



**SRI LANKA ACCREDITATION BOARD  
for CONFORMITY ASSESSMENT**

# **APPLICATION FORM *for* ACCREDITATION *of* INSPECTION BODIES**

***Instructions to the Applicant:***

1. Please submit duly filled application along with the questionnaire
2. Quality Manual of the Inspection Body and associated documents referred in the application shall also be submitted along with the application

## APPLICATION FOR ACCREDITATION OF INSPECTION BODIES

We apply for SLAB accreditation of our **Inspection Body** as per details given below:

First Accreditation

Scope Extension

Renewal of Accreditation

### 1. Organization / Company Information

1.1. Organization / Company Name:

1.2. Registered Address:

Tel:	Fax:	E-Mail:
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1.3. Operational Address (If different):

Tel:	Fax:	E-Mail:
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1.4. Is your organization registered in Sri Lanka?

If yes, give details of registration; Reg. No, Relevant Act etc. (Please attached evidence for the legal status)

If No, give details of registration; Reg. No, Relevant Act, regulations on inspections etc.(Please attached evidence for the legal status and regulations relevant to field of inspection)

1.5 The type of Organization *(Please tick the appropriate cage)*

- |  |  |
|--|--|
| <input type="checkbox"/> Private limited company | <input type="checkbox"/> Private partnership |
| <input type="checkbox"/> Public limited company  | <input type="checkbox"/> Public body         |
| <input type="checkbox"/> Statutory Body          | <input type="checkbox"/> Other: _____        |

1.6 Contact Details of Managing Director /CEO

Name		
Position		
Address		
Tel:	Fax:	E-Mail:

1.7 Authorized representative / Contact Person for the SLAB accreditation activities

Name		
Position		
Address		
Tel	Fax	E-Mail

## 2. Information on Accreditation Requested

A1.1. Give details of the Type of Inspection Activities you seek Accreditation and indicate the products/processes/items inspected, inspection method, the Applicable Standard/ Regulation and location.

<b>Type of Inspection</b>	<b>Processes /products /Items inspected</b>	<b>Inspection method/standard/work instruction</b>	<b>Applicable Inspection Criteria (Standard/Regulation)</b>	<b>Location At permanent facility / sites</b>

(Please refer SLAB, Policies and procedures for Accreditation of Inspection Bodies).

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A1.2. Give details of the testing / certification activities in relations to the above scope

Type of Testing/ Certification	Processes /products /Items tested/certified	Test methods method/standard/ work instruction	Range of testing and uncertainty	Location At permanent facility / sites	Remarks Outsourced / done by IB itself

(Please refer SLAB, Policies and procedures for Accreditation of Inspection Bodies).

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A.2 Is your organization Accredited by another Accreditation Body? If so please specify (Attach documents for proof)

Activity and Scope of Accreditation	Against which Standard/ Regulation	Name of Accrediting Institution	Period of Validity of Accreditation

A.3 Is the location where you operate considered as critical location by the Accreditation Body?

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A.4 Give details of the other Inspection activities, your organization is currently engaged with.

Non Accredited Inspection scopes/Areas	Against which standard

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

B.1. Accreditation Number: \_\_\_\_\_

B.2 Brief description of the Scope of Accreditation

B.3. Date of Expiry of Accreditation: \_\_\_\_\_

B.4. Extension requested for and the applicable standard/ regulation

B.5. Describe how do you incorporate the new activities in your documented management system

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B.6. What are the specific competence criteria for the personnel involved in the new activities to which you seek scope extension

B.7. Specify when SLAB could witness the inspection activities requested under extension of scope

### 3. Staff Information

(Attach the organization structure)

#### 3.1 Total Number of Staff

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#### 3.2 Resources Available *(Please tick the appropriate cages)*

- Inspectors/ Assessors Locally Available
- All Inspectors/ Assessors sourced from outside Sri Lanka
- Inspectors/ Assessors sourced from outside Sri Lanka based on needs

Break Down of the Staff who is connected with the Inspection Activities

Designation	Number	Permanent	Contract

3.3 Details of Inspectors/ Assessors who will be used for Inspection purpose on the activities and scope applied.

Location of site/branch/regional office/agent office	No. of Qualified Permanent Auditors		No. of Qualified Contracted Auditors	
	Local	Foreign	Local	Foreign

3.3 Please briefly specify the method adopted to qualify staff for auditing activities

3.4. If you out source Inspection Activities, please give details

## 4. Clients

4.1 Please give a breakdown of your clients based on the type of Inspection /scope

<b>Inspection/Scope</b> ( <i>Indicate the code or number as appropriate</i> )	<b>Number of Clients</b> ( <i>as at the date of submission of this questionnaire</i> )

*Please attach additional pages if required*

## 5. Other Information

5.1 Please give any other details that you may consider be relevant to this Application.

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## 6. Declaration and willingness to undergo assessments

### *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 17020: 2012 for the accreditation of Inspection Body.

6.3 We agree to comply with accreditation procedures, pay all costs for pre-assessment, assessment, verification visit (if any), surveillance, reassessment and witness assessment 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 Inspection Body and witness inspections carried out at sites of clients that are part of the scope of accreditation.

6.5 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 and belief.

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

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

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

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