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 QUANTITIY/ 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 seal.

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/Company seal:

Name:

Designation:

Date:

PLEASE SUBMIT TO:

Email: accreditation@meti.gov.bn

Tel No.: 2333964

Accreditation Unit
Pusat Standard dan Akreditasi Brunei Darussalam
Ministry of Economy, Trade and Industry
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