



PERFORMANCE LOG FOR SADCA TEAM MEMBER

CONFIDENTIAL

To be completed by the Team Leader

With the objective of continual improvement of the SADCA peer evaluation as an important part of the MRA, the team leaders of the SADCA evaluation teams are requested to review the performance of each member of the evaluation team.

The team leaders shall send this completed form to the SADCA Secretariat within one month of the decision-making process.

The SADCA MRA Committee will review these performance logs, and implement any necessary corrective measures as needed. When evaluators from ILAC, IAF or another regional cooperation are used, SADCA may forward these reviews to the appropriate representative.

Team Member: **Employer:**
 (Name of Evaluator / Trainee / Expert) (AB Member)

Evaluated AB: **Evaluation Dates:**

Team Leader completing this report:
 (Name)

The team member is currently qualified as: Evaluator Trainee Evaluator

Please score each of the performance categories according to the following scale:

| | | | | |
|-----------------------|--------------|-----------|--------------------|---------------------|
| 1 = Strongly Disagree | 2 = Disagree | 3 = Agree | 4 = Strongly Agree | NA = Not applicable |
|-----------------------|--------------|-----------|--------------------|---------------------|

| | |
|--|--|
| a) Showed adequate preparation (prepared questions; had adequate familiarity with documents and previous evaluation reports) | |
| b) Showed familiarity with the SADCA evaluation procedures (SADCA M001) | |
| c) Showed adequate understanding of ISO/IEC 17011 & all mandatory SADCA, ILAC/IAF requirements | |
| d) Samples taken and issues verified to ensure adequate evaluation of the scope in question | |
| e) Showed adequate use of the ILAC/IAF template reports | |
| f) Findings were valid, based on objective evidence and clearly written | |
| g) Demonstrated adequate written and/or spoken communication in English | |
| h) Contributed in timely manner to final report | |
| i) Demonstrated open mindedness | |

| | Yes / No |
|--|----------|
| If the team member is a Trainee Evaluator, do you recommend qualification as an Evaluator? | |
| If the team member is an Evaluator, do you suggest that he/she would be suitable as Team Leader? | |



Comments:

1. *Please provide supporting information for categories 1 & 2, and comments for the overall performance of this team member*

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2. *Please suggest any key areas of improvement for future evaluations*

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Date of Completion of this form: Signature of Team Leader: