



**SRI LANKA ACCREDITATION BOARD  
for CONFORMITY ASSESSMENT**

**APPLICATION FORM  
*for* ACCREDITATION *of*  
CALIBRATION LABORATORIES**

***Instructions to the Applicant:***

Please submit this application along with the questionnaire, duly filled, the Laboratory Quality Manual and associated documents referred in the application and questionnaire.

## APPLICATION FOR ACCREDITATION OF CALIBRATION LABORATORIES

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

First Accreditation       Scope Extension       Renewal of Accreditation

### 1. Laboratory Details

#### 1.1 Name of the Calibration Laboratory \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Fax No \_\_\_\_\_ e-mail \_\_\_\_\_

#### 1.2 Name of Parent Organization \_\_\_\_\_

(if part of an organization)

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ e-mail \_\_\_\_\_

#### 1.3 Legal status and date of establishment \_\_\_\_\_

(please give Registration No. and name of authority who granted the registration)

#### 1.4 Do you conduct Calibration in the following Category

(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 client)       Yes       No

b. Temporary Facility (when a facility is created temporarily)       Yes       No

c. Mobile Laboratory       Yes       No

#### 1.5 Clients of Calibration

(please tick in appropriate box)

open to others       partly open to others       an in-house activity

percentage       percentage       percentage

#### 1.6 Is Calibration Subcontracted

(if yes, please specify the subcontracted work)

Yes       No

## 2. Accreditation Details

### 2.1 *Field of Calibration for which accreditation is sought*

(Please tick the appropriate box, separate application to be filled for each discipline)

- |                       |                          |                          |                          |
|-----------------------|--------------------------|--------------------------|--------------------------|
| • Electro-technical   | <input type="checkbox"/> | • Mechanical             | <input type="checkbox"/> |
| • Fluid flow          | <input type="checkbox"/> | • Radiological           | <input type="checkbox"/> |
| • Thermal and Optical | <input type="checkbox"/> | • Other (Please specify) | <input type="checkbox"/> |

### 2.2 *If the Laboratory is already accredited, indicate the Scope & Calibrations for which accreditation has been granted*

### 2.3 *Scope of Accreditation*

Sl no	Parameter/ measured quantity	Calibration method Ref. No, Code No.	Range of measurements	Calibration Measurement Capability ( $\pm$ )	Remarks

Note 1: Calibration measurement capability (CMC) is to be expressed as uncertainty ( $\pm$ ) for confidence probability at 95%.

Note 2: Laboratories performing site calibration shall clearly identify the specific calibrations on product(s)/ material performed at permanent laboratory and/ or at site.

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### 3. Organization

#### 3.1 **Senior Management** (Name, Designation, telephone, Fax, e-mail)

3.1.1 Chief Executive of the laboratory \_\_\_\_\_

3.1.2 Person responsible for the laboratory management system \_\_\_\_\_

3.1.3 Person responsible for technical operations \_\_\_\_\_

3.1.4 Authorized Representative for SLAB \_\_\_\_\_

3.1.5 Authorized signatories for issue of calibration certificates/ reports (please refer to relevant specific criteria)

Sl no	Name & Designation of Signatory	Qualification with Specialization	Experience in years related to present work	Relevant Training	Authorized for which specific area of calibration	Specimen Signature

Note. If opinions or Interpretations are given on calibration reports, please indicate such information as well with relevant qualification

3.1.6 Information regarding any individual or organization that has provided consultancy for being prepared towards SLAB accreditation;

- a. Development of Quality Management System: \_\_\_\_\_
- b. Development of Technical Operations: \_\_\_\_\_
- c. Specific Training: \_\_\_\_\_
- d. Conducting Internal Audits: \_\_\_\_\_
- e. Other: \_\_\_\_\_

#### 3.2 **Organization Chart**

3.2.1. Indicate in an organization chart 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)

### 3.3. Employees

3.3.1 Total number in calibration laboratory for the specific field applied \_\_\_\_\_

3.3.2 Total number in calibration laboratory for which accreditation is being sought \_\_\_\_\_  
(if the accreditation applied for is for a part)

3.3.3 Details of staff (please clearly indicate staff responsible for site calibration)

Sl no	Name	Designation	Academic and Professional Qualifications*	Experience related to present work (in years)

\* Please clearly indicate the field of specialization

3.3.4 If Trainees or Contracted persons are employed, Please indicate details of them

## 4. Equipment

### 4.1 please list down all Standards Maintained

Sl no	Field and Parameter	Standard maintained	Model/Type/ Year of make	Date of receipt & Date placed in service	Range	Measurement Uncertainty	Date of last calibration/ Calibration due on*	Calibrated by**

### 4.2 please list down all Calibration Facilities

Sl. no	Field and Parameter	Major Equipment	Model/Type/ Year of make	Date of receipt & Date placed in service	Range	Overall Measurement Uncertainty	Date of last calibration/ Calibration due on*	Remarks

For ionizing Radiations, please specify radiation sources and radiation monitors available, giving nature of radiation details of technical specifications, location and calibration status etc.

\* the laboratory to decide the calibration intervals based on ISO 10012

\*\* Please indicate the Name of Calibration Agency. In case the equipment is calibrated in-house, same needs to be clearly indicated under this column.

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## 5. EQA and PT Programmes

Please list down the details of EQA or PT programmes currently participated by the Laboratory  
(For details and requirements, please refer to ISO/IEC 17043)

Sl. no	Artifact	Details of measurements	Date of measurements	Reference laboratory (Accreditation body/ Country)	Performance in terms of $E_n$ number or other measure	Corrective actions taken, if needed

## 6. Willingness to undergo Assessment

### *We declare that*

- 6.1 We are familiar with and will abide by the terms and conditions of maintaining SLAB accreditation included in the agreement to be signed by both parties, which is enclosed.
- 6.2 We agree to comply fully with ISO/IEC 17025: 2005 for the accreditation of calibration laboratory.
- 6.3 We agree to comply with accreditation procedures, pay all costs for pre-assessment, assessment, verification visit (if any), surveillance and reassessment irrespective of the result.
- 6.4 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 that are part of the scope of accreditation.

Signature of Chief Executive or his authorized representative \_\_\_\_\_

Name & Designation \_\_\_\_\_

Date & Place \_\_\_\_\_

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