



LAS-L002 A

APPLICATION FOR ACCREDITATION OF TESTING LABORATORIES

Issued by: TTLABS
Approved : Manager, TTLABS
Date: January, 2007

A: GENERAL LAS-L002 A

APPLICATION FOR ACCREDITATION OF TESTING LABORATORIES

Please read instructions and complete the ALL applicable sections of the form.

Instructions:

The applicant agrees to fulfil the requirements for Accreditation established by TTLABS. Prior to completing this form you should read TTLABS document Q001 “General Requirements for Accreditation” (Available at www.ttbs.org.tt) and L015 entitled “Guidance on Application for Accreditation.”

The applicant also agrees to give personnel from TTLABS – including hired assessors – access to documents, personnel and accommodations as necessary. The applicant accepts the financial requirements and will meet their contractual obligations whether accreditation is granted or not. This form is available electronically, should applicants wish to complete it and forward it by this process. TTLABS does not accept responsibility for confidentiality of information or for receipt for applications submitted by E-mail. Please note that any applications submitted by E-mail must have the application fee paid beforehand to TTLABS. Evidence of payment will be required prior to processing the application.

Note: If you do not receive an acknowledgement of receipt of this form by TTLABS within 2 weeks of dispatch you should contact the TTLABS office.

TTLABS

Attention: Manager, Laboratory Accreditation
 P.O. Box 467, Port of Spain
 Trinidad and Tobago, W.I.
 Tel: 1-868-662-8827
 Fax: 1-868-663-4335
lab.accreditation@ttbs.org.tt

Laboratory/ Organisation Name			
Contact Person			
Position			
Physical Address			Tel
Postal Address			Fax
Cell		E-mail	
TYPE OF ACCREDITATION			
Initial Accreditation	Yes	No	Other (<i>specify</i>)
Extension of Accreditation	Yes	No	
DISCIPLINES FOR WHICH ACCREDITATION IS SOUGHT WITHIN TESTING LABORATORY			
Chemical and Biological			
Mechanical			
Electrical			
Agricultural			
Calibration & Measurement			
Civil and Non Destructive Testing			

B: INFORMATION REGARDING YOUR ORGANISATION

Description of the main activities of the organisation seeking accreditation.			
If the organisation seeking accreditation is owned by another organisation or is part of a larger group of organisations or has branches/divisions at other locations, please give the following details:			
Name and address of: parent organisation/other organisations in group/divisions or branches at other locations			
Tel		Fax	E-mail
What is the legal status of your organisation? <i>e.g. Ltd, public, privately owned or other.</i>			
Total number of employees		Number of employees involved in area(s) seeking accreditation	
Attach an organogram indicating the structure of the areas to be accredited and their relation to the rest of the organisation.			
Has the organisation ever been accredited before? <i>(if so, state by which body).</i>			
Does the organisation have an established Quality system? <i>(eg ISO/IEC 17025 or other)</i>			
How long has this system been in operation?			
What training has been provided for implementation and maintenance of the system and to whom?			
In which External / Internal Proficiency Testing / Inter-laboratory Comparison do you participate?			
Scheme	For which parameters?		How often?

C: INFORMATION ON SENIOR STAFF

For each staff member having responsibility for a product or service for which accreditation is sought please give the following details. This includes the **Quality Manager** and **Technical Manager**, where applicable.

Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			

SCHEDULE OF ACCREDITATION

Testing Laboratory Number: *****

<u>Permanent Address of Laboratory:</u> <u>Postal Address</u> Tel : Fax : e-mail:	<u>Management Signatories:</u> <u>Technical Signatories:</u> <u>Nominated Representative:</u> <u>Certificate of Accreditation</u> Issue No. : Date of issue : Expiry date :	
Materials/Products Tested	Types of Tests/Properties Measured, Range of Measurement	Standard Specifications, Equipment/Techniques Used
<u>Examples Only:</u> <u>CHEMICAL</u> Water <u>MICROBIOLOGY</u> Fish	Lead as Pb by AA Total Plate Count	ASTM 123 Method No: XYZ143

Date of accreditation:

Manager, TTLABS

CONFIDENTIAL

D: ENCLOSURES			
The Chief Executive Officer or authorised official must read, complete and sign this form.			
The following is enclosed (<i>please indicate</i>) :			
Copy of Manual		Application Fee (<i>amount</i>)	
Other documentation <u>SEE NOTE</u> (specify any attached to the application form and tick below)			
<p><u>NOTE</u> Documentation to be submitted prior to assessment is as follows:</p> <p><u>Testing Laboratories:</u></p> <p>a) Completed all relevant parts of application form</p> <p>b) Copy of the relevant, authorised test method(s)</p> <p>c) Information regarding active participation in a proficiency testing scheme, where available</p> <p>d) Procedure for validation of methods, an example of validation data</p> <p>e) Job Descriptions.....</p> <p>f) Other (specify).....</p>			<u>Tick</u>
E: DECLARATION			
I understand that the application fee is not refundable.			
I understand the manner in which the accreditation system operates and functions. TTLABS does not accept any responsibility for the actions or the results of any actions of an accredited organisation. I, the undersigned agree, as the authorised officer of the applicant that any liability of TTLABS which may arise due to negligence in terms of any accreditation is limited to a refund of the annual fee payable by the organisation.			
I declare the information given in this application is correct to the best of my knowledge and belief. I undertake to inform TTLABS immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to TTLABS.			
Signed			
Name			
Designation			
Date			