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| ORGANISATION Details | |
| Organisation Name | Click here to enter text. |
| **UKAS Ref (Existing Customers Only)** | Click here to enter text. |

Please indicate the field(s) of calibration and all the measurement parameters for which you seek UKAS Accreditation.

| **No.** | **Field of Calibration** | **Measured Quantity** | **Range or Instrument** | **Expanded Measurement Uncertainty (k=2)** | **Brief description of Measurement and Equipment used** |
| --- | --- | --- | --- | --- | --- |
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*Please indicate [with a* ***\*****] on the details 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.*

**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**

*If ‘Yes’ please provide details below (refer to UKAS publication* [***TPS 41***](https://www.ukas.com/resources/publications/laboratory-accreditation/) *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 technical procedure |  | Click here to enter text. |
| Details of validations made |  | 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 state) | Click here to enter text. | Click here to enter text. |

*For an extension to scope to be considered for* ***desktop*** *review the following documentation, in addition to that listed above, must be supplied, where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

| **Documentation** | **‘Check’ if supplied** | **Justification for non-submission** |
| --- | --- | --- |
| Details of internal quality control i.e. intercomparisons |  | Click here to enter text. |
| External inter-laboratory comparisons |  | Click here to enter text. |
| Training records of relevant staff |  | Click here to enter text. |
| Complete records of a sample job including your draft certificate |  | Click here to enter text. |
| Other (please state) | 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

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| --- | --- |
| **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