

FORM AD 3 – CALIBRATION LABORATORY REGISTRATION

Objective: This form is to register an agency (company or organization), as well as to gather information and for monitoring purpose. This form does not indicate that a company is accredited under the Pusat Standard dan Akreditasi Brunei Darussalam.

AD 3: Calibration Laboratory Registration

ORGANIZATION DETAILS			
Organization Name:			
Accreditation Body:		Accreditation Ref No.:	

Please indicate the field of calibration and all the measurement parameters for which you have been accredited.

Please tick one item only, and complete a separate AD3 form for each field:

☐	Accelerometry	☐	Flow	☐	Radiological
☐	Acoustics	☐	Force	☐	Temperature
☐	Chemical	☐	Hardness	☐	Textile
☐	Density	☐	Humidity	☐	Torque
☐	Dimensional	☐	Mass	☐	Ultrasonics
☐	Electrical	☐	Optical	☐	Viscosity
☐	Fibre Optics	☐	Pressure	☐	Volume
☐	Others (Please describe)_____				

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NO.	MEASURED QUANTITY	RANGE OF INSTRUMENT	CALIBRATION AND MEASUREMENT CAPABILITY ¹	BRIEF DESCRIPTION OF MEASUREMENT AND EQUIPMENT USED

Please indicate [with a] on the detail above any calibrations you carry out at customers' sites, or in temporary or mobile facilities. Please also indicate the type of site (e.g. mobile facility) and locations.*

Your quality system and procedures must clearly indicate how you ensure that such work carried out away from your permanent premises meets the requirements of the Standard.

¹ Expressed as an expanded uncertainty (K=2) i.e. providing a level of confidence of approximately 95%.

IN-HOUSE CALIBRATION

Are there any in-house calibration (s) of equipment used for any measurement activities included in your scope of application?

Yes

☐

No

☐

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If 'Yes' please provide details below

NO.	MEASURED QUANTITY/ INSTRUMENT	REFERENCE STANDARD USED	PROCEDURE	PURPOSE (DETAILS OF MEASUREMENT ACTIVITIES THAT THIS SUPPORT)

MULTI-SITE APPLICATIONS:

If your application covers activities performed at more than one site, details must be provided below.

SITE NO.	SITE LOCATION	ACTIVITIES PERFORMED AT THIS SITE	CONTACT DETAILS

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SUPPORTING DOCUMENTATION

DOCUMENTATION	'CHECK' IF SUPPLIED	JUSTIFICATION FOR NON-SUBMISSION
Documented Technical Procedure	☐	
Method Validation Data and Validation Summary	☐	
Uncertainty of the Measurement Budgets	☐	
Detail of the Measurement Traceability Chain	☐	
Others (Please state)		

DOCUMENTATION	'CHECK' IF SUPPLIED	JUSTIFICATION FOR NON-SUBMISSION
Details of Internal Quality Control including Control Chart	☐	
Proficiency Testing Scheme Data	☐	
Training Records of Relevant Staff	☐	
System Suitability Checks	☐	
Others (please state)		

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Note:

- a) Each page of this form should be initialed or signed.
- b) The last page of this form should include a signature with the organisation/company stamp.

DECLARATION:

- I declare that I am authorized, on behalf of the company/organization, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.

Signature/Chop:

Name:

Designation:

Date:

PLEASE SUBMIT TO:

Email: accreditation@mofe.gov.bn

Tel No.: 2333964

Accreditation Unit

Pusat Standard dan Akreditasi Brunei Darussalam

Ministry of Economy, Trade and Industry

Block 19, Simpang 32-15

Bangunan Flat Kerajaan, Kampong Anggerek Desa

Mukim Berakas A, BB3713

Negara Brunei Darussalam