AC 4: Testing Laboratory Accreditation

ORGANISATION DETAILS	
Organisation Name	Click here to enter text.
CQC Ref (Existing Customers Only)	Click here to enter text.

STANDARD

ISO/IEC 17025 ☒

Sector Schemes / Other ☐ Details: Click here to enter text.
(e.g. MCERTS, DWTS)

Is this application in support of an application to a UK competent authority for the purposes of appointment as a notified body? **Yes*** ☐ **No** ☐

If 'Yes' then please provide details: Click here to enter text.

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

Scope(s) Requested:

Your application cannot be processed unless the relevant technical procedures are submitted. When in-house developed or non-standard methods are proposed, the validation data must also be supplied.

NO.	MATERIALS / PRODUCTS TESTED	TYPES OF TEST / PROPERTIES MEASURED / RANGE OF MEASUREMENT[1]	STANDARD SPECIFICATIONS / TECHNIQUES USED[2]	DESCRIPTION OF EQUIPMENT USED	O & I[3]
					☐
					☐
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1. *Please indicate [with a '*'] on the details above any tests you carry out at customers' sites, or in temporary or mobile facilities. Please also indicate the type of site (e.g. mobile facility) and locations.*
2. *Standard specifications may include specifications issued by companies and other organisations both in the UK and foreign, as well as national and international standards. Reference numbers and dates of specifications must also be quoted. In the absence of standard specifications, documented in-house procedures may be quoted; cross-refer to your laboratory's quality manual/procedures manual. Please indicate the measurement technique involved wherever possible.*
3. *For ISO/IEC 17025, please indicate if expression of opinions and interpretations in test reports is required by ticking the 'O&I' column, against the relevant parts of your required scope.*

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IN-HOUSE CALIBRATION:

Are there any in-house calibration(s) of equipment used for any measurement activities included in your scope of application?

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 existing accreditation or proposed 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 Technical Procedure	☐	Click here to enter text.
Method Validation Data and Validation Summary	☐	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 state)	Click here to enter text.	Click here to enter text.

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*For an extension to scope to be considered for **desktop** review the following documentation, in addition to that listed above, must be supplied, where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

Documentation	'Check' if supplied	Justification for non-submission
Details of Internal Quality Control including control charts	☐	Click here to enter text.
Proficiency Testing Scheme Data	☐	Click here to enter text.
Training Records of Relevant Staff	☐	Click here to enter text.
System Suitability Checks	☐	Click here to enter text.
Other (please state)	Click here to enter text.	Click here to enter text.

DECLARATION:

- I declare that I am authorised, on behalf of the organisation, 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