AC 2: Inspection Body Accreditation

INSPECTION BODY DETAILS	
Organisation Name	
CQC Ref (Existing Customers Only)	

No.	Field of Inspection (e.g. Product Design, Products (materials or equipment), Installation, Plant, Premises, Processes, Services & Surveys)	Type and Range of inspection (e.g. In-service Inspection or Inspection of new products)	Methods and Procedures (e.g. EC Directives, Regulations, Standard Specs, Internal procedures)

Is this application linked to an application to a UK competent authority for the purposes of appointment as a notified body?	**Yes *** ☐	**No** ☐
If 'Yes' then please provide details		

***Please ensure that your organisation has signed a Notified Body Confidentiality Waiver allowing CQC to share relevant information with the competent authority*

[Please tick as appropriate]

For whom does the inspection body undertake inspection?

Own or Parent Organisation ☐ Other Organisations ☐

What independence type, as defined in ISO/IEC 17020, do you consider your inspection body to be?

Type A ☐ Type B ☐ Type C ☐

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With respect to your Management System, which *Option* does your organisation follow (as outlined in ISO/IEC 17020:2012 8.1.1)?

Option A ☐ Option B ☐

Does your inspection body carry out any in-house calibration(s) of equipment used for any measurement activities?

Yes ☐ No ☐

*If 'Yes' please provide details below (refer to CQC publication **TPS 41** for information)*

NO.	MEASURED QUANTITY/INSTRUMENT	REFERENCE STANDARD USED	PROCEDURE	PURPOSE (DETAILS OF MEASUREMENT ACTIVITIES THAT THIS SUPPORTS)

MULTI-SITE APPLICATIONS:

If your application covers activities performed at more than one site, details must be provided below.

SITE NO.	SITE LOCATION	ACTIVITIES PERFORMED AT THIS SITE	CONTACT DETAILS

EXTENSIONS TO SCOPE ONLY:

1. ☐ I wish this extension to scope application to be processed now (and understand this may require an extra visit by CQC).

   Desired Timeframe for Assessment: **Select from drop-down list**

   Please note standard CQC timeframe for the assessment of extensions to scope is 3 months from receipt of application

2. ☐ I wish this extension to scope application to be processed with my next surveillance/re-assessment visit.

3. ☐ I would like to propose that this extension to scope application is considered for desktop review
   (Please note that the decision on the applicability of this proposal will be made by CQC based on a number of factors including existing scope of accreditation and competences demonstrated)

SUPPORTING DOCUMENTATION:

For an extension to scope to be progressed by CQC the following documentation must, as a minimum, be supplied where it is applicable. Applications submitted with no supporting documentation will not be accepted.

Documentation	'Check' if supplied	Justification for non-submission
Documented Inspection Method/Procedure	☐	Click here to enter text.
Related Management System Documents/Procedures	☐	Click here to enter text.
Uncertainty of Measurement Budgets	☐	Click here to enter text.
Detail of the Measurement Traceability Chain	☐	Click here to enter text.
Other (please specify)	Click here to enter text.	Click here to enter text.

DECLARATION:

- I declare that I am authorised, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.
- If this application relates to an extension to scope, I understand and accept that an assessment fee will normally be charged for the extension to scope, and it may be necessary to revise our annual fees upon grant of the extension to scope.
- By submitting this application I acknowledge that I have read, understood and accepted CQC' Standard Terms of Business.

Name: Click here to enter text.

Position: Click here to enter text.

Date: Click here to enter a date.

APPLICATIONS TO BE SUBMITTED TO:

EMAIL: manager@cqcert.co.uk