Application for Accreditation of Testing and Calibration Laboratories

Application No.:

The name of applicant CAB:	
Date of filling the form:	
Initial accreditation *Extension of accreditation scope* *Change of accreditation scope* *Re-accreditation*	☐ ☐ ☐ ☐
Field:	☐ **calibration** ☐ **test**
Discipline(s):	

1. BASIC INFORMATION CONCERNING APPLICATION

1.1. Legal Entity Name:		
1.2. Evidence the Laboratory body is a legal entity:	Please attach the incorporation certificate (or other documents) to this applicant	
1.3. Head office:	**Address:**	
	Phone No.:	
	E-mail:	
	Fax No.:	
1.4. Does the testing/ calibration laboratory operate at several sites?	Yes ☐ No ☐	
	Site ☐	Temporary Facility ☐ Virtual Site ☐
Other Locations (Representation Office): ..... Please give the information about other locations in Annex 1		
1.5. Primary contact person:		
Telephone No.:		
Email Address:		
1.6. Secondary Contact Person:		

Telephone No.:	
Email Address:	
1.7. Insurance Coverage:	Laboratory shall purchase and maintain civil liability insurance, sufficient to cover any responsibility arising out of its activities. Please Attach the evidence to this application.
1.8. Information about ownership	☐ Owned by an individual, ☐ Owned by a private company/ partnership, ☐ Owned by a public body / nationalized industry, ☐ National / governmental organization, ☐ Part of an academic institution, ☐ Part of learned / technical institution, ☐ Owned by public limited company, ☐ Other (Please describe):
1.9. Name and position (Director level) of person authorizing this application:	Name: ……., Position:……., Title:……

1.10. Applicant outside IR:

Is there a local accreditation body?	☐ Yes	☐ No
Does the local accreditation body offer the required scope?	☐ Yes	☐ No
Do you permit that IPIAB informs the local accreditation body about your application and the development of the accreditation process?	☐ Yes	☐ No
Do you permit that the local accreditation body may send an observer to join the assessment?	☐ Yes	☐ No
Do you permit that the local accreditation body may send (an) assessor/s (joint assessment for a dual accreditation)?	☐ Yes	☐ No

Considering the questions above, what are the reasons for choosing IPIAB instead of the local accreditation body?

1.11. Other gained certifications (if any): (including IPIAB accreditation)

The name & address of Accreditation Body which has issued the certification:		
Scope of accreditation:		
Period of accreditation	**start date**	**Expiry date**

Have you taken any consultancy and/or training service for establishing your management system which is subjected to accreditation against ISO/IEC 17025 requirements? Yes ☐ No ☐

If yes; from who or which organization have you taken this service? Summarize the consulting and training services you have received with their dates:
How long is quality system being operated?
Signature Authorities:
Full Name:
Date of birth:
Please attach the documents showing that signature authorities are legally have rights to represent your body
1.12. Determine the field of the organization seeking accreditation (Please check the boxes):

☐ **Testing Laboratory ISO/IEC 17025 (Fill section 4-A)**	☐ **Calibration Laboratory ISO/IEC 17025 (Fill section 4-B)**

1.13. Category of Facility(s) applied under the scope of Accreditation

(Please clearly indicate in the scope of accreditation, para 2.2, the calibrations performed)

a. Permanent Facility:	☐ Yes	☐ No
b. Site Facility:	☐ Yes	☐ No
c. Mobile facility:	☐ Yes	☐ No

2. HUMAN AND TECHNICAL RESOURCES

(List here the resources which will be utilised to cover the scope of accreditation sought)

2.1 Total number of employees in relation to scope of accreditation:

2.2 Distribution of employees in relation to scope of accreditation: (Please mention the number of people)	**Full-time**	**Others (specify relationship for e.g., individually contracted)**
Employees with University education		
Employees with Technical education		
Employees specially trained as laboratory assistants		
Employees specially trained as technicians		
Employees without special training		
Employees trained in quality management		
Other (incl. secretarial and support staff)		

