FORM AD 4 – TESTING 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 4: Testing Laboratory Registration

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

STANDARD

ISO/IEC 17025 ☐

Sector Schemes/Others (Please state) ☐

_____

ISO 15189 (Medical Laboratories)* ☐

NO.	MATERIALS/PRODUCTS TESTED	TYPES OF TEST/ PROPERTIES MEASURED/ RANGE OF MEASUREMENT[1]	STANDARD SPECIFICATIONS/ TECHNIQUES USED[2]	DESCRIPTION OF EQUIPMENT USED

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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 ☐

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

MULTI-SITE APPLICATIONS:

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 of the Measurement Traceability Chain	☐	
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
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