

	<b>Application for Accreditation – General Laboratories ISO/IEC 17025</b>	Issue No. 1 Revision No. 3 Date: April 2019	<b>F3.15</b>
---	---	---	--------------

Please use **BLOCK CAPITALS**

Name of Organisation			
Address of Organisation providing Testing/Calibration services	Tel:	Fax:	E-mail:
Name of contact	Web-site:		
Address of contact (if different from above)	Tel:	Fax:	E-mail:
Name and Address of Parent Organisation providing Testing/Calibration Services:			
Parent Organisation:  Address:	Tel:	Fax:	E-mail:
Web-site:			

<b>Legal Status and Date of Establishment</b> (please give Registration No. and name of authority who granted the registration or Act under which laboratory operates)						
<b>Organization Registered as:</b>						
Private limited company	Private partnership	Public limited company	Government body	Other		

*If Other, please specify:* .....

	<b>Application for Accreditation – General Laboratories ISO/IEC 17025</b>	<b>Issue No. 1 Revision No. 3 Date: April 2019</b>	<b>F3.15</b>
---	---	--	--------------

**Part 1: Organisation**

**1.1 Name and position (Director level) of person authorising this application**

<b>Name: Title</b>	<b>Initials</b>	<b>Surname</b>
<b>Position</b>		

**1.2 Name and address of parent organisation (if different from laboratory address on page 1)**

<b>Address</b>		
<b>Tel:</b>	<b>Fax:</b>	<b>e-mail:</b>

**1.3 Address for invoicing (if different from laboratory address on page 1)**

<b>Address</b>		
<b>Tel:</b>	<b>Fax:</b>	<b>e-mail</b>

	<b>Application for Accreditation – General Laboratories ISO/IEC 17025</b>	Issue No. 1 Revision No. 3 Date: April 2019	<b>F3.15</b>
---	---	---	--------------

**Part 2: Staff**

**2.1 Please list the names, technical qualifications and relevant experience of the following staff**

**Personnel responsible for Technical Management for laboratory**

<b>Name</b>	
<b>Qualifications</b>	
<b>Relevant Experience</b>	

**Personnel responsible for Quality Management for laboratory**

<b>Name</b>	
<b>Qualifications</b>	
<b>Relevant Experience</b>	



**Application for Accreditation – General  
Laboratories  
ISO/IEC 17025**

Issue No. 1  
Revision No. 3  
Date: April 2019

**F3.15**

**Part 3: Scope of application - Calibration**

**3.1 List all the measurement parameters for which you seek accreditation. See MAURITAS document G5 for a description of calibration fields.**

<b>CALIBRATION FIELD</b>	<b>MEASURED QUANTITY INSTRUMENT OR GAUGE</b>	<b>RANGE AND SPECIFICATION WHERE APPROPRIATE</b>	<b>CALIBRATION AND MEASUREMENT CAPABILITY*</b>	<b>PROFICIENCY TESTING (PT)/ INTERLABORATORY COMPARISON (ILC) PROGRAMME</b>	<b>DATE PT OR ILC STARTED, AND FREQUENCY CONDUCTED</b>

\* Capabilities are to be expressed as expanded uncertainties (normally  $k=2$ ) providing a confidence probability of approximately 95%



**Application for Accreditation – General  
Laboratories  
ISO/IEC 17025**

Issue No. 1  
Revision No. 3  
Date: April 2019

**F3.15**

**Part 4: Scope of application - Testing**

**4.1 List all the tests for which you seek accreditation. See MAURITAS document G5 for a description of testing fields.**

<b>TESTING FIELD</b>	<b>ITEMS, MATERIALS OR PRODUCTS TESTED</b>	<b>SPECIFIC TESTS OR PROPERTIES MEASURED RANGE OF MEASUREMENT</b>	<b>SPECIFICATION, STANDARD METHODS OR TECHNIQUE USED</b>	<b>PROFICIENCY TESTING (PT)/INTERLABORATORY COMPARISON (ILC) PROGRAMME</b>	<b>DATE PT STARTED AND FREQUENCY CONDUCTED</b>




