  **SRI LANKA ACCREDITATION BOARD**

 **for CONFORMITY ASSESSMENT**

**APPLICATION FORM**

***for* accreditation *of***

**CALIBRATION LABORATORIES**

***Instructions to the Applicant:***

1. Please submit the duly filled application along with the Self-Assessment Checklist (TL-FM(P)-11), documents and records referred in the application and Self- Assessment Checklist in SLAB WFMS.
2. Please read Rules & Procedures for Accreditation of TL/CL/ML/IB/PTP/RMP/GLP (AC-RG(P)-26), Policy on governing the use of Accreditation Symbols (AC-RG(P)-01), Relevant specific criteria document and Policies related to calibration laboratories posted in the SLAB website before filling the application.

 Director /CEO,

Director/CEO

Sri Lanka Accreditation Board for Conformity Assessment

No. 44, Dedicated Economic Center

Kirimandala Mawatha

Narahenpita

**APPLICATION FOR ACCREDITATION of CALIBRATION LABORATORIES**

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

First Accreditation

Scope Extension in the existing accredited field of Calibration / Sub field of Calibration

Scope extension in new field of Calibration / Sub field of Calibration

Renewal of Accreditation

Renewal of Accreditation with Scope Extension in the existing accredited field of Calibration / Sub field of Calibration

Renewal of Accreditation with Scope Extension in new field of Calibration / Sub field of Calibration

1. **Laboratory Details**

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| **1.1** |
| Name of the Calibration Laboratory | **:…………………………………………………………………………...** |
| Address | **:…………………………………………………………………………...** |
| Telephone | **:…………………………………………………………………………...** |
| e-mail | **:…………………………………………………………………………...** |

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| **1.2** |
| Name of Parent Organization (if part of an organization) | **:…………………………………………………………………………...** |
| Address | **:…………………………………………………………………………...** |
| Telephone | **:…………………………………………………………………………...** |
| e-mail | **:…………………………………………………………………………...** |

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| **1.3** |
| **Legal status and date of establishment**(Please provide copy of registration / Relevant section of act or regulation) |  |

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| **1.4** | **Does the laboratory undertake following calibration categories other than the permanent facility?**(If yes, please clearly indicate in the scope of accreditation, para 2.3, the calibration conducted) |
| a. | Site Facility (when undertaking calibration at site of the customer) | Yes | No |
| b. | Temporary Facility (when a facility is created temporarily) | Yes | No |
| c. | Mobile Laboratory | Yes | No |

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| **1.5** | ***Customers’ of Calibration*** (Please indicate the percentage in the appropriate box) |
| Open to others  | *(Please indicate the percentage)* | Partly open to others | *(Please indicate the percentage)* | An in-house activity  | *(Please indicate the percentage)* |
| Total *(Total percentage = 100)* |

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| **1.6** | *Is laboratory obtaining any laboratory activities from external providers (eg: Subcontracting of calibration) pertaining the scope applied?* |
| Yes |  | No |  |
| If Yes, *(Please specify the testing activities obtained from external providers)* |

1. **Accreditation Details**

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| **2.1.** | **Field of Calibration for which accreditation is sought** (Please tick the appropriate box) |
| Mass and related quantities |  | Length |  | Thermometry |  |
| Electricity and Magnetism |  | Acoustics, Ultrasound, Vibration |  | Time and Frequency |  |
| Photometry and Radiometry |  | Optical |  | Others (Please specify) |  |

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| **2.2.** | ***If the Laboratory is already accredited, attach the Certificate & Scope for which accreditation granted*** (Please indicate the Accreditation provider, Accredited Scope, Date of Accreditation and Validity period) |

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| **2.3.** | ***Scope of Accreditation*** (Please indicate the Scope which accreditation is sought) ***–*** *Please attach* ***Part A*** *of* **Annexure 01***and submit a copy of all the calibration methods mentioned in the scope of accreditation along with the application documents to SLAB* |

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| **2.4.** | * 1. ***Does the laboratory perform in-house calibrations?***
 |  Yes |  | No |  |  |
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|  | ***If yes –*** *Please attach the details as per* ***Part B*** *of* **Annexure 01** |

