# I/O Performance Assessment check sheet

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|---|---|---|
| **I/O Number** | | **Job Number:** |
| **Certification Type** | | **Assessment Date:** |
| **I/O Name:** | | |

| **1. Ownership and Accountability** | | **Comments** |
|---|---|---|
| 1.1 Delegated QMS role | | |
| Conflict of Interest responsibilities | | |
| Escalation process | | |

| **2. Technical Performance** | | |
|---|---|---|
| 2.1 Correct certification outcomes | | |
| 2.2 Correct technical decisions | | |
| 2.3 Technical competence | | |

| **3. Administrative Performance** | | |
|---|---|---|
| 3.1 Correct use of cert. Documents | | |
| 3.2 Correct entry of certification info | | |
| 3.3 Administrative competence | | |

| **4. Resources** | | |
|---|---|---|
| 4.1 Facilities | | |
| 4.2 Technical equipment | | |
| 4.3 Administration equipment | | |
| 4.4 Technical information | | |
| 4.5 Controlled cert. Documents | | |
| 4.6 Certification staff | | |

| **5 Management** | | |
|---|---|---|
| 5.1 Mgmt of competence | | |
| 5.2 Mgmt of facilities | | |
| 5.3 Mgmt of equipment | | |
| 5.4 Mgmt of technical information | | |
| 5.5 Mgmt of certification documents | | |
| 5.6 Mgmt of electronic cert. Info | | |
| 5.7 Mgmt of certification staff | | |
| 5.8 Mgmt of time | | |

| **6. Performance Improvement** | | |
|---|---|---|
| 6.1 Commitment to improvement | | |
| 6.2 Internal assessments | | |
| 6.3 Correct handling of complaints | | |
| 6.4 Commitment to the QMS | | |

**Comments (this may include IO action plan):**

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|---|---|
| I/O Delegate Name: | |
| IO/Delegate Signature: | |