



**ON-SITE ASSESSMENT / WITNESSING ACTIVITY
MEETING AGENDA**

OPENING MEETING

Name of applicant or accredited independent entity:

UNFCCC ref. no. of entity:

Date:

Time:

Agenda

1. Opening and introduction
2. Purpose, 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 JI-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 and reports
 - c. Work schedule (days, hours)
7. Confirmation of resources and facilities needed by the JI-AT, including representatives of the entity to be assessed to work with the JI-AT
8. Confirmation of arrangements for the closing meeting and any interim meetings
9. Confidentiality
10. Questions
11. Closing



**ON-SITE ASSESSMENT / WITNESSING ACTIVITY
MEETING AGENDA**

INTERIM MEETING

Name of applicant or accredited independent entity:

UNFCCC ref. no. of entity:

Date:

Time:

Agenda

1. Opening
2. *(please fill as required)*



**ON-SITE ASSESSMENT / WITNESSING ACTIVITY
MEETING AGENDA**

CLOSING MEETING

Name of applicant or accredited independent entity: Date: Time:	UNFCCC ref. no. of entity:
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Agenda

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