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| INSPECTION BODY Details | |
| Organisation Name |  |
| **UKAS Ref (Existing Customers Only)** |  |

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| --- | --- | --- | --- |
| **No.** | **Field of Inspection**  (e.g. product design, products (materials or equipment), installation, plant, premises, processes, services & surveys) | **Type and Range of Inspection**  (e.g. in-service inspection or inspection of new products) | **Methods and Procedures**  (e.g. standard specifications, internal procedures) |
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| **Is this application linked to an application to a UK competent authority for the purposes of appointment as an Approved Body (for GB market / UKCA Marking) or UK Notified Body (for Northern Ireland market / CE-UKNI Marking)?** *(See UKAS publication GEN 5 for information including definitions)* | | | **Yes \* No** |
| **If ’Yes’ then please provide details** | |  | |

***\*****Please ensure that your organisation has signed a* [*Confidentiality Waiver - Approved Bodies (F378)*](https://www.ukas.com/applications/) *allowing UKAS to share relevant information with the competent authority*

***[Please tick as appropriate]***

**For whom does the inspection body undertake inspection?**

|  |  |
| --- | --- |
| Own or Parent Organisation | Other Organisations |

**What independence type, as defined in ISO/IEC 17020, do you consider your inspection body to be?**

|  |  |  |
| --- | --- | --- |
| Type A | Type B | Type C |

**With respect to your Management System, which *Option* does your organisation follow (as outlined in ISO/IEC 17020:2012 8.1.1)?**

|  |  |
| --- | --- |
| Option A | Option B |

**Does your inspection body carry out any in-house calibration(s) of equipment used for any measurement activities?**

|  |  |
| --- | --- |
| Yes | No |

*If ‘Yes’ please provide details below (refer to UKAS publication* [***TPS 41***](https://www.ukas.com/wp-content/uploads/schedule_uploads/759162/TPS-41-UKAS-Policy-on-Metrological-Traceability.pdf) *for information)*

| **No.** | **measured quantity/instrument** | reference standard used | procedure | **purpose (details of measurement activities that this supports)** |
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**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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**EXTENSIONS TO SCOPE ONLY:**

1.  I wish this extension to scope application to be processed now (and understand this may require an extra visit by UKAS).

**Desired target grant date:** Click or tap to enter a date.

(If this field is left blank, a default of 6 months from the date this application is processed will be assigned as the desired grant date)

**Desired assessment arrangements**: Select from drop-down list

(Please note standard minimum UKAS timeframe for the assessment of extensions to scope is 3 months from receipt of application, and your Assessment Manager will discuss if your chosen option doesn’t fit in with your desired grant date or if your desired grant date isn’t possible)

2.  I wish this extension to scope application to be processed with my next surveillance/re-assessment visit.

3.  I would like to propose that this extension to scope application is considered for desktop review

*(Please note that the decision on the applicability of this proposal will be made by UKAS based on a number of factors including existing scope of accreditation and competences demonstrated)*

**SUPPORTING DOCUMENTATION:**

*For an extension to scope to be progressed by UKAS the following documentation must, as a minimum, be supplied where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

| **Documentation** | **‘Check’ if supplied** | **Justification for non-submission** |
| --- | --- | --- |
| Documented Inspection Method/Procedure |  | Click here to enter text. |
| Related Management System Documents/Procedures |  | Click here to enter text. |
| Uncertainty of Measurement Budgets |  | Click here to enter text. |
| Detail of the Measurement Traceability Chain |  | Click here to enter text. |
| Other (please specify) | Click here to enter text. | Click here to enter text. |

Declaration:

* I declare that I am authorised, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.
* By submitting this application, I acknowledge that I have read, understood and accepted UKAS’ [**Standard Terms of Business**](https://ukasonline.sharepoint.com/:w:/r/sites/ManagementSystem/Shared%20Documents/FIN%201001%20UKAS%20Standard%20Terms%20of%20Business.docx?d=wadf17ab825b6423a82e739dbd4b75cc1&csf=1&web=1&e=1cxh2y).
* If this application relates to an extension to scope, I understand and accept that:
  + An initial charge of 0.5 days at the standard day rate will apply to cover scoping of effort required
    - *This will not result in any additional charge to customers who proceed within 12 months of application. If a customer takes no action to progress an extension to scope application over a period of a year with no mitigating circumstances, UKAS reserves the right to withdraw the application. The initial charge is not refundable as it covers work already undertaken. Once an application is withdrawn, if the customer subsequently wishes to progress the extension to scope, they will need to reapply.*
  + It may be necessary to revise our annual fees upon grant of the extension to scope

|  |  |
| --- | --- |
| **Name:** | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **Date:** | Click here to enter a date. |

Applications to be Submitted To:

**Email:** [**apps@ukas.com**](mailto:apps@ukas.com)

#### Post: Applications Unit, United Kingdom Accreditation Service, 2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR