

AC 5: Accreditation of Proficiency Testing Provider (ISO/IEC 17043)



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

Type of Proficiency Testing of Scheme (Ref ISO/IEC 17043:2010, Annex A)	
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No.	Scheme Name	Products/Materials	Determinands/Parameters	Statistical Techniques Employed

About Collaborators:

No.	Collaborating Organisation	Collaborating Function	Accreditation/Approval Held	Accreditation/Approval Body

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IN-HOUSE CALIBRATION:

Are there any in-house calibration(s) of equipment used for any measurement activities associated with 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 as extension to scope to be progressed by UKAS the following documentation must, as a minimum, be supplied, where it is applicable:

Documentation	'Tick' if supplied
Documented Scheme Protocol	<input type="checkbox"/>
Stability Assessment Data and Summary	<input type="checkbox"/>
Homogeneity Assessment Data and Summary	<input type="checkbox"/>
Uncertainty of Measurement Budgets	<input type="checkbox"/>
Detail of the Measurement Traceability Chain	<input type="checkbox"/>
Other (please specify)	

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

For as 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
Training Records of Relevant Staff	<input type="checkbox"/>
Audits/Approval Records of Collaborators	<input type="checkbox"/>
Other (please specify)	

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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