1. **Organization**

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| **3.1.**  | **Senior Management** (Name, Designation) |
| 3.1.1. | Chief Executive of the Organization | …………………………………………………………………………….. |
| 3.1.2. | Person responsible for the laboratory management | …………………………………………………………………………….. |
| 3.1.3. | Person/s responsible for technical operations of the Laboratory | …………………………………………………………………………….. |

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| 3.1.4. | Authorized Representative for SLAB  |
|  | Telephone: | …………………………………………………………………………………………….. |
|  | Mobile: | …………………………………………………………………………………………….. |
|  | E-mail | …………………………………………………………………………………………….. |

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| 3.1.5. | Authorized signatories for issue of calibration certificates – Please attach **Annexure 02** |

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| 3.1.6. | Information regarding any individual or organization that has provided consultancy or following assistance to towards SLAB accreditation; |
|  | Development of Quality Management System | :……………………………………………………………………………………. |
|  | Development of Technical Operations | :……………………………………………………………………………………. |
|  | Training | :……………………………………………………………………………………. |
|  | Conducting Internal Audits | :……………………………………………………………………………………. |
|  | Other | :……………………………………………………………………………………. |
| 3.1.7. | Any affiliation or relationships to SLAB | :……………………………………………………………………………………. |

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| **3.2.** | **Organization and Management Structure** |
| 3.2.1. | Indicate an organization and management structure of the operating departments of the calibration laboratory for which accreditation is being sought (please append) |
| 3.2.2. | Indicate how the calibration laboratory is related to external organizations or to its own parent organization (where applicable) |

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| **3.3.** | **Employees** |
| 3.3.1. | Total number in calibration laboratory for the specific field/s applied | :……………………………… |
| 3.3.2. | Details of staff – Please attach **Annexure 03** |
| 3.3.3. | If Trainees or Contracted persons are employed, please indicate details of them |
|  | ……………………………………………………………………………………………………………………………………… |

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| **4.0** | **Equipment and Reference Materials** |
| 4.1. | Equipment List – Please attach **Annexure 04** |
| 4.2. | List of reference materials/standards – Please attach **Annexure 05** |

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| **5.0** | **Internal and External Quality Assurance Programmes**  |
| 5.1. | Internal and External Quality Assurance Programmes  – Please attach **Annexure 06** |
| 5.2. | Please attach Details of **Annexure 06** (Recently participated Internal and External Quality Assurance Programmes for all calibrations Accredited/applied for accreditation) |

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| **6.0** | **Self-Assessment Checklist** – Please fill **Annexure 07** |
|  | *Note 1: Please fill all fields marked in red as they are mandatory or may have input errors (In SLAB WFMS)* |
|  | *Note 2: Please ensure that the values entered in the Reference field are less than 255 characters and have no line breaks(using "enter" to go to the next line is not allowed). (In SLAB WFMS)* |
|  | *Note 3: If you have copy pasted any data in the above mentioned column, please make sure that there are no line breaks at the beginning, middle or end of the sentence (In SLAB WFMS)* |

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| **7.0** | **Please attach the following documents / records** |
| 7.1. | Management System Documentation |
| 7.2. | A Sketch of the Laboratory Layout |
| 7.3. | Sampling method including selection of samples or sites, the sampling plan and preparation treatment of samples, , if applicable |
| 7.4. | Records for evaluation of Measurement Uncertainties & Calibration Measurement Capabilities (CMC) including the Method of evaluation and the actual data of each Calculation  |
| 7.5. | Report of the last internal audit together with corrective action records. |
| 7.6. | Minutes of the last management review |
| 7.7. | Calibration certificates (All Calibration certificate of key instruments/ Reference Standards and Working instruments/Items) |
| 7.8 | Calibration certificates Format (at least one copy for each filed of calibration/Sub Field of calibration Issue by the laboratory) |
| 7.9. | Actions to address Risks and Opportunities |
| 7.10. | Whenever applicable, Decision rule/s on statement of conformity to specification or standard |
| 7.11. | Whenever applicable, appropriate procedure or method for Validation and Verification of methods |
| 7.12  | A diagram of traceability route of each filed of calibration |
| 7.13  | Calibration methods mentioned in the scope of Accrediation |
| 7.14 | Signed copy of Terms & Conditions for maintaining accreditation - (AC-RG(P)-08) |

