

AC 3: Calibration Laboratory Accreditation



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

Please indicate the field of calibration and all the measurement parameters for which you seek UKAS Accreditation. Please tick *one item only*, and complete a *separate AC3 form* 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"/> Fibre Optics | <input type="checkbox"/> Pressure | <input type="checkbox"/> Volume |

Other (please describe) _____

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No.	MEASURED QUANTITY	RANGE OR INSTRUMENT	CALIBRATION AND MEASUREMENT CAPABILITY ¹	BRIEF DESCRIPTION OF MEASUREMENT AND EQUIPMENT USED

*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.

¹*Expressed as an expanded uncertainty (k=2) i.e. providing a level of confidence of approx. 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 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.

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 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 an extension to scope to be progressed by UKAS the following documentation must, as a minimum, be supplied with this application, where it is applicable:

Documentation

'Tick' if supplied

- | | |
|---|--------------------------|
| Documented Technical Procedure | <input type="checkbox"/> |
| Method Validation Data and Validation Summary | <input type="checkbox"/> |
| Uncertainty of Measurement Budgets | <input type="checkbox"/> |
| Detail of the Measurement Traceability Chain | <input type="checkbox"/> |

Other (please state) _____

3. I wish this extension to scope application to be considered for postal review.

For an extension to scope to be considered for postal review the following documentation, in addition to that listed in 2 above, must be supplied, where it is applicable:

Documentation

'Tick' if supplied

- | | |
|--|--------------------------|
| Details of internal Quality Control including control charts | <input type="checkbox"/> |
| Proficiency Testing Scheme Data | <input type="checkbox"/> |
| Training Records of Relevant Staff | <input type="checkbox"/> |
| System Suitability Checks | <input type="checkbox"/> |

Other (please state) _____

**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.

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