

IASCB ACCREDITATION DEPARTMENT



APPLICATION & AGREEMENT FOR ACCREDITATION

DATE:

Please submit this form electronically in word format to IASCB email address and attach the following documents.

Quality Manual and Procedures	
Profile of Key personal	
Shareholding Patter	
Legal License	



APPLICATION & AGREEMENT FOR ACCREDITATION

IASCB-01/F1, Rev. 0

1. APPLICANT INFORMATION		
Organization Name:		
Organization Type:	<input type="checkbox"/> Testing Laboratory	<input type="checkbox"/> Inspection Body
	<input type="checkbox"/> Calibration Laboratory	<input type="checkbox"/> Certification Body
	<input type="checkbox"/> Medical Laboratory	<input type="checkbox"/> Training Institutions
Location Address:		
Mailing Address:		
Tel. No.		
Fax No.		
Official email Address:		
CEO:		
Contact person <ul style="list-style-type: none">• Name:• Designation:• Mobile no.:• Office Telephone no.:• Email:		
Date of Establishment		
Company Legal Status (License/ Registration Number)		
Is testing/ calibration/ inspection/ certification the main activity of the organization	<input type="checkbox"/> Yes <input type="checkbox"/> No IF no, describe the main activity of the organization	



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2. PERSONNEL INFORMATION

2.1 Technical Manager (However Named)

Name:	
Email:	
Mobile No.:	
Designation:	
Relevant Experience	

2.2 Quality Manager (However Named)

Name:	
Email:	
Mobile No.:	
Designation:	
Relevant Experience:	

2.3 Summary of the Number of Personnel

	Full Time	Part Time
Managerial/Professional		
Technical		
Administrative		



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3. SCOPE OF ACCREDITATION: **FOR TESTING LABORATORY ACCREDITATION ONLY**

Please indicate the field of testing and all the measurement parameters for which you seek IASCB Accreditation. Please tick **one field item only per sheet**, and complete **a separate table** for each field:

<input type="checkbox"/> Construction Materials	<input type="checkbox"/> Environmental	<input type="checkbox"/> Food
<input type="checkbox"/> Geo-technical Investigation	<input type="checkbox"/> Precious Metals	<input type="checkbox"/> Petroleum & Petrochemical
<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Others:.....

Use extra sheets if necessary

Type of Task	Materials/Products	Task Name	Standard method

3 Examples for scopes:

Type of Task	Materials/Products	Task Name	Standard method

Type of Task	Materials/Products	Task Name	Standard method

Type of Task	Materials/Products	Task Name	Standard method



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3. SCOPE OF ACCREDITATION: **FOR CALIBRATION LABORATORY ACCREDITATION ONLY**

Please indicate the field of calibration and all the measurement parameters for which you seek IASCB Accreditation. Please tick one item only, and complete a separate sheet for each field:

<input type="checkbox"/> Accelerometry	<input type="checkbox"/> Flow	<input type="checkbox"/> Radiological
<input type="checkbox"/> Acoustics	<input type="checkbox"/> Force	<input type="checkbox"/> Temperature
<input type="checkbox"/> Chemical	<input type="checkbox"/> Hardness	<input type="checkbox"/> Textile
<input type="checkbox"/> Density	<input type="checkbox"/> Humidity	<input type="checkbox"/> Torque
<input type="checkbox"/> Dimensional	<input type="checkbox"/> Mass	<input type="checkbox"/> Ultrasonics
<input type="checkbox"/> Electrical	<input type="checkbox"/> Optical	<input type="checkbox"/> Viscosity
<input type="checkbox"/> Fiber Optics	<input type="checkbox"/> Pressure	<input type="checkbox"/> Volume
<input type="checkbox"/> Other [please describe]: _____		

Use extra sheets if necessary:

DETAILS OF THE APPLICABLE RANGE AND BEST MEASUREMENT CAPABILITY FOR THE SCOPE OF ACCREDITATION				
Calibration Field/ Measured Quantity	Test Method	Range and Specification	Calibration Measurement Capability Expressed as Expanded Uncertainty (K=2)	Location

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.

