Title	***Application for Accreditation of Testing Laboratories***
Reference	**DA-02**
Revision	**04**
Date	**2016-02-01**

Preparation	Approval	Authorization of issue	Application date
The Quality Manager	The Director of Testing Laboratories Department	The General Director	2016-02-15

1. CAB Legal Entity

1.1 Laboratory's Operative site address

2. ORGANIZATION

2.1 Responsible Name, Surname and title of the Laboratory under accreditation (1) (2) (3)

2.2 Name, Surname and title of Laboratory Responsible substitute (1) (3)

2.3 Name, Surname and title(1) of Laboratory Quality Manager (3)

2.4 Name, Surname and title(1) of Laboratory Quality Manager Deputy(3)

2.5 Name, Surname and title(1) and technical sector relevant to people deputed for test reports release (3,4)

1) *specify title or degree*
2) *As "Laboratory Responsible ", ACCREDIA intends the person appointed for the overall Laboratory technical responsibility and responsible to assure the compliance to ACCREDIA requirements* (see UNI CEI EN ISO/IEC 17025 pt. 4.1)
3) *The CV of specified people duly signed and dated must be attached to present form.*
4) *The signature is to be intended as approval in view of the release of test reports* (see UNI CEI EN ISO/IEC 17025:2005 pt. 5.10.2.j)

3. ADDITIONAL INFORMATION

3.1) The Laboratory provides tests for:

internal customer o yes o no

external customers o yes o no

both internal and external customers o yes o no

NOTE:

3.2) Is the testing Laboratory designated by the Competent Authority as Reference Center and/or Laboratory (National/European)

o yes o no

If yes, specify the Competent Authority:

3.3) Specify the Laboratory activities:

o notified body
o quality of agricultural products and food (DOP, IGP, etc.)
o biological products
o oils
o wines
o milk
o food control (authorized by the Competent Authority)
o trichinella
o other (specify):

3.4) N° of Laboratory personnel involved in accredited test activities/sampling:

3.5) N° of test reports issued using the ACCREDIA mark during the previous accreditation cycle (to be filled only in case of renewal of accreditation) (see Technical Regulation RT-08):

3.6) N° of samples tested during the previous year (both accredited and not accredited tests):

3.7) Supply, if applicable/significant, notes about the position of laboratory within the mother organization, included the relationship with the others departments (i.e. specify if personnel, equipment, spaces are shared with other departments; if material/services supplied by others structures are used; if people listed at §2 is appointed for additional duties , etc.):

3.8) In view of the audit execution, specify if the people executing the activities covered by the Quality Manual and relevant records are available at laboratory premises mentioned at §1.1 of DA-02, and if not, specify which activities and record are elsewhere located:

3.9) With reference to test under accreditation, list the testing phases and/or technical services usually externally subcontracted and specify in which way these last are evaluated by the laboratory or other skilled body:

3.10) List of not proprietary testing equipment used for the tests under accreditation (see RT- 08):

3.11) List of temporary and mobile testing stations, if laboratory is applying for I and II test category (see RT-08):

3.12) Did the Laboratory avail itself of the services a consultant for the establishment and maintaining of the SGQ in conformity to the reference standard (i.e UNI CEI EN ISO/IEC 17025)?

o yes o no

If yes, specify name and society:

3.13) List of the management system procedures of the Laboratory:

Code	***Title***	***Rev.***	***Date***
	add new lines, if necessary		

4. FURTHER ATTACHMENTS TO BE PRESENTED TOGHETER WITH THE APPLICATION FORM

o	Relevant document attesting the legal identity of the CAB along with the identification of its legal representative (see DA-00).
o	List of tests for which the accreditation is requested (see *DA-02 All.1)* *(.pdf and .xls)*
o	Controlled copy (.pdf) of the PTP Quality System Manual (only one file) Code: Rev.:
o	Declaration about validation of internal and non standard methods detailed in the Attachment 1. *For internal methods (where presents) copy must be sent in pdf form.* *In case of renewal only the revised methods, if any, are to be sent, in the meantime detailing in the DA transmission letter the list of internal methods in the proper state of revision as detailed in the Section 2 of DA-02 All.1*
o	CV (complete of date of issue, signature, and release to personal data treatment) of people mentioned under § 2 above.
o	The procedure/s and/or other documents detailing the general rules and criteria implemented to determine and report the measurement uncertainty as concerns the tests under accreditation.
o	Organizational chart, with names, of the PTP operators (at least the main roles).
o	Only for the 1° accreditation: minute of meeting of the last management review, containing all the information foreseen by point 4.15 of UNI CEI EN ISO/IEC 17025 standard, and covering also a complete internal audits program.
o	Evidences of PT results (see RT-24) relevant to accredited tests (as applicable) or evidence of registration to a PT for at least one of tests under accreditation. Please clarify and justify, if not applicable.
o	PT attendance plan for a complete accreditation cycle (see DA-02 All.1, sect. 7).

Rev.: Date:

CAB Stamp
Name and Signature
of CAB Legal Representative[5]

6) Legal Representative or delegate.