

AC 2: Inspection Body Accreditation



Inspection Body Details		
Inspection Body Name		
UKAS Ref (Existing Customers Only)	ETS Ref No. (UKAS Use Only)	

No.	Field of Inspection (e.g. Product Design, Products (materials or equipment), Installation, Plant, Premises, Processes, Services and Surveys)	Type and Range of inspection (e.g. In-service Inspection or Inspection of new products)	Methods and Procedures (e.g. EC Directives, Regulations, Standard Specs, Internal procedures)

[Please tick as appropriate]

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For whom does the inspection body undertake inspection?

Own or Parent Organisation Other Organisations

What independence type, as defined in ISO/IEC 17020, do you consider your inspection body to be?

Type A Type B Type C

Does your inspection body carry out any in-house calibration(s) of equipment used for any measurement activities?

Yes No

If 'Yes' please provide details below (refer to UKAS publication TPS 52 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.



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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 UKAS).

Desired Timeframe for Assessment:

- 1-3 Months 3-6 Months 6-9 months 9-12 months

Please note standard UKAS 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.

For as extension to scope to be progressed by UKAS the following documentation must be supplied, where it is applicable:

Documentation

Documented Inspection Method/Procedure

'Tick' if supplied

Related Management System Documents/Procedures

Other (please specify)

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. I understand and accept that an assessment fee will normally be charged for an extension of scope, and it may be necessary to revise our annual fees.

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Name: _____

Position: _____

Date: _____

APPLICATIONS TO BE SUBMITTED TO:

EMAIL: apps@ukas.com

FAX: +44 (0) 20 8917 8499

POST: Applications Unit, United Kingdom Accreditation Service, 21-47 High Street, Feltham, Middlesex. TW13 4UN