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| **Application for Reassessment****Laboratory 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 Laboratory 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 Laboratory 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 |
|  |
|  |
| **Telephone** | (09) 525 6655 |
| **Facsimile** | (09) 525 2266 |
| **Email** | info@ianz.govt.nz  |

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**ACCREDITATION**

**QUESTIONNAIRE**

**LABORATORY ACCREDITATION PROGRAMME**

**GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1.1 Name of accredited or applicant Organisation.      1.2 Please provide a brief summary of the primary function of the organisation and/or any changes in function during the past three years.          1.3 CHECKLISTPlease check that copies of the following documents are enclosed:[ ]  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 report and corrective action records[ ]  Management review records[ ]  Your organisation's documented quality system (Quality Manual) ***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.***1.4 Please identify the person who completed this submission.Name      Title      Signature Date      1.5 Please forward this submission and the documents listed above to:

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|  | **IANZ** |
| **Post** | Private Bag 28908 |
|  | Remuera |
|  | Auckland 1541 |
| **Physical** | Level 1, 626 Great South Road |
|  | Ellerslie |
|  | Auckland 1051 |
| **Telephone** | 09 525 6655 |
| **Fax**  | 09 525 2266 |
| **Email** | info@ianz.govt.nz |

 *Please keep at least one copy of the completed questionnaire for your files and for reference during the assessment.* |

**METHODS**

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| 2.1 Please list specific methods below for which accreditation is being sought/is held, 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 OR INSPECTIONS | 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 (KEY TECHNICAL PERSONNEL)**

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| 3.1 a. Please list all those who have been appointed as Key Technical Personnel (KTP) for IANZ endorsement of reports (the laboratory’s listing from the Quality System may be attached).  b. A brief Curriculum Vitae for each appointed Key Technical Person needs to be included. |
| NAME | CLASSES OF METHODS COVERED BY KEY TECHINAL PERSON APPOINTMENT |
|       |       |
| 3.2 Please list Key Technical Personnel or key staff who have left your organisation in the last four 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        |

**EQUIPMENT**

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| 4.1 Please list only **major** items of equipment currently in use in your organisation, relating to the methods for which accreditation is being sought/is held. |
| ITEM(IDENTIFICATION, DESCRIPTION, MAKE, MODEL, RANGE IF APPLICABLE) |
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**RECORDS**

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| 5.1 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:     5.2 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:     5.3 Please attach a copy of the report of your last internal audit, together with details of any corrective actions that were found to be necessary.     5.4 Please attach a copy of your last management review record.      |

**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