

## Coverage planning

Nyilvántartási szám: NAH-
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### Coverage matrix

Accredited Organisation name:

Assessor/Expert Name:

	<b>Area</b> <i>(According to assessment team appointment)</i>	<b>Proficiency Tests</b>	<b>Test presented/ Sampling/ Calibration</b>	<b>Interview</b>	<b>Vertical Assessment</b>
I. Laboratory Testing/Calibration					
II. On-Site inspection/calibration					
III. Sampling					
<b><i>I hereby declare that the activities envisaged by me in the field visit have been established taking into account the total coverage of the field.</i></b>					

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Assessor / Expert signature