

NVLAP ASSESSOR PERFORMANCE EVALUATION

This form is used by NVLAP evaluators to record the results of observations of both fully qualified assessors and assessors-in-training at on-site assessments. The evaluation record should identify areas of good performance, as well as areas in need of improvement and further training. If a rating area does not apply to the category of assessor being evaluated, then enter "NA" in the Comments block.

This form must be completed by the evaluator within 15 days of the conclusion of the on-site assessment. The information on the form is shared with the assessor being evaluated, and the form is signed by both the evaluator and the assessor. The NVLAP Program Manager (if different from the evaluator) then reviews and signs the completed form and ensures that it is filed in the assessor's records.

Assessor Being Evaluated:

Evaluator:

Lab Name:

NVLAP Lab Code:

Date(s) of observation:

Start date

End date

Assessor's Role (check all that apply): Lead Assessor Technical Assessor Technical Expert

RATE THE ASSESSOR IN THE FOLLOWING AREAS:

Poor
(1)

Fair
(2)

Good
(3)

Very Good
(4)

Excellent
(5)

1. Understanding of NVLAP policies and procedures

(1)

(2)

(3)

(4)

(5)

Comments:

2. Understanding and application of NIST Handbook 150 requirements

(1)

(2)

(3)

(4)

(5)

Comments:

3. Organization of opening and closing meetings (e.g., use of agenda)

(1)

(2)

(3)

(4)

(5)

Comments:

4. Assessment skills and techniques (questioning, listening, data gathering)

(1)

(2)

(3)

(4)

(5)

Comments:

5. Technical skills of assessors who function as a technical assessor and/or technical expert (evaluation of uncertainty, traceability, test method expertise)

(1)

(2)

(3)

(4)

(5)

Comments:

RATE THE ASSESSOR IN THE FOLLOWING AREAS:

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
6. Demeanor and interpersonal skills (interaction with laboratory staff and management)				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
Comments:				
7. Communication skills: oral and written (e.g., appropriate note taking, discussions, clarity of questions asked, participation at opening/closing meetings)				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
Comments:				
8. Time management (e.g., ability to work under pressure)				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
Comments:				
9. General comments				
SIGNATURES (To be signed after follow-up discussion)				
EVALUATOR SIGNATURE			DATE	
ASSESSOR SIGNATURE			DATE	
PROGRAM MANAGER SIGNATURE (required if different from evaluator)			DATE	