



APPLICATION FOR ACCREDITATION OF TESTING/CALIBRATION LABORATORIES

FO7/1A

For office use: EAS Acc.No								
Date of application								
The Testing/Calibration Laboratory is applying for (Please tick in the appropriate box)								
First Accreditation	<input type="checkbox"/>	Renewal of Accreditation	<input type="checkbox"/>	Pre-assessment	<input type="checkbox"/>	Scope Expansion	<input type="checkbox"/>	
1. THIS FORM SHOULD BE COMPLETED IN FULL AND RETURNED TO: Ethiopian National Accreditation Office <u>Attention: Accreditation Director</u> PO Box 3898 ADDIS ABABA Tel: +251 11 830 24 69/ +251 11 661 60 91 Fax: +251 11 618 41 54 E-mail: info@EAS-eth.org Website:- www.EAS-eth.org								
2. The Following documents shall be submitted together with the application form. Types of documents: (Tick which is attached)							Yes	No
▶ Quality Manual, Procedures and formats								
▶ PT participation plan and recent results								
▶ Procedure for method Verification/Validation and data								
▶ Major Equipments Calibration plan and Certificates								
▶ Completed Horizontal Check list form								
▶ Summary of Internal audit and clearance report.								
▶ Evidence about availability of adequate data after Implementation of Quality Management system (i.e. after conduct of internal Audit and NC clearance)								



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as indicated in EAS P07 recent version.

► For Calibration laboratories include BMC/CMC information

► Risk Analysis Report

2. LABORATORY DETAIL

2.1 Name of the Testing/Calibration Laboratory

Region

City

Postal address

Telephone:

Fax:

E-mail:

2.2 Name of Parent Organization
(If part of an organization)

Telephone:

Fax:

E-mail:

Mobile (QMR)

2.3 Legal Status and Date of Establishment
(please give Registration No. and name of authority who granted the registration)

2.4 The type of organization(Please tick the appropriate cage)

Private limited
Company

Private
Partnership

Public limited
company

Government
body

Other

2.5 Do you conduct Testing/calibration in the following Category (if yes, please clearly indicate in the scope of accreditation)

a) Site Facility (when undertaking testing/calibration at site of the client)

Yes

No



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b) Temporary Facility (when a facility is created temporarily)				Yes		No	
c) Mobile Laboratory				Yes		No	
2.6 Clients of Testing/calibration (please tick in appropriate box)	Open to Others		Partly open to others			In-house activity	
2.7 Testing/Calibration Subcontracted (if yes, please specify the subcontracted work)			Yes		No		
2.8 Number of reports issued after conducting Internal audit and NC clearance.							
2.9. PT/ILC plan and List Proficiency Testing scope parameters Scope/Inter laboratory comparisons for the frequency of participation in each scope the CAB intends to be accredited as per PT policy PM09-01							
2.10. Evidence of competence of PT providers when applicable /available/ for calibration ILC protocol with its result							



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2.11 If alternatives of PT is used evidence for unavailability and impracticality for participation.

2.12 evidence for appropriateness of PT alternative as per PT policy PM09-01

3. ACCREDITATION DETAILS

3.1 Field of Testing for which accreditation is sought

Chemical		Microbiological	
Biological		Electrical	
Veterinary		Mechanical	
Civil Engineering		Non-destructive	



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Textile and Leather		Pharmaceutical		
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Other (Please Specify)				
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3.2 Field of calibration for which accreditation is sought

Force		Electrical		
Dimension		Pressure		
Mass		Volume		
Other (Please Specify)				

3.3. Your organization accredited by another accreditation body? If so please specify (attach documents for proof)

No.	Activity and Scope of Accreditation	Against which Standard/Regulation	Name of Accrediting Institution	Period of Validity of Accreditation

3.4 Scope of Accreditation Sought for Testing Laboratory
 Please complete the following table as precisely as possible and include, wherever possible, standard methods and specification involved. This may be Ethiopian, regional and international standards. The title of the method or specification, its number and date of issue should be listed.
 (use extra sheet if necessary)

No.	Tested/calibrated item, or materials	Major Equipment	Standards /codes or specific test/ calibration method	Description of test/ calibration method



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3.5 Scope of Accreditation Sought for Calibration Laboratory

Please complete the following table as precisely as possible and include, wherever possible, standard methods and specification involved. This may be Ethiopian, regional and international standards. The title of the method or specification, its number and date of issue should be listed. (use extra sheet if necessary)



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No.	Measured quantity / Calibration item	Range	Measurement conditions / procedure	Best measurement capability 1)	Remarks

3.6 Extension of Scope of Accreditation

If you wish to extend existing scope of accreditation, you will need to fill in this form and supply the following additional information:

I Accreditation Number

II. Brief description of the scope of accreditation

III. Date of Expiry of accreditation

IV. Extension Requested for and the applicable standard/regulation



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Blank space for additional information or notes.

4. ORGANIZATION

4.1 Authorized Representative for Accreditation related matters:

4.2 Total number of Technical staff and signatories in testing/calibration laboratory for the specific field applied

4.3 Please list the name and technical qualification of the following staff

4.3.1 Technical manager (or equivalent) of testing/calibration laboratory body	Title	Full Name		Technical Qualification	
Deputy Technical Manager (or equivalent) of Testing/ calibration laboratory	Title	Full Name		Technical Qualification	
4.3.2 Quality Manager (or equivalent) of Testing/ calibration laboratory	Title	Full Name		Technical Qualification	

4.4 Person authorized to sign the test or calibration reports (please add separate sheet where



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required)

No	Test/calibration field	Name of authorized Person	Qualification	Work Experience (years)

4.5 Organization Chart (either annexed or cross referred to Quality Manual)

4.5.1 Indicate in an organization chart the operating departments of the testing /calibration laboratory for which accreditation is being sought (please append)

4.5.2 Indicate how the testing /calibration laboratory is related to external organizations or to its own parent organization (where applicable) (i.e. how its independence is ensured)

5. DECLARATION

I enclose a copy of the quality manual, a copy of the relevant, authorized test method(s) and the procedure for validation of methods.

I declare that I am authorized, on behalf of the company/ organization, to furnish this information, and the information contained herein is both correct and accurate to the best of my knowledge



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and belief.

Title	Position/Designation	Name	Signature	Date
	CEO/Manager/ G. Director			