

ASF-GOV-003 — Annex A

Declaration of Impartiality

Purpose: This declaration must be completed and signed by every ASF surveyor before commencing each accreditation survey engagement. It is retained by the ASF QMS Coordinator as a record of impartiality management for the survey concerned. If you answer YES to any question in Section 3, you must disclose this to the QMS Coordinator immediately — do not commence the survey until a management decision has been recorded.

Section 1 — Surveyor Details

Full name	
Surveyor grade (circle one)	
Surveyor grade	☐ Lead Surveyor candidate ☐ Associate Surveyor ☐ Supervised
ASF Surveyor Authorisation number	

Section 2 — Survey Details

Facility name	
Facility address and country	
Survey dates	
Role in this survey (Lead / Associate / Observer)	

Section 3 — Conflict of Interest Screening

Please answer each question honestly. If you are unsure whether a relationship constitutes a conflict, err on the side of disclosure. Answer YES or NO by ticking the appropriate box.

Y E S	N O	Question
☐	☐	Q1. Have you worked for, been employed by, or been a contractor or consultant to this facility at any time in the preceding 36 months?

Y E S	N O	Question
☐	☐	Q2. Do you have a current personal, family, or close professional relationship with any member of the facility's leadership team (CEO, Medical Director, Quality Officer, or Board member)?
☐	☐	Q3. Do you hold, or have you held in the preceding 36 months, any financial interest in this facility or in the organisation that owns or controls it (including shares, partnership interests, or loans)?
☐	☐	Q4. Have you provided quality improvement consultancy, coaching, accreditation preparation support, or training directly to this facility in the preceding 36 months?
☐	☐	Q5. Have you previously assessed this facility in a prior ASF survey and been involved in a dispute or formal complaint arising from that survey?
☐	☐	Q6. Are you aware of any other circumstance — not covered by the questions above — that could compromise, or could reasonably be perceived by an informed observer to compromise, your ability to conduct this survey with complete impartiality?

If you answered YES to any question above, provide details here:

Section 4 — Confidentiality Undertaking

I confirm that I have read and understood ASF-GOV-004 (Confidentiality Policy) and I agree to:

- (a) treat all information obtained during or in connection with this survey as confidential;
- (b) not disclose survey findings, facility records, or assessment conclusions to any person outside the ASF survey team and the ASF office;
- (c) not retain copies of facility documents, patient records, or staff information beyond the period needed to complete the survey report;
- (d) notify the QMS Coordinator immediately if I become aware of any breach of confidentiality relating to this survey.

Section 5 — Declaration and Signature

I declare that:

- (a) the answers I have given in Section 3 above are complete and accurate to the best of my knowledge;
- (b) I will notify the ASF QMS Coordinator immediately if any conflict of interest arises during the survey that I did not disclose above;
- (c) I understand that failure to disclose a conflict of interest may result in disqualification from this survey and removal from the ASF surveyor pool.

Surveyor name (print)	Date
Signature	Survey reference / facility name

FOR QMS COORDINATOR USE ONLY

Received by: _____ Date received: _____

Conflict disclosed: ☐ Yes — management decision recorded below ☐ No conflict — surveyor may proceed

Management decision (if conflict disclosed): _____

Filed in survey record: ☐ Survey reference: _____

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