**ANNEXURE 01**

***Scope of Accreditation***

*(For Calibration Laboratories)*

* *Please attach all Calibration Methods/ Measurement Procedures against which calibrations are performed including sampling in the* ***Part A***
* *If applicable, please include In-house calibrations - Please refer Policy on in-house calibration (AC-RG (P)-05) available at* [*www.slab.lk*](http://www.slab.lk) *and provide details if applicable using* ***Part B****.*

**PART A**

Note 1: Laboratories performing site calibration shall clearly identify the specific calibrations performed at permanent laboratory and/ or at site.

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| --- | --- | --- | --- | --- | --- | --- |
| **SI No** | **Type of instrument** | **Calibration performed** | **Calibration methods / Measurement procedure** | **Range of calibration** | **CMC values** | **Location** |
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**PART B**

(For the calibration of reference standards used for routine calibrations within the laboratory)

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| **SI No** | **Type of instrument** | **Calibration performed** | | **Calibration methods / Measurement procedure** | **Range of calibration** | | **CMC values** |
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| **\*** Calibration measurement Capability (CMC) values to be expressed approximately at 95% Confidence Level.  \* When referring to International publications kindly mention the clause / chapter / page number, as appropriate.  \* Laboratories performing site calibration shall clearly identify the specific calibrations on artifacts/ material performed at permanent laboratory and / or at site. | | | | | | | |
| **For internal use only** | | | | | | | |
| **Specific remarks by the assessment team**: | | | | | | | |
| **Agreement on the scope with laboratory and Recommendation by the assessment team** | | | | | | | |
| Signature & Name of Lab Representative | | | Signature & Name of Technical Assessor(s)/ Technical Expert/ Assessor | | | Signature & Name of Team Leader | |