3. INFORMATION ABOUT KEY PERSONNEL

(Please identify the following personnel and briefly describe their competence giving the technical qualifications and experience. Professional C.V. to be submitted)

3.1 Laboratory Manager (refer to Clause 5.2 of ISO/IEC 17025:2017)
3.2 Deputy Laboratory Manager/s

4. THE DESIRED SCOPES

Notes:

a. Testing laboratories are to complete section **(A),** while **Calibration laboratories** are to complete **section (B).**

b. A clear description of the test/calibration activities, and a list of standards, methods, or procedures, for which accreditation is being sought, including limits of capability, is to be given in this section.

c. Applicants referring to regulations/legislation in the scope of accreditation they are applying for are to clearly indicate where such regulatory documents refer to conformity assessment activities. Such conformity assessment activities shall be clearly defined and clearly related to an accreditation standard. If such information is not submitted, the accreditation for that activity cannot continue.

d. Add as many rows as necessary to cover the full scope of accreditation to be covered by this application.

e. In column "LOC" indicates whether the test/calibration will be carried out in the laboratory or in some other location under supervision of the laboratory. Use the following codes:

S = Test/Calibration is carried out in the laboratory (If the laboratory operates in multiple sites, use of SA1, SA2, etc. is to be made as Annex 1 of this application form).

B = Test/Calibration is carried out at an offsite location not belonging, but under supervision to the laboratory.

A. The Scopes for Testing Laboratories

Group of products, materials	Test-based	Product-based	Specific tests performed	Test Method / Standard	Range	Uncertainty of Measurement (±) at Value	LOC.

or items tested							

1. Test-based: The laboratory has been accredited for the test described in the scope.

2. Product-based: The laboratory has been accredited to carry out all the mentioned product tests according to the product standard requirements.

**** Testing laboratories*** *shall do evaluation of uncertainty of measurement and detection limits for the tests for which accreditation is sought.*

Note:

1. *Laboratories performing site testing shall clearly identify the specific tests on product(s)/ material performed at site separately.*
2. *Measurement uncertainty shall be expressed as expanded uncertainty with 95% confidence level*
3. *Test methods and standards shall be mentioned along with the year of publication of the standard*

B. **The Scopes for Calibration Laboratory**

Measurand/ Calibrated Instrument	Range	Calibration procedure/ Standard	Calibration and Measurement Capability (CMC)	Measurement Conditions	LOC.

List of Equipment

Row.	Name of equipment	Model/ type/ year of make	Receipt Date	Range and accuracy	Date Placed in service	Purpose/ Scope	Accuracy	Last date of Calibration	* Due date of Calibration	**Calibrated by	Whether personnel trained/ authorized for the purpose
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
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** The laboratory to decide the calibration interval based on ISO 10012 or ILAC-G24, other valid documents*

*** Please mention name of calibration agency. In case the equipment is calibrated in-house, same needs to be clearly indicated under this column.*

Note: For traceability in measurement, refer IPIAB policy document with number IPIAB-Po-04

List of reference materials/certified Reference Materials available

Row	Name of RM/CRM	Source	Date of expiry/ Calibration validity	Traceability
1.				

2.				
3.				
4.				
5.				

5. INTERNAL AUDIT AND MANAGEMENT REVIEW

5.1 Date /schedule of last Internal Audit:		
5.1.1 Whether all requirements of ISO/IEC 17025 covering all activities of laboratory have been audited at least once in last one year	☐ Yes	☐ No
5.2 Date of last Management review:		

6. COMPLAINTS/DISPUTES (Details of last 3 Years)

Row	Name of the client	Nature of complaint/dispute	Whether resolved in favor of Laboratory/Client	Brief of the action taken for resolving the complaint	Latest status (if not resolved yet)
1.					
2.					
3.					

7. DOCUMENTS AND RECORDS TO BE SUBMITTED (please check the boxes)

Notes:

(1) The following documents must be submitted in electronic format with the application in the provided folder structure. IPIAB will not process the application until all the items listed below have been received.

(2) If any of the documents are included as part of a quality management system manual or other documentation, please quote either the manual section or document reference number in the space provide next to the tick box.

(3) Documents submitted are to be in the English/ Persian.

(4) If an application refers to legislation/regulations and such documentation is not in English, then an official translation of such legislation/regulation shall be submitted.

In the box below, tick as necessary and write any necessary references. If not applicable, explain why.

1.	An index and numbered list of the attachments *(use the folder structure provided)*	☐
2.	Document review cum cross-reference matrix for ISO/IEC 17025 *(Note: This should allow a complete and effective identification of the correspondence between the clauses and sub-clauses of the applicable standard/other relevant accreditation criteria (Refer to **IPIAB-Fr-005**) such as guidance documents (e.g., EA/ILAC publications) and the parts of the Applicant Laboratory documentation (QM, Procedures, etc.) where such requirements are addressed; the non-applicable requirements must be properly identified and not simply omitted; (exclusions must be justified).*	☐
3.	Master list of documents controlled in the management system	☐
4.	All documentation describing the management system according to ISO/IEC17025 (e.g., quality management manual, procedure instructions, work instructions, SOPs, applicable standards, Quality goals and plan to achieve goals, personnel training Needs/training program) – Refer to ISO/IEC 17025:2017 Clause 8.2.1	☐
5.	**General - Impartiality -** Declaration of impartiality by management	☐
6.	**General - Impartiality -** Explanation of how the laboratory checks risks to impartiality on an ongoing basis and the records relating to the identification of risks to impartiality.	☐
7.	**General – Confidentiality –** Copy of legally enforceable agreements for management of customer information.	☐

8.	**Structure** - Proof of legal status of the laboratory and declaration of ownership Legal documents should include: Registration advertisement, the latest changes in the official gazette, Constitution	☐
9.	**Structure** - Information on the structure of the laboratory (include organization chart with names, functions, etc.). *Note: Any relationships with a related organization should be clearly showed or explained*.	☐
10.	**Structure** - Site plan (layout) to scale showing the test/calibration areas. This plan should include dimensions.	☐
11.	**Personnel** - Competence criteria and description of responsibilities (job descriptions) of staff members	☐
12.	**Personnel** - Professional C.V. and proof of the relevant qualifications of the laboratory manager and his/her deputy, the person responsible for the quality management system and his/her deputy.	☐
13.	**Personnel** - List of employees stating their qualification/professional training/responsibility at all levels as required in ISO/IEC 17025	☐
14.	**Personnel** – List of personnel authorized to sign test/calibration certificates/reports for the scope of accreditation sought and their signature sample.	☐
15.	**Equipment -** List of equipment (including loaned equipment and used working standards, if applicable) **Required information**: inventory number, location, measurand (for which a proof of measurement traceability must be present), indication or type of equipment/item, manufacturer, calibration interval, indication of the proof of measurement traceability, whether calibration is done in-house or by an external provider. **Optional information:** testing standard, serial number, responsible person for the equipment, etc... **Calibration Program for Equipment (**Please indicate if you are using internal/ in-house calibration and fill out the **"***IPIAB-Fr-045: In-house Calibration Declaration"***)** **Intermediate control Program for Equipment;**	☐

16.	**Equipment -** If applicable, list of reference materials in use and proof of traceability.	☐
17.	**Process** - Method validation data and validation summary	☐
18.	**Process** - Uncertainty measurement budgets (for each measurand/calibration item)	☐
19.	**Process** - Copy of at least one original version of test/calibration report/certificate for each testing/calibration field applied for accreditation.	☐
20.	**Process – Proficiency Testing -** Summary report containing proof of participation in proficiency testing and interlaboratory comparisons ***(Annex 2 to be completed and returned with this application form)***	☐
21.	**Management system** - Explanation of how the laboratory considers risks and opportunities associated with the laboratory activities, and the records relating to this activity.	☐
22.	**Management system -** Copy of the internal audit program and records of last internal audit.	☐
23.	**Management system** - Copy of the minutes of the latest management review	☐

8. DATA PROTECTION DECLARATION

The IPIAB keeps confidential all information obtained by the applicant or other sources. It also informs the applicant in advance regarding the information intends to make available to the public.