Examples for scopes:

DETAILS OF THE APPLICABLE RANGE AND BEST MEASUREMENT CAPABILITY FOR THE SCOPE OF ACCREDITATION				
Calibration Filed/ Measured Quantity	Test Method	Range and Specification	Calibration Measurement Capability Expressed as Expanded Uncertainty (K=2)	Location
Force				



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DETAILS OF THE APPLICABLE RANGE AND BEST MEASUREMENT CAPABILITY FOR THE SCOPE OF ACCREDITATION				
Calibration Field/ Measured Quantity	Test Method	Range and Specification	Calibration Measurement Capability Expressed as Expanded Uncertainty (K=2)	Location
TEMPERATURE				

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3. SCOPE OF ACCREDITATION: **FOR MEDICAL LABORATORY ACCREDITATION ONLY**

Please indicate the field of analysis (i.e. microbiology, chemistry, etc..) and all the measurement parameters for which you seek **IASCB** Accreditation. Please tick **one field item only per sheet**, and complete **a separate table** for each field:

Microbiology:

- Mycology
- Parasitology
- Virology
- Bacteriology
- Mycobacteriology

Immunohematology:

- ABO Group and Rh Typing
- Antibody Detection (transfusion)
- Antibody Identification
- Antibody Detection (Non-transfusion)
- Compatibility testing

Chemistry:

- Routine Chemistry
- Toxicology
- Endocrinology
- Urinalysis

Pathology:

- Histopathology
- Oral pathology
- Cytology

Diagnostic Immunology:

- Syphilis Serology
- General Immunology

Hematology

Histocompatibility

Clinical Cytogenetics

Radiobioassay

Other [please describe]: _____

Use extra sheets if necessary

Type of Task	Materials/Products	Task Name	Standard method

Examples for scopes:

Type of Task	Materials/Products	Task Name	Standard method

Type of Task	Materials/Products	Task Name	Standard method



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3. SCOPE OF ACCREDITATION: **FOR CERTIFICATION BODY ACCREDITATION ONLY**

Please indicate the standard against which you are applying for **IASCB** Accreditation:

ISO/ IEC 17021 (Management Systems)

ISO/ IEC Guide 65 (Product conformity)

ISO/IEC 17024 (Certification of Persons)

Other, please describe: _____

1- QMS (ISO 9001) / EMS (ISO 14001) / OHSAS 18001 certification / FSMS (ISO 22000)

Scope Group (Please tick the required group)	IAF Codes (Please tick the required codes)	Standard (Please specify the standard such as ISO 9001, ISO14001 etc)	Full/Limited Accreditation



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2- A. Food Safety Management System ISO 22000:2005 Certification

Scope Group (Please tick the required group)	Scope Reference Category codes, ISO/TS 22003:2007	Full/Limited Accreditation

2- B. HACCP Certification

Scope Group (Please tick the required group)	Scope Group based on IAF Codes (Please tick the required codes)	Full/Limited Accreditation

3- Product Certification

Product Category	Certification Type/Scheme (Batch Testing, Factory Assessment, etc...)	Specific Type of Product	Applicable Standard



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4- Personnel Certification

Trade/Field/Job	Certification Standard/Scheme

3. SCOPE OF ACCREDITATION: **FOR INSPECTION BODIES ACCREDITATION ONLY**

Scope(s) Requested:

As far as possible, please quote standard specifications in the third column below. These may include specifications issued by companies and other organizations both in the UAE and foreign, as well as national and international standards. Give reference numbers and dates of specifications quoted.

In the absence of standard specifications, documented in-house procedures may be quoted; cross-refer to your company's quality manual/procedures manual.

Please indicate the measurement technique involved wherever possible.

Which type of inspection body is your organization, as defined in ISO 17020 clause 4.2?

