

**TECHNICAL ASSESSMENT**

**QUESTIONNAIRE**

**LABORATORY ACCREDITATION PROGRAMME**

**GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 Name of accredited Organisation.    1.2 Please advise of any changes in function during the past two years.      1.3 Summary Scope of this Technical Assessment (as stipulated in the Assessment Notification Letter from IANZ for this assessment).    1.4 CHECKLIST  With respect to the technical scope of this visit as set out in the assessment notification letter, please provide the following information:  Some typical or in-house methods  Application(s) for Signatory Approval for **all** Signatories  Current staff organisation chart  Reports or certificates and associated workbook/sheet records  Proficiency programme results  Internal audit and Management review  ***Please note that in order to adequately brief the assessment team, it is necessary for IANZ to reproduce some or all of the material supplied.***  1.5 Please identify the person who completed this submission.  Name  Title  Signature Date  1.6 Please forward this submission and the documents listed above to:   |  |  | | --- | --- | |  | **IANZ** | | **Post** | Private Bag 28908 | |  | Remuera | |  | Auckland 1541 | | **Physical** | Level 1, 626 Great South Road | |  | Ellerslie | |  | Auckland 1051 | | **Telephone** | 09 525 6655 | |  |  | | **Email** | [info@ianz.govt.nz](mailto:info@ianz.govt.nz) |   *Please keep at least one copy of the completed questionnaire for your files and for reference during the assessment.* |

**METHODS**

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1 Please list specific methods below for which accreditation is being sought, or attach a copy of your current schedule to the Certificate of Accreditation and list any desired additions/changes. | | | |
| PRODUCT/ITEM/  DESIGN/SYSTEM | SPECIFIC TESTS/  MEASUREMENTS | METHODS USED | BEST MEASUREMENT CAPABILITY OR LIMITS OF DETECTION |
|  |  |  |  |
| 2.2 Please attach copies of some typical operational methods and especially those which are unpublished, client supplied, difficult to obtain or in-house methods. | | | |

**STAFF**

|  |  |
| --- | --- |
| 3.1 Please list all those for whom Signatory Approval for IANZ endorsement of reports is sought.  Each person nominated as a Signatory needs to make formal application.  A special form headed "Application for Signatory Approval" is provided for this purpose.  Please use photocopies of this application form for multiple signatory applications. | |
| NAME | CLASSES OF METHODS FOR WHICH APPROVAL IS SOUGHT |
|  |  |
| 3.2 Please list key staff who have left your organisation in the last two years.        3.3 Please attach a copy of the current organisation chart for your organisation detailing staff.  3.4 Please list staff numbers - Full time      Part time | |

**RECORDS**

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| 4.1 Please attach one copy of some typical reports/certificates you have issued, with copies of associated original data (such as worked examples of worksheets or pages from workbooks) relating to the methods listed in Section 2.1. (The data should be copies of actual reports or certificates and actual test or measurement or observation data. To maintain confidentiality, the client identification can be removed).  Number of reports or certificates enclosed:    Number of worksheets or workbook pages enclosed:    4.2 Please attach copies of any proficiency programme results (relating to the methods listed in Section 2.1) in which the organisation has taken part during the past three years and provide a copy of the completed form in Section 6.0 of the Questionnaire.  Programmes Attached: |

**PROFICIENCY TESTING PARTICIPATION**

The minimum amount of appropriate proficiency testing required per laboratory, once accredited, is participation in as many inter-laboratory comparison programmes (where available) to cover the scope of accreditation and to participate in all relevant rounds that are available. Please refer to the programme Specific Criteria for Accreditation for further information.

Please complete the table below with the laboratory’s plan for participating in proficiency testing programmes for the calendar year entered.

If the plan is the same for each year please complete it for one year and note below that it is the same. Alternatively if the laboratory already has a documented plan in their management system, please provide this in lieu of the table below.

The assessment team will review the proficiency testing records available as per the documented plan which will be kept on file for follow up surveillance assessments.

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| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Type \*** | **Proficiency Testing Provider** | **Programme** | **Matrix / Material**  (sample type) | **Test Method** | **Rounds per year** |
| 2014 | C | CETANZ | Sand Equivalent | Aggregates | ASTM D2419 | As available |
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\*The type of proficiency programme is defined as follows:

A Accredited Proficiency Testing Provider (accredited to ISO 17043)

B Other formal multi-laboratory proficiency testing programme

C Informal inter-laboratory programme

D Intra-laboratory Programme