|  |
| --- |
| Company Details |
| Company Name |   |
| UKAS Ref (Existing Customers Only) |  |

|  |  |
| --- | --- |
| **Type of Proficiency Testing / EQA Scheme** **(Refer to ISO/IEC 17043 Annex A)** |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Scheme Name** | **Products/Materials** | **Determinands/Parameters** | **Statistical Techniques Employed** |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 4 |   |   |   |   |
| 5 |   |   |   |   |
| 6 |   |   |   |   |
| 7 |   |   |   |   |
| 8 |   |   |   |   |

**About eXTERNAL PROVIDERS:**

Please provide information concerning the involvement of any external providers in the PT / EQA scheme(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Organisation** | **Function and Role of External provider including Activities to be provided** | **Basis for Approval as an External Provider** |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |

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 41***](https://www.ukas.com/resources/publications/laboratory-accreditation/) *for information)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **measured quantity/instrument** | reference standard used | procedure | **purpose (details of measurement activities that this supports)** |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |
| 4 |   |   |   |   |
| 5 |   |   |   |   |

**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 |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |

**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.

3. [ ]  I would like to propose that this extension to scope application is considered for desktop review (*Please note that the decision on the applicability of this proposal will be made by UKAS based on a number of factors including existing scope of accreditation and competences demonstrated*)

**SUPPORTING DOCUMENTATION:**

*For an extension to scope to be progressed by UKAS the following documentation must, as a minimum, be supplied where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

|  |  |  |
| --- | --- | --- |
| **Documentation** | **‘Tick’ if supplied** | **Justification for non-submission** |
| Documented Scheme Protocol *(or scheme description as provided to [potential] participants if not in a scheme protocol)* |[ ]  Click here to enter text. |
| Stability Assessment Data and Summary |[ ]  Click here to enter text. |
| Homogeneity Assessment Data and Summary |[ ]  Click here to enter text. |
| Procedures for Calculating the Assigned Value, Analysis of Participants’ Data and Performance Evaluation |[ ]  Click here to enter text. |
| Example Reports |[ ]  Click here to enter text. |
| Other (please specify) | Click here to enter text. | Click here to enter text. |

*For an extension to scope to be considered for desktop review the following documentation, in addition to that listed above, must be supplied, where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

|  |  |  |
| --- | --- | --- |
| **Documentation** | **‘Tick’ if supplied** | **Justification for non-submission** |
| Training Records of Relevant Staff |[ ]  Click here to enter text. |
| Audits/Approval Records of externalproviders  |[ ]  Click here to enter text. |
| Other (please specify) | Click here to enter text. | Click here to enter text. |

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.
* By submitting this application I acknowledge that I have read, understood and accepted UKAS’ [**Standard Terms of Business**](https://ukasonline.sharepoint.com/%3Aw%3A/r/sites/ManagementSystem/Shared%20Documents/FIN%201001%20UKAS%20Standard%20Terms%20of%20Business.docx?d=wadf17ab825b6423a82e739dbd4b75cc1&csf=1&web=1&e=1cxh2y).
* If this application relates to an extension to scope, I understand and accept that:
	+ An initial charge of 0.5 days at the standard day rate will apply to cover scoping of effort required
		- *This will not result in any additional charge to customers who proceed within 12 months of application. If a customer takes no action to progress an extension to scope application over a period of a year with no mitigating circumstances, UKAS reserves the right to withdraw the application. The initial charge is not refundable as it covers work already undertaken. Once an application is withdrawn, if the customer subsequently wishes to progress the extension to scope, they will need to reapply.*
	+ It may be necessary to revise our annual fees upon grant of the extension to scope

|  |  |
| --- | --- |
| **Name:** |   |
| **Position:** |   |
| **Date:** | Click here to enter a date. |

Applications to be Submitted To:

**EMAIL:** **apps@ukas.com**

#### POST: Applications Unit, United Kingdom Accreditation Service, 2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR