	Philippine Accreditation Bureau Laboratory Accreditation Form Application for Accreditation	Document ID	LA/SF02
		Issue Number	01
		Revision Number	00
		Effectivity Date	01 September 2018
		Page	Page 1 of 5

<input type="checkbox"/> Accreditation (IA)		<input type="checkbox"/> Reaccreditation (RA)		<input type="checkbox"/> Special Assessment (SA)	
SA Required:		<input type="checkbox"/> Addition of Signatory (ies)		<input type="checkbox"/> Extension of Scope (s) (includes change/additional method)	
		<input type="checkbox"/> Change of Accommodation/Location		<input type="checkbox"/> Reactivation of accreditation	
1. Applicant (Exact name of the CAB as it is to appear on the Certificate of Accreditation)					
2. Address (Physical Location of Laboratory/Facility)					
3. Contacts		Telephone:			
		Facsimile:			
		E-mail:			
4. Applicant Ownership (Individual, Private, Corporate, etc.)					
5. Authorized Representative (Name and title of the person who will be PAB primary point of contact for all matters relating to this application. If address, phone and fax details are not as above then please provide them as an attachment)		Name:			
		Title/ Position:			
6. Field(s) (Chemical, Biological, Electrical, Mechanical, Calibration, Medical, Inspection Body, Software Testing)					
7. Where did you learn about us?		<input type="checkbox"/> PAB Promotional Activities		<input type="checkbox"/> Customer Requirement	
		<input type="checkbox"/> Regulatory Requirement		<input type="checkbox"/> Others: _____	
8. Assessment Preparation (Please list any external Consultants/Trainers who have assisted with your assessment preparations.)					
9. Operation Time (Please indicate if there is safety orientation to undertake)					
10. Authorization of Application (This authorization shall be made by appropriate senior management)					
<p>We undertake to allow PAB assessors access to our premises, operations, facilities and procedures for the purpose of assessment and subsequent surveillance and reassessment activity. We undertake to pay all reasonable fees and expenses associated with these assessments.</p> <p>We agree to comply with the requirements for accreditation and to provide any information needed for the assessment of the laboratory.</p>					
_____ Signature over Printed Name/Date (Authorized Representative)					

1. Has the Conformity Assessment Body conducted its Internal Audit? Yes No
 If yes, when specify date: _____


2. Has the Conformity Assessment Body conducted its Management Review? Yes No
 If yes, when specify date: _____

Notes:

A. Check LA/SF01 for additional application requirements.

B. For Scope of Accreditation:

- Use Annex A for Testing (including Medical) and Calibration Laboratory
- Use Annex B for Inspection Body.

	Philippine Accreditation Bureau Laboratory Accreditation Form Application for Accreditation	Document ID	LA/SF02
		Issue Number	01
		Revision Number	00
		Effectivity Date	01 September 2018
		Page	Page 2 of 5

SCOPE OF ACCREDITATION

Annex A: Testing and Calibration Laboratory (including Medical Laboratory)

Note:

1. Please indicate if more than one site is involved in performing these procedures
2. Where applicable, laboratories need to indicate claimed uncertainties of measurement and level of confidence.
3. To be filled-out by applicant calibration laboratory. The numerical value of the measurement uncertainty shall be given to, at most, two significant figures.
4. If in-house methods used are customer-supplied or difficult to obtain published methods, please enclose a copy of each method.
5. For proficiency testing (other Quality Control Measures), please indicate provider.


CLASS OF TEST STRUCTURE	SPECIFIC TESTS OR MEASUREMENTS	CALIBRATION MEASUREMENT CAPABILITY ³	TEST/ CALIBRATION METHODS USED	TESTING FREQUENCY PER MONTH	PROFICIENCY TESTING PARTICIPATED

Notes:

A. Check LA/SF01 for additional application requirements.

B. For Scope of Accreditation:

- Use Annex A for Testing (including Medical) and Calibration Laboratory
- Use Annex B for Inspection Body.

	Philippine Accreditation Bureau Laboratory Accreditation Form Application for Accreditation	Document ID	LA/SF02
		Issue Number	01
		Revision Number	00
		Effectivity Date	01 September 2018
		Page	Page 3 of 5

SCOPE OF ACCREDITATION

Annex B: Inspection Body


Note:

1. If in-house methods used are customer-supplied or difficult to obtain published methods, please enclose a copy of each method.

ITEMS/ MATERIALS OR SYSTEM INSPECTED	SPECIFIC TYPES OF INSPECTION	INSPECTION METHOD/S USED*	INSPECTION FREQUENCY PER MONTH

Notes:

- A. Check LA/SF01 for additional application requirements.
- B. For Scope of Accreditation:
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	Philippine Accreditation Bureau Laboratory Accreditation Form Application for Accreditation	Document ID	LA/SF02
		Issue Number	01
		Revision Number	00
		Effectivity Date	01 September 2018
		Page	Page 4 of 5

APPLICANT SIGNATORY/IES

List all applicant signatory (ies) for which accreditation is sought. Please use additional sheet if not sufficient for number of signatories being applied.

NAME	FIELD	CLASSES OF TEST/CALIBRATIONS OR TYPES OF INSPECTION FOR WHICH APPROVAL IS SOUGHT

EQUIPMENTS


Is Conformity Assessment Body conducting in-house calibration? Yes No

If yes, list major equipment being calibrated by CAB, relating to the tests, inspection, calibrations or measurements for which accreditation is held or sought.

<p>List of Equipment (for in-house calibration) Please use additional sheet if not sufficient for the list of equipment.</p>
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Notes:

- A. Check LA/SF01 for additional application requirements.
- B. For Scope of Accreditation:
 - Use Annex A for Testing (including Medical) and Calibration Laboratory
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	Philippine Accreditation Bureau Laboratory Accreditation Form Application for Accreditation	Document ID	LA/SF02
		Issue Number	01
		Revision Number	00
		Effectivity Date	01 September 2018
		Page	Page 5 of 5

Criteria and Rules

Before filing a formal application for accreditation, the conformity assessment body should ensure that its systems, procedures and facilities comply with the PAB requirements for accreditation. The conformity assessment body should also ensure that it is already familiar with the requirements, rules and procedures of the PAB. PAB staffs are available to provide guidance on the application.

Application Fees

Fees are revised from time to time. Please refer to the current PAB schedule of fees for laboratory and inspection body accreditation.

Authorized Representative

Each applicant laboratory/inspection body must appoint an "Authorized Representative", a person who will be a PAB point of contact for all matters relating to its application. The Authorized Representative must be a senior staff member who has sufficient authority to ensure that the applicant laboratory/inspection body is properly prepared for assessment and that, following accreditation, the conformity assessment body continues to comply with the accreditation criteria at all times.

Please submit application to:

PHILIPPINE ACCREDITATION BUREAU
 Department of Trade and Industry
 Third Floor, Tara Building
 389 Sen. Gil J. Puyat Avenue, Makati City 1200

E-mail : pab@dti.gov.ph

Notes:

A. Check LA/SF01 for additional application requirements.

B. For Scope of Accreditation:

- Use Annex A for Testing (including Medical) and Calibration Laboratory
- Use Annex B for Inspection Body.