***ANNEXURE 01***

***Scope of Accreditation***

*(For Proficiency Testing Providers)*

Name of the PTP -

*Please attach relevant Test Methods / Standards applicable for PT programmesincluding sampling*

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| Sl | **Field of PT Scheme** | **Specific PT area/ Products or materials** | **Determinant** | **Reference Methods/ Procedures** | **Limitation/**  **Range** | **Frequency** | **Site/**  **Location** |
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Note 1: PT Providers performing PT activities at sites shall clearly identify the specific PT activities performed at permanent laboratory and/ or at site.

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| **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 PTP Representative | Signature & Name of Technical Assessor(s)/ Technical Expert/ Assessor | Signature & Name of Team Leader |