APPLICATION FORM
for ACCREDITATION of TESTING 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 TESTING LABORATORIES

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

- [ ] First Accreditation
- [ ] Scope Extension
- [ ] Renewal of Accreditation

1. **Laboratory Details**

1.1 **Name of the Testing 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 Testing in the following Category**

(if yes, please clearly indicate in the scope of accreditation, para 2.3, the test conducted)

a. Site Facility (when undertaking testing 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 Testing**

(please tick in appropriate box)

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

1.6 **Is testing Subcontracted**

(if yes, please specify the subcontracted work)

- [ ] Yes
- [ ] No
2. Accreditation Details

2.1 *Field of Testing for which accreditation is sought*

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

- Chemical
- Mechanical
- Biological
- Other (Please specify)
- Electrical

2.2 *If the Laboratory is already accredited, indicate the Scope & Tests for which accreditation granted*

2.3 *Scope of Accreditation (Please refer TL-LS(P)-01)*

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Group of products, materials or items tested</th>
<th>Specific tests or types of tests performed</th>
<th>Test methods Ref. No, Code No.</th>
<th>Range of testing/ Limit of detection</th>
<th>MU (±)</th>
</tr>
</thead>
</table>

Note 1. Laboratories performing site testing shall clearly identify the specific tests on product(s)/ material performed at permanent laboratory and/ or at site.
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 test certificates and reports (please refer relevant specific criteria)

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Name &amp; Designation of Signatory</th>
<th>Qualification with Specialization</th>
<th>Experience in years related to present work</th>
<th>Relevant Training</th>
<th>Authorized for which specific area of testing</th>
</tr>
</thead>
</table>

Note. If opinions or Interpretations are given on test 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 testing laboratory for which accreditation is being sought (please append)

3.2.2 Indicate how the testing laboratory is related to external organizations or to its own parent organization (where applicable)
3.3.  Employees

3.3.1  Total number in testing laboratory for the specific field applied

3.3.2  Total number in testing 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 testing)

<table>
<thead>
<tr>
<th>Slno</th>
<th>Name</th>
<th>Designation</th>
<th>Academic and Professional Qualifications*</th>
<th>Experience related to present work (in years)</th>
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* Please clearly indicate the field of specialization

3.3.4  If Trainees or Contracted persons are employed, Please indicate details of them
4. Equipment and Reference Materials

4.1 Equipment List

please list down all significant items of equipment, providing details of make, model, serial number, range, if applicable and calibration status (date of last calibration, name of calibrating authority), if available.
The preferred order is:  
a) Reference equipment - Weights, balances, thermometers etc;
   b) Testing equipment - spectrophotometers, testing machines etc;
   c) Ancillary equipment – sieves, autoclaves, etc;

<table>
<thead>
<tr>
<th>Sl no.</th>
<th>Name of equipment</th>
<th>Model/ type/ year of make</th>
<th>Receipt date &amp; date placed in service</th>
<th>Range and accuracy</th>
<th>Date of last calibration</th>
<th>Calibration due on *</th>
<th>Traceability**</th>
</tr>
</thead>
</table>

4.2 List of reference materials

please list down all reference materials used for verification or validation of test method or technique applied for Accreditation

<table>
<thead>
<tr>
<th>Sl. no.</th>
<th>Name of reference material/ strain/ culture</th>
<th>Source</th>
<th>Date of expiry/ validity</th>
<th>Source of Traceability</th>
</tr>
</thead>
</table>

SRI LANKA ACCREDITATION BOARD FOR CONFORMITY ASSESSMENT

Title: Application form for Testing Laboratory  
Doc No: TL-FM (P) -01  
Issue No: 02  
Date of Issue: 2012-02-28  
Rev No: 02  
Date of Rev: 2017-03-29  
Page: 5 of 06
5. EQA and PT Programmes

Please list down the details of EQA or PT programmes currently participated by the Laboratory

<table>
<thead>
<tr>
<th>Sl. no.</th>
<th>Test method or group of methods applied for Accreditation</th>
<th>EQA/PT programme</th>
<th>Service provider</th>
<th>Frequency</th>
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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 testing 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