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| **APPLICATION FOR REASSESSMENT****Proficiency Testing Provider Accreditation Programme** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| **1 Applicant Organisation**Name/Division/Section, etc. |   |
| **2 Accreditation Number(s)** |   |
| **3 Postal Address** Accredited Organisation/Division/Section |   |
| **4 Physical Location** Street address of the primary location of the organisation to be assessed e.g. head office. |   |
| **4a Physical Location** Street address(es) of additional sites (if more than the one noted above) to be covered by the scope of accreditation. (*These could be listed separately and provided as an attachment.)* |   |
| **5 Telephone** | Telephone   |
| **6 Website address (URL)** |   |
| **7 Applicant Ownership Details** |   |
| **8 New Zealand Business Number (NZBN)** |   |
| **9 Legal Status** *(e.g. limited liability company, partnership, local authority, etc.)* |   |
| **10 Email Invoice Address** Email address to which invoices are to be sent |   |
| **11 Chief Executive Officer** Name and title of the Chief Executive Officer of the accredited organisation. | Name Job Title  |
| **12 Authorised Representative** Name and title of the person who will be IANZ's primary point of contact for all matters relating to this accreditation. If address, phone and fax details are not as above then please provide them as an attachment. | Name  Job Title  Email  DDI Mobile  |
| **13 On-site Contact Person(s)**Include contact persons for each additional site (as an attachment) as appropriate. | Name Job Title Email  |
| **14 Accreditation Programme/Field(s) of Technology** Summary of proposed scope of work for which continued accreditation is sought. |   |
| **15 Commitment to meeting accreditation requirements**We commit to continuing to meet the requirements for accreditation as set out in the IANZ criteria documents and *Procedures and Conditions for Accreditation* including the following:We undertake to ensure that our operations, staff, facilities, and procedures will continue to fulfil the general criteria for accreditation and relevant specific criteria for accreditation.We undertake to immediately notify IANZ of any significant changes in operations, facilities, procedures or staff, which are likely to affect our accreditation or the terms in which the accreditation is expressed.We undertake to use the IANZ Accredited Proficiency Testing Provider accreditation symbol only in a manner which is in compliance with IANZ requirements.We undertake to allow IANZ reasonable access to our operations, facilities and procedures, for the purpose of surveillance, routine and special assessments from time to time.We undertake to pay annual accreditation fees and any reasonable costs relating to such assessments.We agree to supply any information needed for the assessment of the organisation.

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| **Name** |   | **Signature** |   | **Date** |   |

*(This authorisation shall be made by appropriate senior management)* |
| **16 Notes for Applicants****Criteria and Rules**Before lodging a formal Application for Reassessment, organisations should ensure that their systems, procedures and facilities continue to meet all IANZ accreditation criteria and conditions for accreditation.**Fees**Fees are revised from time to time by the Accreditation Council. Please consult the current fee schedule (available at [www.ianz.govt.nz](http://www.ianz.govt.nz) ). Fees quoted exclude GST.**Accreditation Questionnaire**An Application for Reassessment should be accompanied by a completed relevant Proficiency Testing Provider Accreditation Questionnaire and the supporting information requested therein. This information is used in the planning of your organisation's reassessment and in the briefing of the assessment team.

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|  **Please return this form and associated documentation to:** |
|  | **IANZ** |
| **Post** | Private Bag 28908RemueraAuckland 1541 |
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| **Physical** | Level 1, 626 Great South RoadEllerslieAuckland 1051 |
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| **Telephone** | (09) 525 6655 |
| **Facsimile** | (09) 525 2266 |
| **Email** | info@ianz.govt.nz  |

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**ACCREDITATION QUESTIONNAIRE**

Proficiency Testing Provider

Accreditation Programme

General Information

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| * 1. Name of accredited Organisation.

      * 1. Please provide a brief summary of the primary function of the organisation and any changes in function during the past three years.

 1.3 Summary Scope of this Technical Assessment (as stipulated in the Assessment Notification Letter from IANZ for this assessment).     1.4CHECKLIST Please check that copies of the following documents are enclosed:[ ]  Your organisation's documented quality system (Quality Manual)[ ]  An example Programme Manual e.g. Dairy, Drinking Water[ ]  Current staff organisation chart including consultants and TAG members[ ]  A typical report and associated workbook/sheet/records[ ]  Internal audit report and corrective action records[ ]  Management review records[ ]  Statistical Procedures[ ]  Information supplied to laboratories with samples[ ]  Information on key collaborators ***Please note that in order to adequately brief the assessment team, it is necessary for International Accreditation New Zealand 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 and records listed above to:**International Accreditation New Zealand****Mail:** Private Bag 28908, Remuera, Auckland 1541**Physical:** Level 1, 626 Great South Road, Ellerslie, Auckland 1051Email: info@ianz.govt.nz  For further information, contact your Programme Manager at IANZ:**Telephone (09) 525 6655** *Please keep at least one copy of the completed questionnaire for your files and for reference during the assessment.* |

Accreditation Requirements

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| 2.1 **Accredited** **Proficiency Testing Providers** With reference to your current scope of accreditation, please list proficiency testing schemes for which accreditation is still required, any extensions requested and indicate those proficiency testing schemes for which accreditation is no longer required. *(Please indicate if more than one site is involved in performing these procedures)** 1. Please attach a copy of your procedures manual including information on the above. [ ]
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| PROFICIENCY TEST ITEMS/MATERIALS | SPECIFIC TESTS/MEASUREMENTS | ITEM PREPARATION PROCEDURE | HOMOGENEITY TESTS/CHECKS | DISTRIBUTION ARRANGEMENTS |
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Staff

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| 3.1 Please indicate the number of staff directly involved in the management of the proficiency testing scheme.Full Time       Part Time      Under Contract      3.2(a) Please list all key staff members.       |
| NAME | JOB TITLE / RESPONSIBILITIES |
|       |   |
| 3.2(b) Name of Statistician: 3.3 Please list any key staff who have left the organisation in the last three years 3.4 Please attach a copy of the current organisation chart detailing staff positions and names [ ]  |

Equipment

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| 4.1 Please list **major** items of equipment currently in use in your organisation relating to the programmes for which accreditation is held. |
| ITEM(IDENTIFICATION, DESCRIPTION, MAKE, MODEL, RANGE IF APPLICABLE) |
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Sub-contractors

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| 5.1 Please list all sub-contractors used for homogeneity and stability testing      |

Records

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| 6.1 Please enclose a copy of at least one typical programme report to a laboratory, with copies of associated original records/paperwork relating to a programme listed in Section 2.1. (The data should be a copy of an actual report and actual test or measurement data not artificial examples prepared for the assessment. To maintain confidentiality, the client identification may be removed.)Title and number of report enclosed: Identification of records enclosed: 6.2 Please attach a copy of the report of your last Internal Audit, together with details of any corrective action that was found to be necessary. [ ]  6.3 Please attach a copy of your last Management Review record. [ ]   |