

  **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**

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| --- |
| 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 |
|  |  |
| **2.** | **Accreditation Details** |
|  |  |
| **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*** |
|  |  |
| **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.

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| 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**

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|  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: ……………………. |

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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.** | 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: …………………………….. |

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