

**FORM AD 4 – TESTING LABORATORY REGISTRATION**

Objective: This form is to register an agency (company or organization), as well as to gather information and for monitoring purpose. This form does not indicate that a company is accredited under the Pusat Standard dan Akreditasi Brunei Darussalam.

**AD 4: Testing Laboratory Registration**

ORGANIZATION DETAILS			
* Organization Name:			
* Accreditation Body:		* Accreditation Ref No.:	

**\* STANDARD**

ISO/IEC 17025  
Sector Schemes/Others (Please state)

  

ISO 15189 (Medical Laboratories)\*

NO.	MATERIALS/PRODUCTS TESTED	TYPES OF TEST/ PROPERTIES MEASURED/ RANGE OF MEASUREMENT <sup>1</sup>	STANDARD SPECIFICATIONS/ TECHNIQUES USED <sup>2</sup>	DESCRIPTION OF EQUIPMENT USED

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### \*IN-HOUSE CALIBRATION:

Are there any in-house calibration(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 SUPPORT)

### MULTI-SITE APPLICATIONS:

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

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### \*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"/>	
Others (Please state)		

DOCUMENTATION	'CHECK' IF SUPPLIED	JUSTIFICATION FOR NON-SUBMISSION
Details 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"/>	
Others (please state)		

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**\*DECLARATION:**

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

**\*Name** : \_\_\_\_\_

**\*Position** : \_\_\_\_\_

**\*Date** : \_\_\_\_\_

**PLEASE SUBMIT TO:**

**Email:** [accreditation@mofe.gov.bn](mailto:accreditation@mofe.gov.bn)

**Tel No.:** 2333964

**Accreditation Unit**  
**Pusat Standard dan Akreditasi Brunei Darussalam**  
Ministry of Finance and Economy  
Block 19, Simpang: 32-15  
Bangunan Flat Kerajaan, Kampong Anggerek Desa  
Mukim Berakas A, BB3713  
Negara Brunei Darussalam