**Tool and Equipment Shortage Form**

**Name of the Assessment Centre: TVEC Registration No.:**

**Date of Pre-assessment:**

Please fill this form and send to Registration and Accreditation and QMS division, TVEC to the following email ID.

rubasinghe@tvec.gov.lk

**Details of Tool and Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name of the Tool and Equipment** | **Required No. of Tool and Equipment to conduct assessment** | **No. of Tool and Equipment available at the assessment centre** | **Remarks** |
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Name of the Assessor: Signature:

CBA No: Date: