

 **SRI LANKA ACCREDITATION BOARD**

**for CONFORMITY ASSESSMENT**

**APPLICATION FORM**

***for* accreditation *of***

**INSPECTION BODIES**

***Instructions to the Applicant:***

1. Please submit the duly filled application along with all annexures and documents and records referred in the application and Self-Assessment Checklist IB-FM(P)-11).
2. Please read Rules and Procedures for Accreditation of TL/ CL/ ML/ IB/ PTP/ RMP/ GLP (AC-RG(P)-26), Terms & Conditions for maintaining accreditation (AC-RG(P)-08), Relevant specific criteria document and Policies related to calibration laboratories posted in the SLAB website before filling the application.

Director /CEO



Sri Lanka Accreditation Board for Conformity Assessment

No 44, Dedicated Economic Centre

Kirimandala Mw., Narahenpita

**APPLICATION FOR ACCREDITATION of INSPECTION BODIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| We apply for SLAB accreditation of our **Inspection Body** as per details given below: | | | | | | |
|  |  | | | |  |  |  | |
| First Accreditation | |  |  | 1. Scope Extensionin the existing accredited field of Inspection | | | |  |
|  | |  |  |  | | | |  |
| Renewal of Accreditation | |  |  | 1. Scope extension in new field of Inspection | | | |  |
|  | |  |  |  | | | |  |
| Renewal of Accreditation with scope Extensionin the existing accredited field of Inspection | |  |  | 1. Renewal of Accreditation with scope Extension in new field of Inspection | | | |  |

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| 1. **1. Inspection Body Details** | | | | | | | |
|  | | | | | | | |
|  | **Name of the Inspection Body** | | |  | | | |
| Address | |  | | | | | |
| Telephone | |  | | | | Fax No |  |
| e-mail | |  | | | |  |  |
|  | | |  | | |  |  |
| **1.2.** | **Name of Parent Organization (if part of an organization)** | | | |  | | |
| Address | |  | | | | | |
| Telephone | |  | | | | Fax No |  |
| e-mail | |  | | | |  |  |
|  | | |  | | |  |  |
| **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 Inspection body undertake following inspection categories?**  (If yes, please clearly indicate in the scope of accreditation, para 2.3, the inspection conducted) | | | | | | | | |
|  |  | |  |  | | |  |  | | |
|  | | 1. Site Facility (when undertaking inspections at site of the customer) | | |  | Yes | | |  | No |
|  | |  | | |  |  | | |  |  |
|  | | 1. Permanent site facility (when a facility is created permanently under IB) | | |  | Yes | | |  | No |
|  | |  | | |  |  | | |  |  |
|  | | 1. Permanent/ Main Office of Inspection body | | |  | Yes | | |  | No |

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| **1.5.** | | ***Customers’ of Inspection*** (Please indicate the percentage in the appropriate box) | | | | | | | | | | | | |
|  |  | |  | | |  |  | | |  |  | |  | | |  |
|  | | Open to others |  |  | Partly open to others | | |  |  | An in-house activity | | | |  |
|  | |  |  |  |  | | |  |  | | |  | |  |
|  | | Percentage |  |  | Percentage | | |  |  | Percentage | | | |  |

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| **1.6.** | | *Is Inspection body obtaining any inspection related activities from external providers (eg: Subcontracting of inspection/testing/measurements) pertaining the scope applied?* | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | | | | |  | | | |  | | | |  | |
|  | | Yes | |  | |  | | No | | | | |  | | | |  | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, please specify the inspection activities obtained from external providers | | | | | | | | | | | | | | | | | | | | |
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| **2.** | | **Accreditation Details** | | | | | | | | | | | | | | | | | | | | |
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| **2.1.** | | **Field of Inspection for which accreditation is sought:**  *(Please refer Appendix 1 of IB-RG(P)-02 to identify relevant field of inspection)* | | | | | | | | | | | |  | | | | | | | | |
| **2.2.** | | ***If the Inspection body is already accredited, attach the Scope and Inspection methods / procedures for which accreditation granted*** (Please indicate the Accreditation provider, Accredited Scope, Date of Accreditation and Validity period) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **2.3.** | | ***Scope of Accreditation*** (Please indicate the Scope which accreditation is sought) *–* ***Please attach Part B of Annexure 01*** *and submit a copy of all the inspection methods / procedures mentioned in the scope of accreditation along with the application documents to SLAB.* | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| **2.4** | | ***Give details on the testing / certification/ Measurement/activities in relation to the Scope of Accreditation*** *– Please* ***attach Part B of Annexure 01*** | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| **2.5** | | ***Give details on the other inspection activities, your organization is currently engaged with*** *– Please* ***attach Part C of Annexure 01*** | | | | | | | | | | | | | | | | | | | | |
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| **3.** | **Organization** | | | | |  | | | | | |  | | | | | |  | | | |
| **3.1.** | **Senior Management** (Name, Designation) | | | | | | | | | | | | | | | | | | | | |
|  | 3.1.1. | | Chief Executive of the Organization | | | | | | | | | | | | | **:** | | **………………………………………………** | | | |
|  | 3.1.2. | | Person responsible for the IB management | | | | | | | | | | | | | **:** | | **………………………………………………** | | | |
|  | 3.1.3. | | Person/s responsible for Technical Operations | | | | | | | | | | | | | **:** | | **………………………………………………** | | | |
|  | 3.1.4. | | Authorized Representative for SLAB | | | | | | | | | | | | | **:** | | **………………………………………………** | | | |
|  |  | | Telephone: | |  | | Fax : | |  | | | | | | | | | E-mail | |  | |
|  |  | | Mobile: | |  | |  | |  | | | | | | | | |  | |  | |
|  | 3.1.5. | | Authorized signatories for issue of Inspection reports – Please attach **Annexure 02** *(in case of VET centers Annexure 08 & for IBs with multiple locations Annexure 09)* | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | | | | | | | |  | | |
|  | 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 in an organization and management structure to the operating departments of the Inspection body and relationship with its operations in main office/ permanent sites if any for which accreditation is being sought (**please append organization structure and details of sites**) | | | |
|  | 3.2.2. | Indicate how the inspection body is related to external organizations or to its own parent organization (where applicable) | | | |
| **3.3.** | **Employees** | | | | |
|  | 3.3.1. | Total number in inspection body for the specific field/s applied: | ……………………………. |  |  |
|  | 3.3.2. | Details of staff – Please attach **Annexure 03** *(in addition for each VET center Annexure 08 to be submitted separately & for IBs with multiple locations for each location Annex 9 to be submitted separately)* | |  |  |
|  | 3.3.3. | If Trainees or Contracted persons are employed, please indicate details of them | |  |  |
|  |  | …………………………………………………………………………………..................................................  ………………………………………………………………………………….................................................. | | | |

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| **3.4** | **Clients** | | | | | |
|  | 3.4.1 | Total number of clients for each specific field/s applied: | | | ………………………………………. | |
|  | 3.4.2 | List of Clients for each field – Please append | | | | |
|  |  | | | | | |
| **4.** | **Equipment and Reference Materials** | | | | | |
|  | 4.1. | Equipment List – Please attach **Annexure 04** *(in case of VET centers Annexure 08 & for IBs with multiple locations Annexure 09)* | | | | |
|  | 4.2. | List of reference materials, if applicable – Please attach **Annexure 05** *(in case of VET centers Annexure 08 & for IBs with multiple locations Annexure 09)* | | | | |
|  |  |  | |  | |  |
| **5.** | **Internal and External Quality Assurance Programmes**  Please attach **Annexure 06** *(in case of VET centers Annexure 08 & for IBs with multiple locations Annexure 09)* and Summary of recently participated Internal and External Quality Assurance Programmes for all inspection methods applied for accreditation, if applicable. | | | | | |
|  |  |  | |  | |  |
| **6.** | **Details on the multiple locations if available** | | | | | |
|  |  | | | | | |
|  | **Location** | | **Activities conducted** | | | |
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| **7.** | **Self-Assessment Checklist** – Please attach **Annexure 07** | | | | | |
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| **8.** | **Please attach the following documents / records** |
| 8.1. | Annexure 01 - *Scope of Accreditation* |
| 8.2. | Annexure 02 - Authorized signatories for issue of inspection reports+ |
| 8.3. | Annexure 03 - Details of Inspection Staff+ |
| 8.4. | Annexure 04 - Equipment List+ |
| 8.5. | Annexure 05 - List of reference materials+ |
| 8.6. | Annexure 06 - Internal and External Quality Assurance Programmes+ |
| 8.7. | Annexure 07 - Self-Assessment Checklist |
| 8.8 | Annexure 08 – Details of Vehicle Emission Centers (applicable for Vehicle Emission Centers only) |
| 8.9. | Annexure 09 – Details on Multiple locations (applicable for Inspection Bodies with Multiple locations except VET Centers only)++ |
| 8.10. | Inspection methods mentioned in the Scope of accreditation |
| 8.11. | Organization and management structure |
| 8.12 | Management System Documentation |
| 8.13 | Report of the last internal audit together with corrective action records. |
| 8.14 | Minutes of the last management review |
| 8.15 | Inspection report formats |
| 8.16 | Calibration certificates of key instruments |
| 8.17 | List of Inspections scheduled in the current year |
| 8.18 | List of inspectors |
| 8.19 | List of customers |
| 8.20 | List of Permanent sites and information |
| 8.21 | Two signed copies of Terms and Conditions for maintaining inspection body accreditation (AC-RG(P)-08) |
|  | +For *Vehicle Emission Testing Centers please provide the relevant details in the Annexure 8 only.*  *++For Inspection bodies with Multiple locations please the relevant details in the Annexure 9 only.* |

