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|  | **QAI CIA 402** |

**Quality and Accreditation Institute**

**Centre for International Accreditation**



*Change Adapt Improve*

**APPLICATION FORM**

**FOR**

**CALIBRATIONLABORATORIES**

**Issue No.: 03 Issue Date: November 2023**

**CHANGE HISTORY**

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| **Sl. No.** | **Doc No.** | **Current Issue No.** | **Revised Issue No.** | **Date of Issue** | **Reasons** |
| 1 | QAI CLA 402 | 01 | 02 | January 2023  (20 January 2023) | * 1.6 & 1.7- if available added * 2.2-Specimen signatures added * 2.4.1- remarks column added and ‘Note’ modified to add part-time * 3.2- calibration performed at added * 4-Details, UID/S.No. of Equipment, Make, L.C. or resolution added and in ‘Note’ mention \* * 6- Current status of participation column added |
| 2 | QAI CIA 402 | 02 | 03 | November 2023  (07 November 2023) | * Doc name changed from CLA (Centre for Laboratory Accreditation) to CIA (Centre for International Accreditation) * Added QAI Office Address |
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**Information & Instructions for Completing an Application Form**

1. Quality & Accreditation Institute (QAI)’s Centre for International Accreditation (CIA) offers accreditation services to calibration laboratories both in India and overseas.
2. A laboratory implementing the requirements of ISO/ IEC 17025 is eligible to apply under calibration laboratory accreditation programme.
3. Application shall be made in the prescribed form QAI CIA 402 only. Applicant laboratory is requested to submit the following:

* Soft copy of completed application form
* Soft copy of self-assessment cum management documentation review tool kit along with referenced documents
* Prescribed application fees
* Soft copy of signed QAI CIA 002 ‘Terms and Conditions for Maintaining QAI CIA Accreditation’

1. Latest versions of application form and self-assessment cum management documentation review tool kit can be downloaded from the website www.qai.org.in. Incomplete application may lead to delay in processing of your application.
2. The applicant laboratory shall provide copy of appropriate document(s) in support of the information being provided in this application form.
3. Laboratory is advised to familiarise itself with QAI CIA 401 ‘Information Brochure for Calibration Laboratories’ and QAI CIA 002 ‘Terms and Conditions for Maintaining QAI CIA Accreditation’ before filling up this form.
4. The applicant laboratory shall intimate QAI CIA about any change in the information provided in this application such as scope applied for accreditation, personnel and location etc. within 15 days from the date of changes.
5. The applicant laboratory shall participate satisfactorily in the Proficiency Testing (PT) programme conducted by any accredited/ recognised PT provider in accordance with ISO/IEC 17043. In cases, where formal accredited/ recognised PT programmes are not available, the laboratory shall make use of alternate approaches prescribed in ISO/IEC 17025
6. The personnel for review, report and release of calibration results shall meet the minimum qualification and experience requirements as mentioned below:

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Minimum Qualifications** | **Minimum Years of Relevant Experience** |
|  | Bachelor degree in Engineering / Technology or Post Graduate in Science in the same field of calibration | Two Years’ experience |
|  | Bachelor degree in Engineering / Technology or Post Graduate in Science in the Similar\* field of calibration | Three Years’ experience |
|  | Diploma in Engineering / Technology or Graduate in Science in the same field of calibration | Three Years’ experience |
|  | Diploma in Engineering / Technology or Graduate in Science in the Similar\* field of calibration | Five Years’ experience |
|  | ITI / Equivalent in concerned field of calibration | Ten Years’ experience. |
| **Note -**   1. Irrespective of the qualifications and experience, a person accepted by a regulator, shall be considered eligible for those calibration activities. 2. \*Similar field may be considered when that particular subject is covered in the said qualification. 3. Qualification with specialized field shall be considered eligible for groups falling under more than one discipline of calibration. 4. In each case, merely requisite qualifications and experience is not sufficient. The technical competence shall be verified by QAI CIA assessment team during the assessment. 5. The personnel performing Radiological calibration activity shall have training from an agency recognized by BARC/ AERB covering the aspects of calibration of radiation monitoring instruments and radiation safety aspects. | | |

**Application Form for Calibration Laboratory Accreditation**

We wish to apply for QAI CIA accreditation of our **Calibration laboratory** as per details given below:

Initial accreditation

Renew of accreditation

Extension of Scope (Apart from scheduled Assessment)

Date of first accreditation, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Laboratory Details**

|  |  |
| --- | --- |
| **1.1** | **Name of the Laboratory** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

Complete Address(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.2** | **Does the laboratory operate from different locations having same legal identity within the city?** | |  | **Yes** | |  | **No** | |  |
|  |  |  | |  |  | |  |
|  |  | |  |  | |  |  | |  |
|  | If yes, whether application for accreditation covers all locations | |  | **Yes** | |  | **No** | |  |
|  |  |  | |  |  | |  |
| **1.3** | **Do you conduct Calibration in the following Category** | |  |  |  |  |  |
|  | (if yes, please clearly indicate in the scope of accreditation, sl. no. 2.2, the test conducted) | | | | | | |
|  | a. | Site Facility (when undertaking calibration at site of the customer) |  | **Yes/No** | | | |
|  |  |  | | | | | |
|  | b. | Permanent Facility |  | **Yes/No** | | | |
|  |  |  |  |  |  |  |  |
|  | c. | Mobile Laboratory |  | **Yes/No** | | | |

**1.4 Name of the Parent Organisation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if laboratory is a part of a bigger organisation)

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.5 Legal identity of the laboratory and date of establishment** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­

(Please give registration number and name of authority who granted the registration. Copy of the certificate shall be enclosed)

The laboratory shall provide a copy of appropriate document(s) in support of the legal status:

* Proprietorship firm (Bank passbook/ Account statement/ ID of the Proprietor)
* Partnership (Copy of Registration under 1932 Act)
* Company Act (Copy of Registration under 1956 Act)
* Societies Registration Act (Copy of Registration under 1860 Act)
* Indian Trust Registration Act (Copy of Registration under 1882 Act)
* Limited Liability Partnership (Limited Liability Partnership Act, 2008)
* Government (Copy of Government Notification / Declaration etc.)

**1.6 Goods and Services Tax (GST) Number, if available**:

**1.7 Micro, Small and Medium Enterprises (MSME) Registration Number, if available**:

­­­­­­

**1.8 Type of laboratory by service**

Open to others Yes/No

Partly open to others Yes/No

An in-house activity Yes/No

**1.9 Other accreditations­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Organisation**

**2.1 Senior Management** (Name, Designation, Telephone, E-mail)

2.1.1 Chief Executive/ Director/ Head of the laboratory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.1.2 Person responsible for the management system

2.1.3 Person responsible for technical operations

2.1.4 Contact person for QAI-CIA

**2.2 Proposed personnel competent to report, review and authorisation of results (Signing of calibration reports/ certificates)**

*(Please refer Sl. No. 9 under Information & Instructions for completing an Application Form)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SI. No.** | **Laboratory/ Department/ Section** | **Name & Designation** | **Qualification with Specialisation** | **Relevant experience (in years) related to present work** | **Relevant Training** | **Part Time/Full Time (timings if part time)** | **Authorised for which specific area of testing** | **Specimen**  **Signature** |
|  |  |  |  |  |  |  |  |  |

**2.3 Organisation Chart**

2.3.1 Indicate in an organisation chart the operating departments of the calibration laboratory for which accreditation is being sought **(please attach)**

2.3.2 Indicate how the calibration laboratory is related to its own parent organisation (where applicable)

**2.4 Human Resources**

2.4.1 Details of staff

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Designation** | **Academic and Professional Qualifications\*** | **Experience related to present work**  **(in years)** | **Total Experience**  **(in years)** | **Remarks** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Note**:

1. *\*Please clearly indicate the area of specialization.*
2. *Lab shall clearly indicate staff responsible for Site testing in remarks column.*
3. *Lab operating in shifts shall clearly identify the staff working in shifts in remarks column.*
4. *Lab shall clearly indicate staff working on part-time basis in remarks column.*

