FORM AD 5 – PROFICIENCY TESTING PROVIDER 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 5: Proficiency Testing Provider Registration

Organisation Details			
Organisation Name:			
Accreditation Body:		Accreditation Ref No:	

Type of Proficiency Testing of Scheme (Ref ISO/IEC 17043:2010, Annex A)	

No.	Scheme name	Products/Materials	Determinands/Parameters	Statistical Techniques Employed

ABOUT COLLABORATORS:

No.	Collaborating Organisation	Collaborating Function	Accreditation/Approval Held	Accreditation/Approval Body

AD 5: Proficiency Testing Provider Registration

IN-HOUSE CALIBRATION:

Are there any in-house calibrations(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 SUPPORTS)

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

AD 5: Proficiency Testing Provider Registration

SUPPORTING DOCUMENTATION:

Documentation	'Check' If supplied	Justification for non-submission
Documented Scheme Protocol	☐	
Stability Assessment Data and Summary	☐	
Homogeneity Assessment Data and Summary	☐	
Uncertainty of Measurement Budgets	☐	
Detail of the Measurement Traceability Chain	☐	
Other (Please state)		

Documentation	'Check' If supplied	Justification for non-submission
Training Records of Relevant Staff	☐	
Audits/Approval Records of Collaborators	☐	
Other (Please state)		

AD 5: Proficiency Testing Provider Registration

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, to submit this application, and that the information contained herein is both correct and accurate to 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
Block 19, Simpang 32-15
Bangunan Flat Kerajaan, Kampong Anggerek Desa
Mukim Berakas 'A' BB 3713
Negara Brunei Darussalam