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| ***For Office use only*** |
| *Acc: No :*  |
| *Date:*  |

*** ANNEXURE 01***

***Scope of Accreditation***

*(For Inspection Bodies)*

* *Please attach all Inspection methods / procedures against which inspections are performed in the* ***Part A***
* *If applicable, please include details of the testing / measurement/calibration/certification activities in-relation to the scope in* ***Part B***
* *If applicable, please include details of other inspection activities currently engaged by IB in* ***Part C***

 **PART A – Scope for Accreditation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SI.** **No.** | **Type of inspection****(A/B/C)** | **Inspection Category** **(Products/ processes****/ Service /installation )** **( As relevant)**  | **Field of Inspection** | **Inspection method/ reference standard/****Regulations****( As relevant)** | **Range of inspection** **(if relevant)** | **Stage/s of inspection****(if relevant)** | **Location****(In-house /** **Off-site inspections)** |
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|  |  |  |  |  |  |  |  |
| **Note:** **\*** When referring to publications like ASME, EN, ISO, NCCLS, IP, BP, USP, ASTM, AOAC,APHA etc. kindly mention the clause / chapter / page number, as appropriate.\* Inspection bodies performing site inspections shall clearly identify the Specific inspections performed at permanent facility and / or at site.\* Inspection body shall identify type of its inspection activities as per ISO/IEC 17020, clause 4.1.6 and Annex A |
| Signature & Name of IB Representative | Signature & Name of Technical Assessor(s)/Technical Expert (s)/Assessor (s) | Signature & Name of Team Leader |

 **PART B – Testing/Calibration/Measurements/ Certification Activities related to the Scope of accreditation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SI No** | **Type of Testing / Calibration/Measurement/Certification** | **Processes / products / Items tested / calibrated/Measured/certified** | **Test/Calibration/measurement methods / Certification standard**  | **Range of testing/calibration/Measurement and uncertainty, if applicable** | **Location****(IB / Site)** | **Outsourced / done by IB itself** | **Accreditation status** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \*If outsourced please indicate details on the body outsourced. \*IF accredited please indicate the accreditation provider and attach a scope of accreditation |
| Signature & Name of IB Representative | Signature & Name of Technical Assessor(s)/Technical Expert (s)/Assessor (s) | Signature & Name of Team Leader |

 **PART C – Other Inspection Activities**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SI.** **No.** | **Type of inspection****(A/B/C)** | **Inspection Category** **(Products/ processes****/ Service /installation )** **( As relevant)**  | **Field of Inspection** | **Inspection method/ reference standard/****Regulations****( As relevant)** | **Range of inspection** **(if relevant)** | **Stage/s of inspection****(if relevant)** | **Location****(In-house /** **Off-site inspections)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Note:** **\*** When referring to publications like ASME, EN, ISO, NCCLS, IP, BP, USP, ASTM, AOAC,APHA etc. kindly mention the clause / chapter / page number, as appropriate.\* Inspection bodies performing site inspections shall clearly identify the Specific inspections performed at permanent facility and / or at site.\* Inspection body shall identify type of its inspection activities as per ISO/IEC 17020, clause 4.1.6 and Annex A |
| Signature & Name of IB Representative | Signature & Name of Technical Assessor(s)/Technical Expert (s)/Assessor (s) | Signature & Name of Team Leader |