN ASC STANDARD			
1.6 LIST OF SITES FOR WHICH THE VARIATION IS REQUESTED			
1.7 ASC DOCUMENT REFERENCE			
1.8 BACKGROUND (PROVIDE FULL EXPLANATION OF THE ISSUE)			
1.9 RECOMMENDED ACTION/DECISION			

II ASC Determination

2.1 STATUS	2.2 DATE OF THE ASC DETERMINATION	2.3 ASC VR LOG REFERENCE
2.4 ASC DETERMINATION ON VARIANCE REQUEST		
2.5 ASC INTERPRETATION		



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Subject: CAB Request

FORM 2 –REQUEST FOR DOCUMENTATION OF NON-

**CONFORMITIES FOR AUDITS TO BE CONDUCTED WITHIN TWELVE (12) MONTHS OF THE
TERMINATION OF A VALID CERTIFICATE**

This form is for the submission of requests by succeeding CABs to a preceding CAB to request information non-conformities for audits to be conducted within twelve (12) months of the termination of a valid certificate.

1.1 NAME OF PRECEDING CAB	1.2 PRECEDING CAB CONTACT PERSON (NAME, AND	1.3 DATE OF REQUEST
1.4 NAME OF SUCCEEDING CAB	1.5 SUCCEEDING CAB CONTACT PERSON (NAME AND	
1.6 NAME, ADDRESS AND CERTIFICATE NUMBER OF CLIENT		

II To be completed by Preceding CAB

	2.2 DATE OF
2.1 TYPE OF INFORMATION PROVIDED	RESPONSE
<input type="checkbox"/> Full Audit Report <input type="checkbox"/> Non-Conformity Report (s) <input type="checkbox"/> Summary of Information	
2.3 FULL TITLE AND DATE OF REPORT(S) SENT	

ASC Certification and Accreditation Requirements, Version 2.0 [Effective from 1st December – Mandatory from 1st April 2016](#)



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FORM 3 – PUBLIC DISCLOSURE FORM

Normative

See the Excel file “Annex C - ASC Report Template”

FORM 4 – LOG OF COMPLAINTS, CONCERNS AND OBJECTIONS

This form is to be submitted annually, no less than thirty (30) days prior to the annual surveillance visit to be performed by the ASC appointed accreditation body (AAB) with copies sent to the ASC and the AAB.

Add additional rows as need.

1.1 NAME OF CAB			1.2 DATE OF SUBMISSION		1.3 CAB CONTACT PERSON		1.4 EMAIL ADDRESS OF CAB CONTACT PERSON	
1.5 NAME OF CLIENT	1.6 CERTIFICATE NUMBER IF ISSUED	1.7 DATE RECEIVED	1.8 CAB FILE REFERENCE	1.9 FORMAL COMPLAINT (YES OR NO)	1.10 DATE OF RESPONSE	1.11 NATURE OF THE ISSUE	1.12 HOW IT WAS ADDRESSED	1.13 WAS THE COMPLAINT SATISFIED



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**FORM 5 – REPORT OF CANCELLATION OF AN AUDIT FOR A NEW APPLICANT OR SUSPENSION, OR
WITHDRAWAL OF AN EXISTING CERTIFICATE**

This form is to be submitted no less than five (5) days of the action taken by the CAB.

Add additional rows as need.

1.1 NAME OF CAB	1.2 NAME OF CAB CONTACT PERSON (NAME, AND CONTACT INFORMATION)	1.3 DATE OF ACTION
1.4 ACTION TAKEN	1.5 DESCRIPTION OF OTHER ACTION	
<input type="checkbox"/> Audit of new client cancelled before completion <input type="checkbox"/> Existing certificate suspended <input type="checkbox"/> Existing certificate withdrawn <input type="checkbox"/> Other Action (describe in 1.5)		
1.6 NAME AND ADDRESS OF CLIENT		
1.7 CERTIFICATE NUMBER (IF APPLICABLE)		
1.8 DESCRIPTION OF REASONS FOR ACTION		

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