9. STATEMENT BY APPLICANT CONFORMITY ASSESSMENT BODY

I/we on behalf of apply for accreditation against the scopes specified in column section 4, and declare that:

i. The information given in this application is true;

ii. The accreditation criteria and accreditation scheme have been read & understood;

iii. The applicant laboratory has adequate resources to conduct accreditation in accordance with the accreditation criteria and other guidance documents;

iv. The applicant laboratory will pay the fee as per the applicable fee schedule;

v. If any information given by the applicant laboratory be wrong or the applicant laboratory is found not to be complying with the criteria of accreditation or other specified rules and regulation, the accreditation may be suspended or withdrawn at the discretion of IPIAB;

vi. The applicant laboratory agrees to provide access to all the information relevant to the accreditation system (including details of complaints, disputes and appeals) for which accreditation is sought;

vii. The applicant laboratory will, from date of sign of this application:

a) Comply with the accreditation criteria and the rules of the IPIAB;

b) Shall ensure that none of the acts of omission or commission of the applicant laboratory will bring the accreditation and certification system to disrepute;

c) Shall ensure that it will not overstate its capabilities with respect to the scopes for which it has applied for accreditation;

d) Shall take appropriate corrective action on its conduct and issues that are identified by the IPIAB as contrary to the conditions at vii)a to vii) c.

***Note1**: Your application cannot be processed unless attached with the required document in Soft or/and Hard copies.*

***Note 2**: Applicant understand and accept that an assessment fee will normally be charged in accordance to IPIAB (which published in IPIAB website www.ipiab.ir).*

***Note 3**: This application must be completed in full and returned to IPIAB with a copy of each required documents as described in section 5 of current document.*

***Note 4**: If the applicant does not receive an acknowledgement of receipt of this form within 1 month of dispatch, please contact IPIAB relevant accreditation manager.*

***Note 5**: For initial applicant, its application remains valid for 6 months from the date of receipt of the application if there is no response or no ongoing response during the accreditation process from this applicant.*

Name of Authorized Representative:

Signature of Authorized Representative *(enter preferably a stamp)***:**

Title of Authorized Representative:

Date:

IPIAB internal use only	
IPIAB confirms ☐, does not conform ☐ the receipt of the information mentioned in current application form.	
Name and Position of approver:	**Phone**:
Date & Signature:	
CAB ID:	

Annex 1- Sites of Testing Laboratory

Site of laboratory	
Site Number: (S_{A1})	
Title of Site:	
Activities performed at this site:	
Address:	
Full name of Head of the Site laboratory:	
Phone Number (*Inc. Area code*):	**Mobile:**
Email:	
Site of laboratory	
Site Number: (S_{A2})	
Activities performed at this site:	
Title of Site:	
Address:	
Full name of Head of the Site laboratory:	
Phone Number (*Inc. Area code*):	**Mobile:**
Email:	

If there is another site, please insert row for this table.

Annex 2- Proficiency Testing and Interlaboratory Comparison Summary

Notes:

(1) This form should be completed in detail and returned with the other documentation and within the folder structure provided.

(2) The information entered in this form should be typed and sent in electronic format (Office Word format).

(3) The CAB may add additional rows as necessary to list all the proficiency tests and/or interlaboratory comparisons which it has participated in since the last submission of its documents.

Name of CAB:					**Date of submission to IPIAB:**
Test Method / Parameters	**Month and Year of Participation**	**Name of PT Scheme / Interlaboratory comparison**	**Results** *(+ve, -ve and Z-scores if applicable)*	**Result of Investigation** *(if –ve or close z score)*	**Corrective Actions Taken**