**9. Willingness to undergo Assessment**

**We declare that**

* We are aware of and will abide by the Terms and 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 17020:2012 and SLAB requirements for the accreditation of inspection body.
* We agree to comply with accreditation procedures and pay all costs for activities related to accreditation process as per Terms and Conditions for maintaining accreditation (AC-RG(P)-08) & Fee Structure (IB-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 IB/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 am aware that giving any fraudulent information will lead to termination of the accreditation process.

|  |  |
| --- | --- |
| Signature of Chief Executive : |  |
| Name & Designation : |  |
| Date & Place : |  |

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***For office use only***

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| A. | | Check whether the following have been submitted | | To be checked by the Management Assistant | | To be checked by the Technical Manager | |
|  | Annexure 01 - *Scope of Accreditation* | |  | |  | |
|  | Annexure 02 - Authorized signatories for issue of inspection reports+ | |  | |  | |
|  | Annexure 03 - Details of Inspection Staff+ | |  | |  | |
|  | Annexure 04 - Equipment List+ | |  | |  | |
|  | Annexure 05 - List of reference materials+ | |  | |  | |
|  | Annexure 06 - Internal and External Quality Assurance Programmes+ | |  | |  | |
|  | Annexure 07 - Self-Assessment Checklist | |  | |  | |
|  | Annexure 08 – Details of Vehicle Emission Centers (applicable for Vehicle Emission Centers only) | |  | |  | |
|  | Annexure 09 – Details on Multiple locations (applicable for Inspection Bodies with Multiple locations except VET Centers only)++ | |  | |  | |
|  | Inspection methods mentioned in the Scope of accreditation | |  | |  | |
|  | Organization and management structure | |  | |  | |
|  | Management System Documentation | |  | |  | |
|  | Report of the last internal audit together with corrective action records. | |  | |  | |
|  | Minutes of the last management review | |  | |  | |
|  | Inspection report formats | |  | |  | |
|  | Calibration certificates of key instruments | |  | |  | |
|  | List of Inspections scheduled in the current year | |  | |  | |
|  | List of inspectors | |  | |  | |
|  | List of customers | |  | |  | |
|  | List of Permanent sites and information | |  | |  | |
|  | Two signed copies of Terms and Conditions for maintaining inspection body accreditation (AC-RG(P)-08) | |  | |  | |

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| ***Case file number:*** | *Assigned by (Name & date)* | *Verified by (Name & date)* |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **To be filled by the Technical Manager / Deputy Technical Manager before assigning the application to Authorized officer**   |  |  |  |  | | --- | --- | --- | --- | | A. | Comments on the case file | : |  | | B. | Allocation of Case file | : |  | | C. | Document Review: | : | Required/ Not Required | | D. | Allocation for Document Review | : |  |   Date: …………………… Technical Manager/Deputy Technical Manager: ……………………. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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.** | Does the IB has multiple locations (except VET Centers) | | Yes / No | | |  | If yes, how many locations available | | ………………………………………………….. | | |  | What are the critical activities conducted at the locations (please identify critical activities separately for each site) | | | | |  | Location | | Critical activities conducted | | |  |  | |  | | |  |  | |  | | |  |  | |  | | | **C.** | In case of VET centers, how many centers applied for accreditation | |  | | |  |  | | | | | **D.** | Time estimation (Number of man days) for initial assessment | | : ……………………………………………………. | | |  |  | |  |  | | **E.** | Remarks of Authorized Officer including any risks associated with the IB accreditation | : ……………………………………………………………………………...  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ………………………………………………………………………………. | | | |  | Date: …………………… Authorized Officer: …………………………….. | | | | |