



**SRI LANKA ACCREDITATION BOARD
for CONFORMITY ASSESSMENT**

**APPLICATION FORM
for ACCREDITATION *of* TESTING
LABORATORIES**

Instructions to the Applicant:

Please submit this application along with the questionnaire, duly filled, the Laboratory Quality Manual and associated documents referred in the application and questionnaire.

APPLICATION FOR ACCREDITATION OF TESTING LABORATORIES

We apply for SLAB accreditation of our testing laboratory as per details given below:

First Accreditation

Renewal of Accreditation

1. Laboratory Details

1.1 *Name of the Testing Laboratory* _____

Address _____

Telephone _____ Facsimile _____

Fax No _____ e-mail _____

1.2 *Name of Parent Organization* _____
(if part of an organization)

Telephone No. _____ Fax No. _____ e-mail _____

1.3 *Legal status and date of establishment* _____
(please give Registration No. and name of authority who granted the registration)

1.4 *Do you conduct Testing in the following Category*
(if yes, please clearly indicate in the scope of accreditation, para 2.3, the test conducted)

a. Site Facility (when undertaking testing at site of the client) Yes No

b. Temporary Facility (when a facility is created temporarily) Yes No

c. Mobile Laboratory Yes No

1.5 *Clients of Testing*
(please tick in appropriate box)

open to others partly open to others an in-house activity

percentage percentage percentage

1.6 *Is testing Subcontracted* Yes No
(if yes, please specify the subcontracted work))

2. Accreditation Details

2.1 *Field of Testing for which accreditation is sought*

(please tick the appropriate box, separate application to be filled for each discipline)

- | | | | |
|--------------|--------------------------|--------------------------|--------------------------|
| • Chemical | <input type="checkbox"/> | • Mechanical | <input type="checkbox"/> |
| • Biological | <input type="checkbox"/> | • Other (Please specify) | <input type="checkbox"/> |
| • Electrical | <input type="checkbox"/> | | |

2.2 *If the Laboratory is already accredited, indicate the Scope & Tests for which accreditation granted*

2.3 *Scope of Accreditation (Please refer TL-LS(P)-01)*

Sl no	Group of products, materials or items tested	Specific tests or types of tests performed	Test methods Ref. No, Code No.	Range of testing/ Limit of detection	MU (±)

Note 1. Laboratories performing site testing shall clearly identify the specific tests on product(s)/ material performed at permanent laboratory and/ or at site.

SRI LANKA ACCREDITATION BOARD FOR CONFORMITY ASSESSMENT

Title: Application form for Testing Laboratory				Doc No : TL-FM (P) -01
Issue No: 01	Date of Issue: 2006.03.21	Rev No: 05	Date of Rev : 2009-09-15	Page: 2 of 05

3. Organization

3.1 *Senior Management* (Name, Designation, telephone, Fax, e-mail)

3.1.1 Chief Executive of the laboratory _____

3.1.2 Person responsible for the laboratory management system _____

3.1.3 Person responsible for technical operations _____

3.1.4 Authorized Representative for SLAB _____

3.1.5 Authorized signatories for issue of test certificates and reports (please refer relevant specific criteria)

Sl no	Name & Designation of Signatory	Qualification with Specialization	Experience in years related to present work	Relevant Training	Authorized for which specific area of testing	Specimen Signature

Note. If opinions or Interpretations are given on test reports, please indicate such information as well with relevant qualification

3.1.6 Information regarding any individual or organization that has provided consultancy for being prepared towards SLAB accreditation.

3.2 *Organization Chart*

3.2.1. Indicate in an organization chart the operating departments of the testing laboratory for which accreditation is being sought (please append)

3.2.2 Indicate how the testing laboratory is related to external organizations or to its own parent organization (where applicable)

3.3. Employees

3.3.1 Total number in testing laboratory for the specific field applied _____

3.3.2 Total number in testing laboratory for which accreditation is being sought _____
(if the accreditation applied for is for a part)

3.3.3 Details of staff (please clearly indicate staff responsible for site testing)

Sl no	Name	Designation	Academic and Professional Qualifications*	Experience related to present work (in years)

* Please clearly indicate the field of specialization

3.3.4 If Trainees or Contracted persons are employed, Please indicate details of them

SRI LANKA ACCREDITATION BOARD FOR CONFORMITY ASSESSMENT

Title: Application form for Testing Laboratory				Doc No : TL-FM (P) -01
Issue No: 01	Date of Issue: 2006.03.21	Rev No: 05	Date of Rev : 2009-09-15	Page: 4 of 05

4. Willingness to undergo Assessment

We declare that

- 4.1 We are familiar with and will abide by the terms and conditions of maintaining SLAB accreditation included in the agreement to be signed by both parties, which is enclosed.
- 4.2 We agree to comply fully with ISO/IEC 17025: 2005 for the accreditation of testing laboratory.
- 4.3 We agree to comply with accreditation procedures, pay all costs for pre-assessment, assessment, verification visit (if any), surveillance and reassessment irrespective of the result.
- 4.4 We agree to co-operate with the assessment team appointed by SLAB for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the scope of accreditation.

Signature of Chief Executive or his authorized representative _____

Name & Designation _____

Date & Place _____

SRI LANKA ACCREDITATION BOARD FOR CONFORMITY ASSESSMENT				
Title: Application form for Testing Laboratory			Doc No : TL-FM (P) -01	
Issue No: 01	Date of Issue: 2006.03.21	Rev No: 05	Date of Rev : 2009-09-15	Page: 5 of 05