|  |  |
| --- | --- |
| ORGANISATION Details | |
| Organisation Name *(i.e. name of the body taking legal responsibility for the activities of the MPACE technical areas)* |  |
| UKAS Ref No. **(Existing Customers Only)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard |  |  |  |  |
| BS 70000 |  |  |  |  |  |

Scope(s) Requested:

| No | MPACE DISCIPLINE(activities) | TYPES OF EXAMINATION/TECHNICAL FIELDS/ACTIVITIES | SERVICE USERS / DEVICES | **description of key equipment used, measurement principle and main sop reference** | LOCATION |
| --- | --- | --- | --- | --- | --- |
| Example 1a | Medical Equipment Management | Inspections of medical devices including Preventative Planned Maintenance (PPM) and repairs | * Infusion Devices * Anaesthetic Equipment * Patient Ventilators * Patient Monitoring * Patient Moving & Handling Equipment | Manufacturer’s Service Manuals  Manufacturer’s specified test equipment  Generic Test Equipment <name> | Main hospital and local hospital x |
| Example 1b | Medical Equipment Management | Medical Equipment Library Provision | All locations listed.  Provision of infusion devices and patient monitoring only. | Medical Equipment Library Procedure  Ref: SOP CEXXX | Main hospital and local hospital x |
| Example 2a | External Beam Radiotherapy (quality control checking) | Treatment Planning Quality Control   * Independent Dose Verification * Patient Specific QA | Adult  Child | Dose Calculation Software <name>  Point Dose Measurement <details>  PSQC/Volumetric Measurement <details>  EPID Based measurements <details> | Main site |
| Example 2b | External Beam Radiotherapy (production of plans and calculations) | MV Treatment Planning Techniques   * E.g. VSIM, IMRT, VMAT, SBRT   Treatment Site Protocols (MV)   * E.g. Breast, Head and Neck, Prostate, Lung, Oesophagus, Brain   kV Treatment Calculations/ Planning for   * Superficial lesions * non-malignant skin conditions | Adult  Child | Linac <make / Model>  Planning System <Make/Model>  Orthovoltage units <make/Model>  Planning - Manual calculation | Main site |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |

(To facilitate completion, the list of scopes requested can be documented on an accompanying spreadsheet or table)

| Further information | YES | NO |
| --- | --- | --- |
| Provide dETAILS OF ANY STAFF OUTSIDE OF THE CONTROL OF THE APPLICANT DEPARTMENT OR MANAGEMENT STRUCTURE WHICH PERFORM ANY OF the SERVICe ACTIVIES? For example, Therapy Radiographers undertaking VSIM and Daily QA on Linacs  Click here to enter text. |  |  |

IN-HOUSE CALIBRATION:

Are there any in-house primary calibration(s) of equipment used for any testing activities included in your scope of application? *For example in-house calibration of thermometers, internal procedure instead of using a UKAS accredited service to calibrate the equipment.* ***Please note*** *that activities involving performance checks do not need to be included.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |  |  |
| 6 |  |  |  |  |

Non-Traceable Calibration on Test equipment:

Provide details of test equipment which is calibrated which is not traceable to an SI standard unit and justification for not having traceability. *Source of traceable units would be from an accredited calibration lab (e.g. UKAS or other national accreditation body logo on calibration certificate, NPL or another National measurement institute).*

| No. | TEST EQUIPMENT | MEASURED QUANTITY | ACCURACY REQUIRED | TRACEABILITY JUSTIFICATION |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**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 site1 | contact details |
| --- | --- | --- | --- |
| Example | ATOWN, ASHIRE | Medical Equipment Management (Infusion only) | DR A,  ATOWN SITE,  PHONE XXXXXX |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**1***Please use the same terms as referred to in the first two columns of the first table used in this form*

**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** | **‘Check’ if supplied** | **Justification for non-submission** |
| --- | --- | --- |
| UKAS Application Form (If new applicant)  [Link to the form on the UKAS website](https://www.ukas.com/applications) |  |  |
| Documented Technical Procedure (i.e. work/operating instructions, checklists) |  |  |
| Method Verification / Validation Data and Summary (i.e. commissioning reports, verification report on ability to follow 3rd party instructions) |  |  |
| Internal Quality Control / Assurance Procedures |  |  |
| Training / Competency Criteria |  |  |
| Other (please state) | Click here to enter text. |  |

Declaration:

* I declare that I am authorised, on behalf of the organisation, 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 the UKAS [**Standard Terms of Business**](https://ukasonline.sharepoint.com/:w:/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:** | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **Date:** | Click here to enter a date. |

Applications to be Submitted To:

**EMAIL: apps@ukas.com**

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