A B C

Use extra sheets if necessary

Type of Task	Materials/Products	Task Name	Standard method

Examples of scope:

Type of Task	Materials/Products	Task Name	Standard method

Type of Task	Materials/Products	Task Name	Standard method



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4. TERMS AND CONDITIONS

- 4.1 All applications shall be submitted electronically in word format to **IASCB** along with a payment of **USD 200 for application fees per accreditation standards** paid. Invoice shall be raised after review of the application.
- 4.2 The applicant hereby confirms that the information provided in this application form is true and correct. The applicant acknowledges that s/he has received and agrees to abide by the following contractual documents:
 - 4.2.1 Relevant Specific Rules for the Scheme defined by **IASCB** for technical requirements for competence regarding personnel, equipment, test methods, quality control and reporting for each type of CAB within their respective requirements' documents, these requirements are available on **IASCB** web site;
- 4.2 To afford accommodation and cooperation as is necessary to enable **IASCB** to verify compliance with the requirements for accreditation including provision for examination of documentation (including documents that provide insight into the level of independence of the applicant from any other related activities undertaken by their organization, where applicable) and access to all areas, equipment, records and personnel for the purposes of assessment, surveillance, reassessment and resolution of complaints;
- 4.3 To comply at all times with: the criteria, requirements (including participation in proficiency testing as required), and conditions for accreditation;
- 4.4 To claim that it is accredited only in respect of services for which it has been granted accreditation and which are carried out in accordance with these conditions;
- 4.5 To pay such fees and charges as are due to **IASCB** in accordance with **IASCB** Accreditation Fee Structure knowing that All fees are non-refundable;
- 4.6 Not make any statement relevant to its accreditation which **IASCB** may consider misleading or unauthorized and endeavor to ensure that no certificate or report, nor any part thereof, is used in a misleading manner as per accreditation requirements of conditions for the use of **IASCB** accreditation symbol.
- 4.7 Upon suspension, withdrawal or expiration of its accreditation (however determined) discontinue its use of all advertising matter that contains reference thereto and return any certificates of accreditation to **IASCB**;
- 4.8 Inform **IASCB** in writing of changes or pending changes in any aspect of the applicant's status or operation that affects the applicant's legal, commercial or organizational status; organization or management (e.g., managerial staff); policies or procedures, where appropriate; premises; personnel, equipment, facilities, working environment or other resources, where significant; authorized signatories; or such other matters that may affect the laboratory's capability, or scope of accredited activities, or compliance with the criteria, requirements and conditions for accreditation;
- 4.9 If operating as an inspection body and/or laboratory: to prepare, pack and dispatch inspection samples, test pieces or other items needed by **IASCB** or by its client for verification purposes;



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- 4.10 To assist **IASCB** in the investigation and resolution of any properly authenticated complaints made by third parties about the Body's accredited activities.
- 4.11 The **IASCB** shall accept the responsibility for the safety of **IASCB** authorized representatives and assessors in conducting activities related to accreditation, including the provision of all relevant safety or protective clothing or equipment and disclosing to them any hazards.
- 4.12 Appeals can be made in writing against any decision related to accreditation made by **IASCB**, using the Appeal Notice Form within thirty calendar days of receiving the decision. Such a decision by **IASCB** shall stand pending hearing of any appeal. Appeals will be processed in accordance with the **IASCB** Appeals Procedure. The Appeals flowchart is available on **IASCB** web site.
- 4.13 **IASCB**, its officers, employees and assessors agree to maintain as confidential and not to use or disclose to any third party, any information derived from the Body in connection with the Services without the consent of the Body.
- 4.14 Applicants can pay to **International Accreditation Services for Certification Bodies, Ltd-United Kingdom** for the accreditation services fees by one of the following methods, taking into consideration that all sending and receiving bank charges and taxes are included in the payment to ensure the full invoice amount is received and that the payment is referring to **IASCB** Accreditation Fees Alies Number mentioned in the invoice regardless of the payment method used:
 - 4.14.1 Online Payment via Credit Card or Debit Card or Internet Banking



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Appendix

AUTHORIZATION OF THE AGREEMENT

Signed for and on behalf of applicant	Signature of Authorized Representative:	Date:
	Full Name:	Designation:

Please make sure that you have read and understood the TERMS AND CONDITIONS on this agreement

Signed for and on behalf of IASCB	Section Head Signature:	Date:
	Full Name:	