**3. Details of Accreditation Sought**

**3.1**  **Discipline of Calibration for which accreditation is sought**

(Please put √ in the applicable box)

**Calibration:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Electro-Technical |  |  |  | Thermal |  |
|  |  |  |  |  |  |  |
|  | Fluid Flow |  |  |  | Medical Devices |  |
|  |  |  |  |  |  |  |
|  | Mechanical |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Optical |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Radiological |  |  |  |  |  |
|  |  |  |  |  |  |  |

**3.2 Scope of Accreditation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Measurand or Reference Material/ Type of instrument or material to be calibrated or measured/ Quantity Measured/ Instrument** | **Calibration or Measurement Method or Procedure)** | **Measurement range and additional parameters where applicable (Range and Frequency)** | **Calibration and Measurement Capability (CMC) (±)** | **Calibration performed at** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Note:-**

1. *Calibration and Measurement Capability are to be expressed as uncertainties (±) for confidence probability at 95%*
2. *Labs performing site calibration shall clearly identify the Specific calibrations performed at permanent lab and/ or at site.*
3. *While applying for renewal of accreditation, it shall be specifically mentioned and clearly identified in the scope of accreditation*
4. *Latest calibration method standard to be mentioned in the applied scope.*
5. *As far as practicable, the SI units of measurements shall be used in the applied scope.*
6. *For Electro-technical discipline, scope shall be applied parameters wise where as for other disciplines scope shall be applied DUC wise.*

**4. Equipment Details:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. no.** | **Field & Parameter** | **Standard maintained** | **UID/ S.No. of Equipment** | **Model/ Make/type/ year of make** | **Receipt dt. & dt. placed in service** | **Range/L.C. or resolution** | **Measurement Uncertainty** | **Dt. of last calibration/ calibration due on** | **Calibrated by\*** |
|  |  |  |  |  |  |  |  |  |  |

***Note:***

1. *For Ionizing Radiations, please specify radiation sources and radiation monitors available, giving nature of radiation, details of technical specifications, location and calibration status etc.*
2. *the lab to decide the calibration interval based on ISO 10012 or ILAC-G24.*
3. *\* Please mention name of calibration agency. In case the equipment is calibrated in-house, same needs to be clearly indicated under this column.*
4. **Internal Audit and Management Review:**

5.1 Date of last Internal Audit

## 5.1.1 Whether all requirements of ISO/IEC 17025:2017 covering all activities of laboratory have been audited at least once in last one year

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

5.2 Date of last Management Review

1. **Proficiency Testing:**

Participation in PT/ any other Inter Laboratory Comparison/ please refer to ISO/ IEC 17043)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Instrument/ Equipment/ Artifact** | **Current status of participation** | **Details of measurement (range and points)** | **Date of Measurement(s) initiated and completed** | **Nodal reference CAB (Accreditation body/ Country)** | **En value** | **Corrective action taken in case En value more than ±1** |
|  |  |  |  |  |  |  |  |

1. **Application Fees**
   1. Application Fees (Rs.) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. DD/At par cheque number/ bank transfer reference number\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

1. **Declaration by the laboratory**

##### **We declare that**

* 1. We are familiar with the Terms and Conditions for maintaining QAI CIA accreditation (QAI CIA 002), which is signed and enclosed with the application. We also undertake to abide by them.
  2. We agree to comply fully with the requirements of ISO/ IEC 17025:2017 for the accreditation of calibration laboratory.
  3. We agree to comply with accreditation procedures and pay all costs for any assessment carried out irrespective of the result.
  4. We agree to co-operate with the assessment team appointed by QAI CIA 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.
  5. We undertake to satisfy all national, regional and local regulatory requirements for operating the laboratory.
  6. No adverse action has been initiated/ taken against the laboratory in the past. (If yes, please provide the details with present status ………………………………………………………..)
  7. All information provided in this application is true to the best of our knowledge and ability.

Signature of CEO/ Laboratory Head/ Laboratory Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quality and Accreditation Institute**

Centre for International Accreditation

709, Wave Silver Tower, Sector 18, Noida 201301, India

Email: info@qai.org.in Website: www.qai.org.in

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