



كمنترین كواشن دان ایكونومی

KEMENTERIAN KEWANGAN DAN EKONOMI
MINISTRY OF FINANCE AND ECONOMY
Bandar Seri Begawan BB3910
Negara Brunei Darussalam

AD4: Testing Laboratory Accreditation

This form is for registration of company as well as to gather information and monitoring of local conformity assessment body that has been accredited or which are seeking for accreditation in areas of testing services. This form does not indicate that a company is under NSC accreditation scheme.

Organisation Details

Organisation Name:			
Accreditation Body:		Accreditation Ref No:	

STANDARD

ISO/IEC 17025

☐

ISO 15189 (Medical
Laboratories) *

☐

Sector Schemes/Other (Please
Detail)

☐

No.	MATERIAL/PRODUCTS TESTED	TYPES OF TEST/PROPERTIES MEASURED/RANGE OF MEASUREMENT ¹	STANDARD SPECIFICATIONS/TECHNIQUES USED ²	DESCRIPTION OF EQUIPMENT USED

AD4: Testing Laboratory Accreditation**IN-HOUSE CALIBRATION:**

Are there any in-house calibrations(s) of equipment used for any measurement activities included in your scope of application?

Yes

☐

No

☐

No.	MEASURED QUANTITY/INSTRUMENT	REFERENCE STANDARD USED	PROCEDURE	PURPOSE (DETAILS OF MEASUREMENT ACTIVITIES THAT THIS SUPPORTS)

MULTI-SITE APPLICATIONS:

SITE NO.	SITE LOCATION	ACTIVITIES PERFORMED AT THIS SITE	CONTACT DETAILS

AD4: Testing Laboratory Accreditation**SUPPORTING DOCUMENTATION**

Documentation	'Check' If supplied	Justification for non-submission
Documented Technical Procedure	<input type="checkbox"/>	
Method Validation Data and validation Summary	<input type="checkbox"/>	
Uncertainty of the measurement Budgets	<input type="checkbox"/>	
Detail of the measurement Traceability Chain	<input type="checkbox"/>	
Other (Please state)		

Documentation	'Check' If supplied	Justification for non-submission
Detail of internal Quality Control including control chart	<input type="checkbox"/>	
Proficiency of the measurement Traceability Chain	<input type="checkbox"/>	
Training Records of relevant Staff	<input type="checkbox"/>	
System Suitability Checks	<input type="checkbox"/>	
Other (please state)		

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DECLARATION:

- I declare that I am authorized, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to best of my knowledge and belief.

Name : _____

Position : _____

Date : _____

APPLICATIONS TO BE SUBMITTED TO:

EMAIL: accreditation@mofe.gov.bn

National Standard Centre
Block 19, Simpang 32-15
Bangunan Flat Kerajaan, Kampong Angerek Desa
Mukim Berakas 'A' BB 3713
Negara Brunei Darussalam

For Office Use Only

Reference Number: