

AC 3: Calibration Laboratory Accreditation

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

Please indicate the field(s) of calibration and all the measurement parameters for which you seek CQC Accreditation.

No.	FIELD OF CALIBRATION	MEASURED QUANTITY	RANGE OR INSTRUMENT	CALIBRATION AND MEASUREMENT CAPABILITY ¹	BRIEF DESCRIPTION OF MEASUREMENT AND EQUIPMENT USED
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Please indicate [with a *] on the details above any calibrations 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.

Your quality system and procedures must clearly indicate how you ensure that such work carried out away from your permanent premises meets the requirements of the standard.

¹Expressed as an expanded uncertainty ($k = 2$) i.e. providing a level of confidence of approximately 95%.

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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 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

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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	<input type="checkbox"/>	Click here to enter text.
Details of validations made	<input type="checkbox"/>	Click here to enter text.
Uncertainty of measurement budgets	<input type="checkbox"/>	Click here to enter text.
Detail of the measurement traceability chain	<input type="checkbox"/>	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 i.e. intercomparisons	<input type="checkbox"/>	Click here to enter text.
External inter-laboratory comparisons	<input type="checkbox"/>	Click here to enter text.
Training records of relevant staff	<input type="checkbox"/>	Click here to enter text.
Complete records of a sample job including your draft certificate	<input type="checkbox"/>	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 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