

*This template should be filled in by the RA when carrying out a physical on-the-spot check*

Annex 11

## Project Events Physical On-the-Spot Check Report

Physical OTS Reference No: \_\_\_\_\_

| 1. General Information                             |             |
|--|-------------|
| Date   |             |
| Member State                                       | Malta       |
| Programming Period                                 | 2014 – 2020 |
| Fund   |             |
| Project Reference Number                           |             |
| Title of the Project                               |             |
| Beneficiary  |             |
| Project Leader                                     |             |
| RA officers present during the spot check          |             |
| Beneficiary officers present during the spot check |             |
| Name of Trainer/s ( <i>if applicable</i> )         |             |

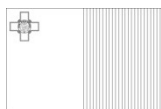
Document Register No: 4

Version 1 – April 2016

Asylum, Migration and Integration Fund  
Internal Security Fund  
2014 - 2020

Co-Financing Rate: 75% EU Funds & 25% Beneficiary Funds

Sustainable Management of Internal Security and Migration Flows



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| <b>2. Project Events</b> |                 |             |
|--------------------------|-----------------|-------------|
| <b>Description</b>       | <b>Location</b> | <b>Time</b> |
|                          |                 |             |

| <b>3. Attendance Sheet</b>   | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| Was an attendance sheet available?<br><br><i>If no, state why:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the attendance sheet have the required EU visibility           | <input type="checkbox"/> | <input type="checkbox"/> |



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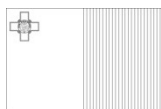
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| <b>4. Visibility</b>       | <b>Yes</b>               | <b>No</b>                | <b>NA</b>                | <b>Comments</b> |
|----------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Handouts                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Presentations              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Evaluation Sheets          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Signage                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Posters                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Plaque                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Brochures/leaflets/reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |



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|   |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--|
| Others: <i>(specify which in comments section)</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Do the above feature EU/MT flag and compulsory text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |



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|   |
|---|
| <b>5. Conclusion</b>  |
| General remarks on the overall physical OTS:  |
| <br><br><br><br><br><br><br><br><br><br>  |
| List any follow-up actions required and the date by which these should be undertaken: |
| <br><br><br><br><br><br><br><br><br><br>  |



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| 6. Attachments                   | Yes                      | NA                       |
|----------------------------------|--------------------------|--------------------------|
| Handouts                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Brochures/leaflets/reports       | <input type="checkbox"/> | <input type="checkbox"/> |
| Others ( <i>specify which</i> ): | <input type="checkbox"/> | <input type="checkbox"/> |
| Photos                           | <input type="checkbox"/> | <input type="checkbox"/> |



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|                                   |           |
|-----------------------------------|-----------|
| <b>Officers Conducting Check:</b> |           |
|                                   |           |
| Name in Block Letters             | Signature |
|                                   |           |
| Designation                       | Date      |

|                       |           |
|-----------------------|-----------|
|                       |           |
| Name in Block Letters | Signature |
|                       |           |
| Designation           | Date      |

|   |           |
|---|-----------|
| <b>Conclusions and Recommendations endorsed by:</b> |           |
|   |           |
| Name in Block Letters                               | Signature |
|   |           |
| Designation   | Date      |





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|                        |           |
|------------------------|-----------|
| <b>Project Leader:</b> |           |
|                        |           |
| Name in Block Letters  | Signature |
|                        |           |
| Designation            | Date      |



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