**Application for Accreditation  
– General Laboratories  
ISO/IEC 17025**

Issue No. 1  
Revision No. 2  
Date: May 2018

**F3.15**

**4.2 List the major items of equipment currently used for the types of test listed in 4.1**

Description (include make and model)	Range/capacity of equipment and other relevant information
<p>UNCONTROLLED COPY</p>	

	<b>Application for Accreditation – General Laboratories ISO/IEC 17025</b>	Issue No. 1 Revision No. 2 Date: May 2018	<b>F3.15</b>
---	---	---	--------------

**Part 5: Compliance with ISO/IEC 17025 and MAURITAS Regulations**

**5.1 Do you consider that your laboratory complies with ISO/IEC 17025 and MAURITAS Regulations?**

Yes  No

**If "no", in which areas does it not comply, and when do you expect non-compliances to be rectified?**

Area of non-compliance	Rectified by (date)

**Part 6: Other approvals**

**Please detail current approvals held by your laboratory's calibration/testing facility**

Name and address of approval body	Scope of accreditation/ approval and number of certificate if any	Period of Accreditation	
		Start	Finish



**Application for Accreditation  
– General Laboratories  
ISO/IEC 17025**

Issue No. 1  
Revision No. 2  
Date: May 2018

**F3.15**

**Part 7: Technical Signatories**

**7.1 Name and position of person applying to act as Technical Signatory**

**(to attach the CV of each potential Technical Signatory)**

<b>Name: Mr/Mrs/Ms.</b>
<b>Position</b>

<b>Name: Mr/Mrs/Ms.</b>
<b>Position</b>

<b>Name: Mr/Mrs/Ms.</b>
<b>Position</b>

<b>Name: Mr/Mrs/Ms.</b>
<b>Position</b>

<b>Name: Mr/Mrs/Ms.</b>
<b>Position</b>

<b>Name: Mr/Mrs/Ms.</b>
<b>Position</b>





**Application for Accreditation  
– General Laboratories  
ISO/IEC 17025**

Issue No. 1  
Revision No. 2  
Date: May 2018

**F3.15**

**Part 8 Declaration**

8.1 The organisation applies for accreditation by MAURITAS

Calibration

Testing

An extension in schedule of existing accreditation for a:

Calibration laboratory

Testing laboratory

8.2 The organisation/laboratory agrees to implement and to comply with the requirements of ISO/IEC 17025 and MAURITAS R1, R2 and R3 and any other publication as specified by MAURITAS prior to being assessed by MAURITAS on site.

8.3 The organisation/laboratory agrees to comply, upon accreditation, with ISO/IEC 17025, MAURITAS Regulations and any other publication as specified by MAURITAS.

8.4 I enclose a copy of the Quality Manual  (*for initial applications only*)

8.5 I understand the manner in which the accreditation system functions

8.6 I declare that the information given in this form is correct to the best of my knowledge and belief

8.7 I undertake that the organisation will pay all fees due to MAURITAS in accordance with the MAURITAS fee structure, whether or not accreditation is granted.

8.8 I enclose the application fee. (Cheques should be made payable to “**The Government of Mauritius**”).

8.9 I take note that the application form for accreditation is valid for a maximum period of **two years** as from the date of signature.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Name : \_\_\_\_\_ Position: \_\_\_\_\_

The completed form should be forwarded to the following address:

**The Director  
Mauritius Accreditation Service (MAURITAS)  
4<sup>th</sup> Floor, Crescent House  
Cnr Deschartes and Foucault Streets  
Port Louis  
Mauritius  
Tel: +230 208 1690 Fax: +230 210 6101**



**Application for Accreditation  
– General Laboratories  
ISO/IEC 17025**

Issue No. 1  
Revision No. 2  
Date: May 2018

**F3.15**

**Part 9: Review of Application**

***For MAURITAS use only – Accreditation Manager Review of Application***

Date of receipt of Application : ...../...../.....

Application form filled adequately : Yes  No

Quality Manual submitted : Yes  No

Procedures Manual submitted : Yes  No

Proficiency Testing Results submitted : Yes  No

Validation Data submitted : Yes  No

Application Fee paid : Yes  No

**Application complete and all relevant documentation submitted: Yes  No**

Comments:

Accreditation Manager: .....

Signature: .....