Accreditation under the CDM

ON-SITE ASSESSMENT / WITNESSING ACTIVITY

OPENING MEETING

NAME OF ENTITY (applicant or operational): **DATE:** **TIME:**	**UNFCCC ref. no.:**

Agenda

1. Opening and introduction
2. Purpose, review of scope and extent of visit
3. Confirmation of any changes within the entity since the last contact (e.g. organigram of the entity, personnel)
4. The functions and responsibilities of the CDM-AT
5. Method and procedure used during the assessment
6. Review of the visit programme, *inter alia*:
    a. Areas/activities to be covered
    b. Access to selected documents, records, reports
    c. Work schedule (days, hours)
7. Confirmation of resources and facilities needed by the CDM-AT, including representatives of the entity to be assessed to work with CDM-AT
8. Confirmation of arrangements for the closing meeting and any interim meetings
9. Confidentiality
10. Questions
11. Close

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ON-SITE ASSESSMENT / WITNESSING ACTIVITY

INTERIM MEETING

NAME OF ENTITY (applicant or operational): **DATE:** **TIME:**	**UNFCCC ref. no.:**

Agenda

1. Opening
2. *[please fill as required]*

Accreditation under the CDM

ON-ASSESSMENT / WITNESSING ACTIVITY

CLOSING MEETING

NAME OF ENTITY (applicant or operational): **DATE:** **TIME:**	**UNFCCC ref. no.:**

Agenda

1. Opening and introduction
2. Waiver
3. Re-affirmation of confidentiality
4. Reporting sequence
5. Presentation of summary by CDM-AT leader
6. Presentation of detailed non-conformance(s), if any
7. Target date for submission of corrective action(s), if any
8. Questions
9. Close of meeting