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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**

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| **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**

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| **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** |
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| \*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**

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| **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 | | |