

IF 02
HKIAS SIGNATORY ASSESSMENT FORM

Name or RN of Inspection Body : _____ Date of Interview : ____/____/____ Page ____ of ____

Name :	Inspection Field :
Qualifications :	Inspection Experience :
POSITION IN STAFF STRUCTURE :	
Responsible for adequacy of inspection results?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisory or management officer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spend sufficient time in the inspection body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks : _____ _____ _____	
TECHNICAL KNOWLEDGE :	
Have the knowledge required for an inspector?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with inspection procedure & equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Competent to make critical evaluation of the inspection results and professional judgements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks : _____ _____ _____	
QUALITY SYSTEM KNOWLEDGE :	
Familiar with the quality system of the inspection body	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with recording, reporting and checking procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of requirements of HKAS 002, Chapters 5 and 8?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of requirements of HKIAS Supplementary Criteria No. 5?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of requirements of HKIAS 003 and relevant Supplementary Criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of the need to maintain complete integrity and impartiality in all operation and section 9 of the Prevention of Bribery Ordinance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks : _____ _____ _____	
CONDITIONS FOR APPROVAL : _____ _____ _____	
RECOMMENDATION	
Signatory approval recommended	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nomination to be reviewed after conditions satisfied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessor :	Signature :
Team Leader :	Signature :