**8. Willingness to undergo Assessment**

**We declare that**

* We are aware of and will abide by the Terms & Conditions for maintaining accreditation (AC-RG(P)-08) to be signed by both parties, which is enclosed.
* We agree to comply fully and continually fulfill the requirements of ISO/IEC 17025: 2017 and SLAB requirements for the accreditation of calibration laboratory.
* We agree to comply with accreditation procedures and pay all costs for activities related to accreditation process as per Terms & Conditions for maintaining accreditation (AC-RG(P)-08) & Fee Structure (CL-RG(P)-01) available at SLAB website: [www.slab.lk](http://www.slab.lk).
* 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/site that are part of the scope of accreditation.
* We declare that all the information provided is true and accurate to the best of our knowledge. I’m aware that giving any fraudulent information will lead to termination of the accreditation process.

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| Signature of Chief Executive | **:…………………………………………………………………………………………………** |
| Name & Designation | **:…………………………………………………………………………………………………** |
| Date & Place | **:…………………………………………………………………………………………………** |

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***For office use only***

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| **Check whether the following have been submitted** | To be checked by the Management Assistant | To be checked by the Technical Manager |
|  | Annexure 1 -Scope of Accreditation\* |  |  |
|  | Annexure 2 - Authorized signatories for issue of Calibration Certificates *\** |  |  |
|  | Annexure 3 - Details of staff |  |  |
|  | Annexure 4 - Equipment List |  |  |
|  | Annexure 5 - List of reference materials/Reference Standards  |  |  |
|  | Annexure 6 - Internal and External Quality Assurance Programmes |  |  |
|  | Annexure 7 - Self-Assessment Checklist*\** |  |  |
|  | Management System Documentation |  |  |
|  | A Sketch of the Laboratory Layout |  |  |
|  | Sampling method including selection of samples or sites, the sampling plan and preparation treatment of samples, , if applicable |  |  |
|  | Records for evaluation of Measurement Uncertainties & Calibration Measurement Capabilities(CMC) including the Method of evaluation and the actual data of each Calculation  |  |  |
|  | Report of the last internal audit together with corrective action records. |  |  |
|  | Minutes of the last management review |  |  |
|  | Calibration certificates (All Calibration certificate of key instruments/ Reference Standards and Working instruments/Items) |  |  |
|  | Calibration certificates Format (at least one copy for each filed of calibration/Sub Field of calibration Issue by the laboratory) |  |  |
|  | Actions to address Risks and Opportunities |  |  |
|  | Whenever applicable, Decision rule/s on statement of conformity to specification or standard |  |  |
|  | Whenever applicable, appropriate procedure or method for Validation and Verification of methods |  |  |
|  | A diagram of traceability route of each filed of calibration |  |  |
|  | Calibration methods mentioned in the scope of Accrediation |  |  |
|  | Signed copies of Terms & Conditions for maintaining accreditation - (AC-RG(P)-08) |  |  |
|  | *\*Please submit in softcopy formats in the SLAB WFMS* |  |
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| ***Case file number:*** | *Assigned by* | *Verified by* |

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| To be filled by the Technical Manager / Deputy Technical Manager before assigning the application to Authorized officer

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|  A. | Comments on the case file | : |  |
| B. | Allocation of Case file | : |  |
| C. | Allocation for Document Review | : |  |

Date: …………………… Technical Manager/Deputy Technical Manager: ……………………….. |

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| To be filled by the Authorized officer  |
| A. | Check whether the SLAB fulfills the following; |  |
|  Is the activity area of CAB under the purview of SLAB | Yes / No |
|  Can the initial assessment be performed in a timely manner | Yes / No |
|  If yes, state the duration | …………………………….. |
|  Has the SLAB Competence on accrediting the CAB | Yes / No |
| B. | Are all functions of CAB performed at one siteIf No, indicate the specific activities  | Yes / No |
|  |  |
| C. | Time estimation (Number of man days) for initial assessment | : ……………………………………………………. |
|  |  |  |  |
| D.  | Remarks of Authorized Officer | : ……………………………………………………………………………...……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….………………………………………………………………………………. |
|  | Date: …………………… Authorized Officer: …………………………….. |