



# International Management Accreditation Board

Address : Level 25, One Raffles Quay North Tower, Raffles Place, Singapore 048583  
 E-mail : info@imacb.com, customersupport@imacb.com  
 Website : www.imacb.com

## Application

Accreditation of a I) Testing Laboratory II) Calibration Laboratory  
 In accordance with DIN EN ISO / IEC 17025 : 2012

Testing and Calibration Laboratory named below, we apply for:

- the initial accreditation

- the extension of accreditation

- the reaccreditation

Name / Identity of the Testing and Calibration Laboratory: \_\_\_\_\_

Address : \_\_\_\_\_

Street : \_\_\_\_\_

Code : \_\_\_\_\_ Place : \_\_\_\_\_ PO box / Code : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Website : \_\_\_\_\_

Lab Manager : \_\_\_\_\_ On Desk Tel. No. : \_\_\_\_\_

Assistance Manager : \_\_\_\_\_ On Desk Tel. No. : \_\_\_\_\_

Contact person (Administration) : \_\_\_\_\_ On Desk Tel. No. : \_\_\_\_\_

Total staff strength : \_\_\_\_\_

Legal status of the Laboratory : \_\_\_\_\_

Director of the Laboratory : \_\_\_\_\_

Address of the Director : \_\_\_\_\_

Authorized representative : \_\_\_\_\_

Does the Testing and Calibration Laboratory operate on several sites / test centres : Yes  No

Sites of the Testing and Calibration Laboratory

Street: \_\_\_\_\_ Code: \_\_\_\_\_ Place: \_\_\_\_\_

Street: \_\_\_\_\_ Code: \_\_\_\_\_ Place: \_\_\_\_\_

Street: \_\_\_\_\_ Code: \_\_\_\_\_ Place: \_\_\_\_\_

Street: \_\_\_\_\_ Code: \_\_\_\_\_ Place: \_\_\_\_\_

Org. chart : Please attach latest organisational structure of the Testing and Calibration Laboratory (include subsections / divisions as suitable)



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**Testing or Calibration fields for which accreditation is requested** (e. g. Mechanical analysis of ..., chemical analysis of ..., test physical test of items - e.g.: welding samples, water)

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.....

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**General information**

Is the laboratory already accredited by another accreditation body (including local and overseas?)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has an application for accreditation been made to another accreditation body?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of the accreditation body:				
Date of application:		Status of application		
Fields of testing / calibration which are accredited or for which accreditation has been applied:				
Has IMAB already sent a cost estimate to the laboratory?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, indicate the reference number (if available):				



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### Staff of the Testing and Calibration Laboratory in the field of applied accreditation

	Full / Pat time staff in no.	Other Free Lance experts no.
Staff with university education		
Staff with technical school education		
Staff specially trained as laboratory assistants		
Staff specially trained as technicians		
Staff without special training		
Staff trained in quality management		

### Persons authorized to sign the inspection reports

Testing /calibration field	First name - Surname	Qualification	Work Experience (Years - Months)

### Quality system

Does the Testing and Calibration Laboratory have a quality manual?      Yes       No

Has a quality manager been appointed?      Yes       No

If yes, name and qualification: \_\_\_\_\_

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Does the laboratory have appropriate and sufficient equipment and apparatus to carry out its services?      Yes       No



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### Questions regarding the local accreditation body:

Is there a local accreditation body?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the local accreditation body a signatory to the arrangement of ILAC?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the local accreditation body a signatory to the arrangement of IAF?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the local accreditation body offer the required scope?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you permit,				
... that IMAB informs the local accreditation body about your application and the development of the accreditation process?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
... that the local accreditation body may send an observer to join the assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
... that the local accreditation body may send (an) assessor/s (joint assessment for a dual accreditation)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Considering the questions above, what are the reasons for choosing IMAB instead of the local accreditation body?				

As the applicant body, we hereby declare that we recognise and take note of the IMAB Accreditation Procedure and the IMAB Rules.

(Stamp)

.....  
Place, Date

.....  
Signature

.....  
Name in print