

FORM AD 5 – PROFICIENCY TESTING PROVIDER 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 5: Proficiency Testing Provider Registration

Organisation Details			
Organisation Name:			
Accreditation Body:		Accreditation Ref No:	

Type of Proficiency Testing of Scheme (Ref ISO/IEC 17043:2010, Annex A)	
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No.	Scheme name	Products/Materials	Determinands/Parameters	Statistical Techniques Employed

ABOUT COLLABORATORS:

No.	Collaborating Organisation	Collaborating Function	Accreditation/Approval Held	Accreditation/Approval Body

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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:

If your application covers activities performed at more than one site, details must be provided below.

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 Scheme Protocol	<input type="checkbox"/>	
Stability Assessment Data and Summary	<input type="checkbox"/>	
Homogeneity Assessment Data and Summary	<input type="checkbox"/>	
Uncertainty of 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
Training Records of Relevant Staff	<input type="checkbox"/>	
Audits/Approval Records of Collaborators	<input type="checkbox"/>	
Other (Please state)		

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Note:

- a) Each page of this form should be initialed or signed.
- b) The last page of this form should include a signature with the organisation/company stamp.

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.

Signature/Chop:

Name:

Designation:

Date:

PLEASE SUBMIT TO:

Email: 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' BB 3713
Negara Brunei Darussalam